



DEPENDENCE OF POST-COVID SYNDROME IN CHILDREN ON THE HEMOSTASIS SYSTEM

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Children are at low risk of severe coronavirus infection. However, it is unclear whether symptoms persist in this age group, and long-term symptoms of COVID-19 can negatively affect the physical and mental development of children. Objective: to identify and predict changes in the hemostasis system during the recovery period in children with coronavirus infection.

Materials and methods: 112 children with a mild form of coronavirus infection (control group) and 47 children with a severe form of coronavirus infection (with concomitant pathology) (main group).

Two months after the patients were discharged from the hospital, anamnestic data were obtained from their family members through a questionnaire, dynamic observation of these children was carried out, and follow-up data were collected. Children who had more than 5 complaints during the recovery period were re-involved in laboratory and instrumental examination.

Study results: In both groups, changes in the quality of life of children were observed during the recovery period from coronavirus infection, with 84.0% of children in the main group and 22.0% of children in the control group having one or another type of complaint. The occurrence of such complaints is also associated with changes in the body's hemostasis system.

During the recovery period after COVID, clinical signs such as cold hands and feet, frequent nosebleeds were observed in 66.6% and 22.2% of children in the main group, respectively, and in 23.1% and 5.7% of children in the control group (OR - 6.6; 4.6). In children with these clinical signs, it is advisable to carry out corrective and rehabilitation measures for the hemostasis system.



Fatigue, muscle and joint pain are also the most common clinical symptoms during the recovery period. According to the results of our study, fatigue was observed in 70.3% of children in the main group compared to 21.1% in the control group (OR-8.8), and muscle or joint pain was observed in 59.2 and 21.1% of children, respectively (OR-4.5).

Sleep problems and mood swings, in particular depression, were observed in 22.2% of children in the study group, while in the control group this figure was 5.7; was 3.8% (OR -4.6; 7.1).

Such symptoms as shortness of breath and difficulty breathing after physical exertion are mainly characteristic of the acute phase of the disease, but many researchers have proven that this clinical symptom can persist during the recovery period. According to the results of our study, this clinical sign was noted in 44.4% of children in the main group and in 7.6% of children in the control group (OR -9.6). During the recovery period from coronavirus infection, 21.2% of children also had changes in the cardiovascular system, and 31.2% of children had clinical signs of the gastrointestinal tract. In particular, the following clinical signs were observed in the cardiovascular system: tachycardia (in the main group (MG) - 22.2%; in the control group (CG) - 5.7%, OR - 4.6), chest pain (MG - 22.2%; CG - 5.7%, OR - 4.6), increased blood pressure (MG - 22.2%; CG - 5.7%, OR - 4.6) or decreased blood pressure (MG - 22.2%; CG - 5.7%, OR - 4.6). Gastrointestinal symptoms included abdominal pain (AG-22.2%; NG-5.7%, OR-4.6), decreased appetite (AG-22.2%; NG-5.7%, OR-4.6), constipation (AG-22.2%; NG-5.7%, OR-4.6), diarrhea (AG-22.2%; NG-5.7%, OR-4.6), taste disturbance (AG-22.2%; NG-5.7%, OR-4.6) and nausea (AG-22.2%; NG-5.7%, OR-4.6). Despite the wide range of clinical manifestations in children during the recovery period from COVID, there is no generally accepted terminology, clear diagnostic criteria and algorithm for examination and monitoring of patients. Post-COVID disorders arise mainly as a result of pathological changes in various organs and systems, as well as disruption of their functions, and these changes are associated with the state of the hemostasis system.