

Cerebral venous insufficiency in children with connective tissue dysplasia

Научный руководитель – !? !? !?

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Goal. To investigate the clinical manifestations of cerebral venous insufficiency and psychological status in children with connective tissue dysplasia.

Methods. The study group (group 1) consisted of 80 children with signs of connective tissue dysplasia in age from 10 to 16 years. A control group (group 2) consisted of 50 healthy children. Symptoms of connective tissue dysplasia was evaluated by the criteria Connective tissue dysplasia was evaluated based on criteria T. Milkovska-Dimitrova and A. Karkasheva (1985) and the LN scale. Abakumova (2006). Identify clinical signs of cerebral venous insufficiency: headache; dizziness; swelling / pasty face and eyelids in the morning; strengthening of headaches, dizziness, noise in my head, visual disturbances while wearing tight collars or ties, and at bedtime with a low headboard; the feeling of "falling asleep eyes sand" in the morning; sleep disturbances (nightmares, frequent nocturnal awakenings due to headaches); feeling of nasal congestion is the symptoms of acute respiratory disease; injection of the sclera; venous mesh on the front surface of the chest / neck; akrotsianoz; hypoesthesia 1 or 2 branches of the trigeminal nerve. Psychological status was evaluated by the MFI-20 (Smets E.M. et al., 1994), CES-D (Radloff, 1977), STAI (Spielberger S.D., 1970), EPI (Eysenck H. J., 1963). Statistical data processing was carried out using the software package StatSoft Statistica 8.0.550 Portable (2007 / Eng). When paired comparison groups of patients was used nonparametric Mann-Whitney U-test. Data are presented as the arithmetic mean and standard deviations ($M \pm s$). Differences were considered significant at the achieved level of significance $p < 0.05$.

Results. In the group of patients with connective tissue dysplasia following symptoms were more common: headache in the morning - 88% (Group 2 - 29%), increased headaches during sleep with a low headboard - 55% (Group 2 - 0%), sleep disturbances - 75% (group 2 - 44%), noise in my head - 38% (group 2 - 0%), feeling of nasal congestion is the symptoms of acute respiratory illness - 50% (group 2 - 0%), injection of the sclera - 64% (group 2 - 12%), venous mesh on the front surface of the chest - 100% (group 2 - 12%). In group 1 was detected a higher level of general (group 1: $45,9 \pm 2,89$; group 2: $25,9 \pm 3,5$) and physical fatigue (group 1: $43,4 \pm 3,76$; Group 2: $24,9 \pm 2,3$) ($p < 0,05$). In group 1 had higher level of depression (group 1: $26,4 \pm 2,3$; group 2: $12,3 \pm 4,5$) ($p < 0,05$). According to the degree of anxiety and emotional instability of the study groups did not differ ($p > 0,05$).

Conclusions. In children with severe manifestations of connective tissue dysplasia more often revealed signs of cerebral venous insufficiency than in children without the disease. In children with connective tissue dysplasia is more expressed general and physical fatigue, as well as has a tendency to depressive disorders. Thus, patients with severe dysplasia of connective tissue require particular attention, as early as adolescence, they have signs of chronic cerebral venous insufficiency, which, combined with reduced background mood can cause earlier development of cerebrovascular disease in these patients.