

**PECULIARITIES OF THE COURSE OF ASPIRATION  
SYNDROME IN NEWBORNS.**

**Dilfuza Narzikulovna Ibragimova**

Department of Therapy, Zarmed University, Samarkand

**ABSTRACT.** Respiratory distress syndrome is a non-infectious pathological process in lungs developing in children in the first hours or days of life with acute respiratory failure caused by primary surfactant system failure, insufficiency of lung tissue, pathological processes taking place in lungs against the background of considerable suppression of vital functions of the body. Respiratory distress syndrome is one of the main causes of morbidity and death of premature and premature babies.

**KEYWORDS:** Respiratory distress syndrome, preterm and premature infants.

**INTRODUCTION.** Respiratory distress syndrome in newborns (RDS) is respiratory failure of varying severity, mainly in preterm infants in the first 2 days of life, due to immaturity of the lungs and primary surfactant deficiency. This pathology occurs in 1% of all live births and in 14% of newborns with a birth weight of less than 2500 g. Natural surfactants have a faster clinical effect, but the final results are not different from those of artificial surfactants. It has been suggested that surfactant isolated from the lungs of calves and piglets may induce an immunological response to a foreign protein, but conclusive data have not been obtained. Surfactant is a surfactant synthesised in the lungs. The synthesis of surfactant in the alveoli (the structural units of the lungs) begins at 20-24 weeks gestation through ethanolcholine methylation reactions. During this period the rate of synthesis is low. From week 34-36 the choline pathway begins to function and surfactant accumulates in large quantities. According to WHO, respiratory distress syndrome (RDS) is one of the leading causes of

perinatal mortality. According to various authors, the mortality of children with BDM ranges from 35 to 75%. It occurs more often in premature babies, less often in preterm babies. One of the main causes of SIDS are pneumopathies (hyaline membranes, atelectasis, extensive pulmonary haemorrhage, oedema-haemorrhagic syndrome, congenital lung malformations, spontaneous pneumothorax) and intrauterine pneumonia. In the pathogenesis, irrespective of the cause of ADS, surfactant deficiency and obturation syndrome, hypoxia, metabolic acidosis, impaired metabolism, leading to changes in homeostasis and disorders of the central and autonomic nervous system, endocrine and cardiovascular systems, impaired ratio between ventilation and blood flow, immunosuppression.

### **CONCLUSIONS.**

Lung maturation and functional capacity are critical for survival. Based on the degree of prematurity, the lungs may be partially or completely immature and therefore unable to provide adequate respiratory function due to the absence or insufficient amount of surfactant produced. In such situations the newborn is indicated for surfactant replacement therapy.