

... , - . , ;  
... , ,  
... , .  
: 6-8 1000  
- ,  
- ,  
: - , .  
: 6-8 1000  
- ,  
- ,  
- ,  
- ,  
- ,  
60-80%  
15-20%[16].  
( )  
6-8 1000  
2-4 1000 ,  
- 1-2 1000  
50%.  
9-35% . 50%  
15-20%  
-  
[7].  
[8, 17].

80

18% [9].

0,6

[2].

[8].

[8].

., : , , , . , . , , .

., - .

., .

., [5, 12].

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., , .

., , .

., , .

., , .

., . [11].

., - .

[3, 8]. 50%, 70-80%

[8].

80% ,

10-20% - , 10% - ,

10-20% , 30-50%

., - .

., , .

., , .

., , .

[15]. , -

(71,2%) [1]. (30,9%), (60,2%)

-

- , .

21%

30,9%

66,4%, [6].

[4].

( ) –

## SUMMARY

### FEATURES OF AFFECTED ORGANS AND SYSTEMS AT THE HYPOXIC-ISCHEMIC ENCEPHALOPATHY IN CHILDREN

*Popov S. V., Kasjan S. N.*

*The purpose of work was to study the features of diseased organs and systems with hypoxic-ischemic encephalopathy. The high level of the hypoxic-ischemic encephalopathy at children is described: at 6-8 per 1000 live-born infants. Complications that arise later in the result of hypoxic-ischemic encephalopathy are heavy and vary. In addition to the central nervous system in the pathological process it is allowed the involvement of other organs and systems, which function is to some extent can be changed in the process of further growth and development of a child.*

**Key words:** *the hypoxic-ischemic encephalopathy, children.*

1. : VIII « .- ., 2003.- . 20-23.
2. / .- ., 2002.- 255 .
3. / .- ., 2001.- 640 .
4. // 2006.- 2.- . 14-18.
5. : / .- ., 2000.- 464 .
6. : .- ., 2003.- 19 .
7. / .- ., 2007.- 1.- . 4-7. //
8. : / .- 2008.- 4.- . 13-17. //
9. // .- 2009.- 1.- 189 .
10. / .- ., 2003.- 234 .
11. // .- 2005.- 119.- . 8-10.
12. / .- ., 2001.- 262 .
13. : / .- ., 2002.- 86 .
14. / .- ., 2005.- 217 .
15. VIII « / .- ., 2003.- . 416.
16. // .- 2008.- . 11, 2.- . 42-47.
17. Mistri J., Harrington B., Parry M. Wrexham Maelor // Hospital Welsh Paed. J. – 2008. – 29. – . 47-50.