The term "myocardial dystrophy" (MCD), refers to metabolic disorders in the myocardium at the biochemical level, which are partially or completely reversible while eliminating their causes. A long-term and progressive degeneration of the myocardium leads to a decrease of its contractile function and the development of heart failure. MCD of the heart of any etiology is usually an acute or chronic myocardial hypoxia. [1]

The need to study myocardiodystrophy problems in pediatrics due to the prevalence of this disease in children and adolescents. Currently, the unfavorable ecological situation is marked negative trend in an increase in the frequency of metabolic diseases of the heart muscle in the structure of cardiovascular disease. According to population studies, accounting for between 6 and 19% of all cardiovascular disease in childhood. Difficulties in studying the problem related to the lack of a single view of the diagnostic criteria for myocardial dystrophy in children. [2]

Objective. To determine the characteristics of clinical and anamnestic profile of children with myocardial dystrophy in the city of Blagoveshchensk.

Materials and methods: The study included 300 children with myocardial dystrophy. Of these, 156 (52%) of a girl (mean age 14 ± 1,3) and 144 (48%) boys (mean age 11 ± 1,7). In the study were used: medical history, examination findings, assessment of the vegetative status of the scoring table, ECG, CIG, ultrasound of the heart with doplerometrii, thyroid ultrasound. Data processing was carried out using the «Microsoft Excel» program.

Results. All the children traced the genesis of myocardial dystrophy mixed. Resistant for MKD in 282 (94%)
According to the history of this severe course of pregnancy observed in 14% of cases; family history on the part of the cardiovascular system - in 22% of cases.

From accompanying diseases are most common: posture disorder in 22% of children, changes in the thyroid gland (according to US) in 96 (32%) children, renal pathology in 20% of children (mostly dysmetabolic nephropathy), a variety of allergic reactions were detected in 20 % of children. The diagnosis "frequently ill child" exhibited in 168 (56%) children, of whom 100 children identified pockets of chronic infection: chronic tonsillitis - 60 children, caries - in 22 children, chronic sinusitis - 16 children, chronic pyelonephritis - in 2 children. Carriage St.aureus detected in 12% of children.

The main complaints: pain in the heart - 35% of people, fatigue - 22% of people, the heartbeat during exercise - 11% of people. Note that 32% of children with a diagnosis of myocardial observed, do not make subjective complaints.

An objective study revealed 60 (20%) people who are overweight, 18 people (6%), obesity 1 tbsp. and 36 children (12%) underweight. Systolic murmur at the apex to listen to 29% of children at the point Botkin - 11% of children. Increased thyroid 1-2 tbsp. diagnosed in 81 children (27%).

In 60% of children (180) according to the history, examination, and the results revealed CIG dystonia: the girls mostly on the mixed type, and the boys - mainly on vagotonc type.

According to ECG abnormalities were observed in 285 (95%) patients, of which the most frequently encountered: the conduction slowing right leg bundle branch block - 186 (62%) patients, early repolarization of the ventricles - in 159 (53%) patients, the metabolic changes myocardium - 105 (35%) patients and various arrhythmias, including bradycardia - in 114 (38%) children, tachycardia - in 48 (16%) children. ECG exercise was conducted in 162 (54%) children, 82 (51%) of them after exercise revealed sinus tachycardia, in 27 (17%) patients were isolated supraventricular extrasystoles, bradycardia was observed in 48 (30%) children.

Thyroid ultrasound performed on the testimony from 246 children (82%). The most common changes in the thyroid gland (according to US): an increase in size of the prostate, a gland parenchyma structural changes. Evaluation thyroid hormone status held only 87 children, 80 of them, i.e. 91.9% identified the changes in hormone levels (increased TSH, T4), TPO antibodies were found in 24 children (27%).

Because on our work conclusions can be drawn that the MCD is polietiologic disease that is more common in the sickly children, children with chronic foci of infection, and is closely related to diseases of the thyroid gland (which manifests itself in our study of undiferentiated connective tissue dysplasia syndrome small heart anomalies), with malnutrition. MCD in 60% of cases combined with autonomic dysfunction syndrome. The absence of subjective complaints of a third of patients do not exclude the presence of this pathology in the detailed survey: 95% of children with MCD have deviations ECG parameters and in 98% of children in the US change of heart. Children with this disease require special attention from the pediatrician.