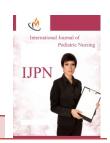


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DIFFICULTY IN BREATHING OF THE OBESE CHILDREN AGED 4 TO 15 YEARS

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ABSTRACT

A group of children aged from 4 to 15 years old are taken as subject of this study. 50 children (as a control group) belonging to the same age and who do not display any obesity signs were also selected. Questionnaires with parents, assessmentand evaluation a pediatrician were methods used to examine the children. Based on the examination, it was noted that the percentage of the tonsilarly pertrophy and adenoide is almost the same inbothgroups, having a higher predominance in the obesechildren group. This shows that the difficulty in breathing of the obesechildren is directly due to the irobesity and not to the presence of the adenotons il ar hypertrophy.

INTRODUCTION

Obesity is a metabolic shock of triglycerides, which results to an increased excess of the fat tissue in the body, being beyond the amount that is necessary for its normal functioning [1, 2]. The overweight misbalances the metabolism in general, the physiological function of organs by providing a shock of the general nature, including even the nervous system which is reflected in agony, depression, lack of interest, self-disparagement and up to aggression towards others and themselves [3, 4]. Recent studies show that there exists a gene that is directly related toobesity and thisgenedetermines the production proteincalledleptinawhichisnaturallyhigher inobesechildrenand adults Inobesechildrenitis4timeshigher than in normalchildren Leptinathrough the encephaliccentersgivesthe messageof hungerorsatiety according to the level ofitsproduction [7]. According to the researchers, this hormone isdirectly

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responsible forthe rapidrecoveryof thelostkilogramsafter the lost of the weight [8]. The effect of this hormone in the normalization of weight has a time frame on bothcases: that of the overweighter lost of the weight [9]. In the first case the effect is faster and this is a sound reason for the researchers to directly raise their attention on finding out the factors that determine the production of this hormone or as many authors cite the successes in this direction are closely related to the effective fight against obesity [10].

METHOD

Inthe questionnaire, the parents andeducatorswere asked mainly about the children condition/habit at different times like if theysleepwith an open mouth, snore during the night, if child is sleepyor tiredduring the day etc. The children were also examined for tonsil hypertrophy and hypertrophy of adenoids. A pediatrician examined the children for any pulmonary obstruction. The ORL physician, pediatricianandbiologistdecided that the children who had



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difficulty in breathing were. OSAS(obstructive RESULT AND DISCUSSION

It resulted thatabout 11% of the children belonging to the obesechildren group had difficulty on breathingduring the night. There was also a difference regarding to their group age; the difficulties on breathing were seen more often to children of the age group of 5 - 9 years than those of 10 - 15 years old. The OSASin the group of obesechildrenis around 4%. It seen that about 6% of the children belonging to the control group have difficulties on breathing and 2% of them have OSAS. Objectively comparing the two groups of children that havedifficulties, it was noted that the OSAS group had a remarkable adenotonsilar hypertrophy. On the groups that do not have OSASandhave difficulty on breathing, it wasnoted an adenotonsilar hypertrophy, but on the group ofobesechildren there were 6children who did not have adenotonsilarhypertrophy andmeantime displayed

sleepapneasyndrome) was also searchedin bothgroups. remarkable difficulties on breathing, indicating that obesity is an important factor in the development of the difficulty on breathing [11-22].

CONCLUSION

found It was that obesityis animportantfactorwhichdirectlyaffectsthe difficulty on breathing of children aged 4- 15 years. It was observed that the number of obesechildren with breathing difficulties is higherthanin the control group. The ORLexamination showed that out of obesechildrenwithbreathingdifficultiesabout2% of them does nothaveadenotonsilar hypertrophy. Thisshows that is the directcauseofthe onbreathingandis duetothe fat mass that obstacles the upper and lower respiratory system specially during the sleeping of these children.

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