

**“FORENSIC-MEDICAL CHARACTERIZATION OF LESIONS  
OF THE HEAD STRUCTURE IN CHILDREN ASSOCIATED  
WITH THE EFFECTS OF BLUNT OBJECTS”**

**Sag‘dullayev Narzulla Norkeldi o‘g‘li**

**Abdusalimov Shavkat Kurbanmuratovich**

**Toshboyev Ixom Norbutayevich**

**Kurmasheva Jamila Kamilovna**

Termez branch of Toshkent Medical Academy

**ABSTRACT**

An analysis of the expert opinions shows that when describing the elements of craniocerebral injuries, different terms are often used to name the same structures, sometimes not corresponding to generally accepted principles, recorded in the International Anatomical Nomenclature [31]. This complicates the production of additional and repeated examinations, analysis of localization injuries and mechanism of TBI formation. For this reason, we consider it possible to recall the main provisions of the anatomical structure of the CNS in order to unify forensic medical documentation. The brain is located in the cavity of the brain skull, includes a large (final) brain, diencephalon (thalamus, epithalamus, hypothalamus, III ventricle), midbrain (peduncles of the brain, aqueduct of the brain) and rhomboid brain, represented by the hindbrain and medulla oblongata. The hindbrain make up the bridge and cerebellum. The medulla oblongata, midbrain, and pons together form the brainstem. The large brain consists of two hemispheres - the right and left, which are connected to each other by a thick commissure (commissure) - the corpus callosum. Right and The left hemisphere is divided by a longitudinal fissure.

**Keywords:** Forensic-medical, lesions, Anatomical Nomenclature,

## INTRODUCTION

The most protruding parts of the hemispheres are called poles: frontal, occipital and temporal. On the surface of the hemispheres, the cortex forms numerous furrows, between in which the convolutions are located. The largest are the central sulcus and the lateral sulcus. Their position is used to subdivide the cerebral hemispheres into lobes. Each hemisphere is divided into lobes - frontal, parietal, occipital, temporal, which received the name from the corresponding bones of the skull, as well as the insular. The frontal lobe is located in front of the central sulcus; parietal lies behind the central sulcus and above the lateral; temporal is located below from the lateral groove. The boundary between the temporal and occipital lobes is consider a small depression that is present on the lower surface of the brain. The border between the parietal and occipital lobes is the parietal-occipital sulcus, located on the medial surface of the hemisphere, and its mental continuation along the upper lateral surface.

## ANALYSIS RESULTS

However, at present, this method cannot meet growth requirements for brain research and after sections with a number of significant defects, the brain is unsuitable for further research and photography; if there is any deficiency during the initial study, it is almost impossible to fill it. the brain, which has already been cut on the cutting table, quickly loses its shape, and after being fixed in formalin, it is further deformed; it is very difficult to assess the anatomical and topographical relationships of the lesion site; brain parts important in trauma pathology (thalamus, hypothalamus region) become unusable for visual inspection; This method excludes the possibility of diagnosing the asymmetry of the sides of the hemispheres, violating the ratio of the parts of the brain and its longitudinal axis. Based on this, the use of this method should be avoided in cases of craniocerebral injuries or in cases where they are suspected.

## CONCLUSION

When examining bodily injuries, the forensic medical expert must determine the prescription of their infliction. The solution to this issue, as a rule, is based on an

assessment of the body's responses to trauma. The nature and severity of such changes depend on many reasons, which creates significant difficulties in assessing them. It is known that to evaluate reactive changes in relation to the timing of their occurrence should be done very carefully.

#### **REFERENCES:**

1. Kornienko, V. N. Computed tomography in the diagnosis of craniocerebral trauma // V. N. Kornienko, N. Ya. Vasin, V. A. Kuzmenko. — M.: Medicine, 1987. — 283 p.
2. Korsakov, S.A., Yakunin, S.A., Sud.-med. expert. — 2000. - No. 4. - S. 5-7.
3. Kryukov, V. N. Diagnosticum of mechanisms and morphology of soft injuries tissue in blunt trauma. V. N. Kryukov, B. A. Sarkisyan, V. E. Yankovsky et al. - Novosibirsk: Science, 2001. - 142 p.
4. Lebedev, VV Urgent neurosurgery: hands. for BP / V. V. Lebedev, B. V. Krylov. — M.: Medicine, 2000. — 568 p.
5. Lebedev, V. V. Clinical computed tomographic classification of brain contusions / V. V. Lebedev, V. V. Krylov et al. // Neurosurgery. — 2001. - No. 1. - S. 49-59