

## CURRENT CHARACTERISTICS PANCREATIC DISEASES IN CHILDREN

*Assistant department of social hygiene and health management,*

*Umurzakova Muattar Rustamjonovna*

*Andijan State Medical Institute*

*Republic of Uzbekistan, Andijan*

**Annotation:** *The pancreas (P) is the most important exocrine organ of the human digestive system, ensuring the digestion of all the main components of food: proteins, fats, carbohydrates. In addition, it contains endocrine elements grouped into islets of Langerhans or diffusely distributed throughout the parenchyma. The main endocrine function of the pancreas is the regulation of carbohydrate metabolism through the secretion of insulin and glucagon, but it also produces somatostatin, gastrin, vasoactive intestinal peptide and many other regulatory peptides [1].*

**Key words:** *Pancreatic diseases, children, chronic pancreatitis, diagnostics, treatment.*

*Ассистент кафедры социальной гигиены и*

*организации здравоохранением,*

*Умурзакова Муаттар Рустамжоновна*

*Андижанский государственный медицинский институт*

*Республика Узбекистан*

**Аннотация:** *Поджелудочная железа (П) - важнейший экзокринный орган пищеварительной системы человека, обеспечивающий переваривание всех основных компонентов пищи: белков, жиров, углеводов. Кроме того, она содержит эндокринные элементы, сгруппированные в островки Лангерганса или диффузно распределенные по всей паренхиме. Основная эндокринная функция поджелудочной железы - регуляция углеводного обмена за счет секреции инсулина и глюкагона, но она также*

*вырабатывает соматостатин, гастрин, вазоактивный кишечный пептид и многие другие регуляторные пептиды [1].*

**Ключевые слова:** *Заболевания, поджелудочная железа, дети, хронический панкреатит, диагностика, лечение.*

**Relevance:** Timely diagnosis and treatment of pancreatic diseases in children are one of the most difficult problems of clinical gastroenterology. There is a certain tendency towards an increase in the frequency of these diseases and at the same time, their recognition presents significant difficulties and is often accompanied by diagnostic errors. In this regard, timely diagnosis of pancreatic diseases and timely adequate treatment will improve the prognosis of the disease and reduce the incidence of complications [4].

This also applies to the identification of pancreas pathology as the underlying disease, and the differential diagnosis of inflammatory (pancreatitis) and functional changes (pancreatopathy). It is also necessary to take into account the possibility of anomalies and malformations of the pancreas, among which congenital pancreatic hypoplasia (Shwachman syndrome) is more common [1, 2]. The issue of adequate therapy for pancreatic diseases is also quite complicated, which must be differentiated depending on the presence or absence of inflammatory changes, the period of the disease and the nature of the violation of the exocrine function of the pancreas. [4].

**Introduction.** Currently, the frequency of pancreatitis in children with diseases of the digestive system, according to various authors, ranges from 5 to 25% [1]. A variety of pancreatic diseases occur in children; different age categories have their own specific problems. Thus, young children often suffer from pancreatic insufficiency [5]. Moderate or minor pancreatic insufficiency can accompany many gastroenterological diseases, such as celiac disease, can be a symptom of chronic pancreatitis and is often detected only during a special examination. In school-age children, inflammatory diseases of the pancreas prevail, which are not always diagnosed in a timely manner.

**Purpose of the study.** to study the clinical features, tactics of examination and treatment of children with pancreatic diseases hospitalized at the State Children's Clinical Hospital.

**Materials and methods of research.** The anamnesis, features of the clinical picture, diagnosis and treatment of children with pancreatic diseases hospitalized at the State Children's Clinical Hospital over the past 5 years were studied.

**Results.** Under observation were 259 children aged 4 to 17 years who were diagnosed with pancreatic diseases (acute pancreatitis - 33, chronic pancreatitis - 53, reactive pancreatitis - 22, dyspancreatism - 161 children, respectively). There were 56 children aged 4-6 years, 129 children aged 7-14 years, 64 children aged 15-17 years. There were 147 girls (57%), 112 boys (43%). Children with acute pancreatitis were hospitalized in the surgical department, the remaining patients were treated as inpatients in the pediatric department.

The clinical examination included the study of complaints, medical history and life history, physical examination, general blood and urine tests, coprogram, urine diastasis, biochemical blood test with determination of the level of total protein, amylase, glucose, ALT, AST, thymol test, alkaline phosphatase, bilirubin, ionogram, Ultrasound of the abdominal organs.

Regardless of the form of the disease, all children complained of abdominal pain, which is the most common complaint in diseases of the gastrointestinal tract [4]. On palpation, abdominal pain was detected in 94% of children. Acute pancreatitis was more common in children aged 7- 14 years (65%). Children complained of intense abdominal pain, worsening after eating, painful nausea and vomiting, loss of appetite, looseness or retention of stool. The duration of abdominal pain ranged from 1-2 days to 1 month. The diagnosis was verified by a pronounced increase in the level of amylase, diastase and ultrasound dimensions of the pancreas (42%). The children received dietary therapy, infusion therapy, antispasmodics, proteolysis inhibitors, enzymes, and

antibiotics as indicated. The duration of hospital treatment was  $20.0 \pm 5.0$  bed days.

Reactive pancreatitis was diagnosed as an acute secondary disease of the pancreas for children aged 3-14 years (65%) against the background of other diseases of the gastrointestinal tract (chronic gastroduodenitis, duodenal ulcer, food allergy). The children received treatment corresponding to the main diagnosis, as well as according to indications - proteolysis inhibitors, antispasmodics, enzyme preparations. The duration of hospital treatment was  $12.0 \pm 5.0$  bed days.

Chronic pancreatitis, characterized by fibrosis of the pancreas, was detected in 79% of cases in children aged 12-17 years. Children complained of recurrent abdominal pain, nausea, occasional vomiting, decreased appetite, and insufficient weight gain. The diagnosis was verified by a persistent increase in the level of amylase, diastase, ultrasound size and echogenicity of the pancreas (52%). In the vast majority of cases, these patients had not previously been diagnosed with acute pancreatitis, although episodes of abdominal pain were observed for 2-4 years. The duration of the last episode of abdominal pain ranged from several days to 2 months. The children received Ovomin, Omez, antispasmodics, and enzymes. The duration of hospital treatment was  $17.0 \pm 2.5$  bed days.

Dyspancreatism (ICD-10 code K 86.9 - unspecified pancreatic disease), according to our observations, was typical for children aged 7-14 years and amounted to 78%. The disease develops against the background of other diseases of the gastrointestinal tract. The duration of abdominal pain ranged from several days to 1 month. The diagnosis was verified by complaints of decreased appetite, pain in the upper abdomen, which usually have a pulling or aching character, changes in the character of stool, pain on palpation at the points of the pancreas, amylase and diastase levels close to normal, and ultrasound signs of insignificant unstable increase in the size of the pancreas due to edema, without changes in echogenicity. The children received a

hypoallergenic diet, antispasmodics, and enzyme preparations. The duration of hospital treatment averaged  $17.0 \pm 3.0$  bed days.

**Conclusions.** Diseases of the pancreas in children are more common (76.5%) at school age; In most cases (63%), damage to the pancreas in children is functional in nature; Diagnosis of chronic pancreatitis in children presents certain difficulties; in case of recurrent abdominal pain syndrome, it is necessary to conduct an in-depth clinical examination for timely diagnosis.

### **References:**

1. Geppe NA, Lyskina GA, Rjabova TV. Juvenilnyj dermatomiozit. In: Geppe NA, Podchernjaeva NS, Lyskina GA, editors. Rukovodstvo po detskoj revmatologii. Moskva: GEOTAR Media; 2011. p. 432-462. (Russian).
2. Lyskina GA, Varshavskij VA. Juvenilnyj dermatomiozit. In: Baranov AA, Alekseeva EI, editors. Detskaja revmatologija. Atlas. Moskva: Pediatr; 2015. p. 185-198. (Russian).
3. Lyskina GA, Varshavskij VA. Juvenilnyj dermatomiozit. In: Shkolnikova MA, Alekseeva EI, editors. Klinicheskie rekomendacii po detskoj kardiologii i revmatologii. Moskva: Associacija detskih kardiologov Rossii; 2011. p. 379-395. (Russian).
4. Ermatov N.Zh., Akhmadkhodzhaeva M.M. Analysis and assessment of the quality of children's nutrition in preschool educational institutions // Journal: Medical News. Belarus, Minsk. 2019, no. 12. – pp. 76–78.
5. Ermatov N.J., Akhmadkhojajeva M.M. // Hygienic requirements for establishing healthy nutrition of children in pre-school education// Modern scientific potential-2020, United Kingdom, 2020, 83-84