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DIAGNOSIS AND TREATMENT OF CHILDHOOD IRRITABLE BOWEL SYNDROME

Resume: Irritable bowel syndrome in children is characterized by abdominal pain, decreasing after defecation, rumbling, flatulence, frequent urge to defecate and a feeling of incomplete bowel emptying, alternating diarrhea and constipation.

Diagnosis of irritable bowel syndrome in children is carried out by excluding organic pathology using ultrasound of the abdominal cavity, irrigoscopy, EGDS, colonoscopy, analysis of feces for helminth eggs, etc.

Treatment includes correction of nutrition, the appointment of antispasmodics, carminative, sedative, antidiarrheal or laxative drugs, enterosorbents.

Keywords: irritable bowel syndrome, digestive tract, syndrome, diagnosis, intestines, children's age.

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ДИАГНОСТИКА И ЛЕЧЕНИЯ СИНДРОМА РАЗДРАЖЕННОГО КИШЕЧНИКА ДЕТСКОГО ВОЗРАСТА

Резюме: Синдром раздраженного кишечника у детей характеризуется болями в животе, уменьшающимися после дефекации,

урчанием, метеоризмом, частыми позывами на дефекацию и ощущением неполного опорожнения кишечника, чередованием поносов и запоров.

Диагностика синдрома раздраженного кишечника у детей проводится путем исключения органической патологии с помощью УЗИ брюшной полости, ирригоскопии, ЭГДС, колоноскопии, анализа кала на яйца гельминтов и пр.

Лечение включает коррекцию питания, назначение спазмолитиков, ветрогонных, седативных, противодиарейных или слабительных препаратов, энтеросорбентов.

Ключевые слова: синдром раздраженного кишечника, пищеварительный тракт, синдром, диагностика, кишечник, детской возраст.

Relevance. Recently, results have been obtained confirming the presence of common pathogenetic mechanisms in the development of IBS and functional dyspepsia[1,3,7]. Thus, in patients with functional dyspepsia from the upper digestive tract, a number of changes observed in IBS are revealed. Patients with functional dyspepsia (50% of patients) are characterized by various types of motor disorders of the stomach, such as impaired gastric accommodation. In addition, in studies with balloon inflating in the stomach and duodenum, it was shown that patients with functional dyspepsia have an increased sensitivity to gastric distension[2,4,6]. This phenomenon of visceral hyperalgesia is highly specific for functional dyspepsia and for IBS. At the same time, less importance is attached to various morphological changes in the mucosa of the gastroduodenal zone, the level of acid production in the genesis of clinical symptoms [5,9].

Given the leading role of autonomic dysfunctions in the pathogenesis of IBS, it can be assumed that disorders of the vegetative system of the body are the cause of the formation of some combined lesions of the upper and lower gastrointestinal tract.

Thus, it is important to comprehensively study the state of vegetative homeostasis in children with irritable bowel syndrome, depending on the clinical variant of the disease, as well as on the presence of concomitant lesions of the upper digestive tract.

The purpose of the study. To establish clinical features of manifestations of irritable bowel syndrome in children with combined pathology of the upper digestive tract to optimize therapeutic and preventive measures.

Materials and methods of research. 216 children and adolescents were examined. The main group consisted of 116 children suffering from irritable bowel syndrome aged 7-14 years (average age 8.0 ± 0.69 years), of which 117 girls and 99 boys.

The results of the study. The most pronounced clinical symptoms of irritable bowel syndrome are detected in patients with a clinical variant with a predominance of diarrhea in girls at high school age, and in boys at primary school age.

High sensitivity and specificity of the main symptoms have been established in children with this disease, the highest sensitivity and specificity are characteristic of the symptom "pain reduction after defecation".

Clinical symptoms characterizing the defeat of the upper digestive tract in children with irritable bowel syndrome are noted in 40% of patients. Morphological changes are detected in 92% of patients, while superficial (57% of patients) gastritis is predominant. These changes are non-specific in nature and do not depend on the clinical variant of the disease.

Changes in the esophagus by the type of esophagitis are noted in 51% and are more often observed in the clinical variant of the syndrome with a predominance of diarrhea (69% of children).

Vegetative dysfunctions are detected in 88% of patients with irritable bowel syndrome. The clinical variant of irritable bowel syndrome with predominance of constipation is characterized by activation of the

parasympathetic part of the autonomic nervous system in 45.2% of children, changes in the type of sympathicotonia are characteristic of variants of irritable bowel syndrome with predominance of diarrhea (57.6%) and with predominance of pain and flatulence (63.3%).

Normalization of autonomic dysfunctions in patients with irritable bowel syndrome with predominance of vagotonia is achieved by inclusion in complex therapy of EHF therapy on biologically active points in the author's modification, and with predominance of sympathicotonia - electrophoresis with sodium bromide on the collar zone.

Conclusion. Based on the identified clinical features of irritable bowel syndrome in children, a differential diagnostic table has been developed for doctors of practical healthcare, the use of which contributes to improving the effectiveness of the diagnosis of irritable bowel syndrome in children.

The necessity of including fibrogastroduodenoscopy and cardiointervalography in a comprehensive examination of patients with an established diagnosis of irritable bowel syndrome in order to identify lesions of the upper digestive tract and the type of autonomic dysfunction is substantiated.

For effective correction of the revealed autonomic dysfunctions, the use of electrophoresis with sodium bromide on the collar zone with initial sympathicotonia and EHF therapy on biologically active points with initial vagotonia is justified.

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