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MODERN METHODS OF TREATMENT AND PREVENTION OF CELIAC DISEASE IN CHILDREN AND ADOLESCENTS

Resume: The syndrome of impaired intestinal absorption develops in many pathological conditions and is characterized by similar clinical signs, which creates certain differential diagnostic difficulties and often leads to a late correct diagnosis.

This is due to the widespread prevalence of this pathology among children, especially early age groups, and the fact that some pathogenetic links of this syndrome remain unexplained to date.

Keywords: celiac disease, rehabilitation, childhood and adolescence, pediatrics.

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СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ И ПРОФИЛАКТИКИ ЦЕЛИАКИИ У ДЕТЕЙ И ПОДРОСТКОВ

Резюмеж Синдром нарушенного кишечного всасывания развивается при многих патологических состояниях и характеризуется сходными клиническими признаками, что создает определенные дифференциально-диагностические трудности и часто приводит к поздней постановке правильного диагноза.

Это объясняется нгирокой распространенностью данной патологии среди детей, особенно ранних возрастных групп, и тем обстоятельством, что некоторые патогенетические звенья этого синдрома до настоящего времени остаются невыясненными.

Ключевые слова: целиакия, реабилитация, детской и подростковый возраст, педиатрия.

Introduction. Celiac disease is one of the urgent problems in clinical pediatrics and gastroenterology, due to its widespread prevalence, complexity of pathogenesis, difficulties in diagnosis and polymorphism of the clinical picture, the formation of chronic gastroenterological and autoimmune diseases[3,8].

The introduction of modern diagnostic methods has led to a significant increase in the number of patients with celiac disease due to the detection of latent, hidden forms of the disease. Clinical manifestations of celiac disease in children in the acute period are well known, while the pathogenesis, polymorphism of the clinical picture in the long-term period, the relationship with the dietary factor still remain a little-studied area In the literature there are only isolated data on prospective studies of children with celiac disease devoted to the diagnosis of clinical manifestations, the dynamics of morphological and immunological indicators, depending on from the strictness of the gluten-free diet[1,6].

Further progress in the treatment of patients with celiac disease is impossible without a clear understanding of the mechanisms of long-term pathophysiological processes caused by the action of gluten on an increased risk of malignancy in the gastrointestinal tract, the formation of autoimmune pathology is indicated by the results of many scientific papers of recent years[2,4].

In recent years, interest in celiac disease has significantly increased in domestic pediatrics, which has had a positive impact on the fate of patients suffering from this disease. However, currently there is a tendency to overdiagnosis of celiac disease. So, if 5-7 years ago children with celiac disease were admitted to the clinic with such guiding diagnoses as "intestinal dysbiosis", "fermentopathy", "chronic enterocolitis", now most children with a lag in physical development or any dyspeptic complaints come with a guiding diagnosis of "celiac disease". At the same time, they are often on an elimination gluten-free diet, without morphological examination of the small intestine [5,7].

For practical healthcare, the problem of noninvasive monitoring of the strict adherence to the agliadin diet in patients with celiac disease in remission is an urgent one.

These definitions do not contradict each other, however, the latter emphasizes the systemic (multi-organ) nature of the autoimmune process in celiac disease and the need for an integrated approach to its diagnosis.

The purpose of the study. To establish the features of the course of celiac disease in children with long-term pathogenetic therapy.

Materials and methods of research. 88 children with celiac disease who were on inpatient treatment in the gastroenterological department of the MPDB of Andijan were examined.

The results of the study. The detectability of the disease in children of the Andijan region in 2008 was 40.83 per 100,000 children. The features of clinical manifestations of celiac disease include: the same frequency of occurrence of typical and atypical forms, the absence of differences in morbidity between boys and girls, a high incidence of deficiency conditions (physical development delay (63%), anemia (67%), delayed sexual development (28%), decreased bone mineral density (25%)) and associated diseases (thyroopathy (17%)), earlier manifestation of enteral syndrome and combined damage to the mucous membrane of the stomach and duodenum. Typical celiac disease is characterized by the maximum concentration of tissue-specific antibodies of class G and pronounced morphological disorders of the cytoarchitectonics of the mucous membrane of the small intestine in the form of hyperregenerative atrophy.

Children born with a symptom complex of intrauterine development delay, in the presence of pathological HLA markers (DQA1*0501B1*0201), are predisposed to the realization of typical celiac disease with a vivid manifestation and the development of numerous deficient conditions, and also demonstrate the pro-inflammatory orientation of the cytokine cascade (increased TNF-a, HJI-ip), decreased activity

of humoral the level of immunity (IgA), the maximum severity of tissue-specific antibody and refractory to treatment.

Probands with celiac disease and relatives of the first degree of kinship are characterized by unidirectional changes on the part of the humoral link of immunity (hypergammaglobulinemia, tissue—specific antibody), cytokine status - in the form of an increase in the level of pro-(TNF-a, IL-lp) and anti-inflammatory (IL-4, IL-1Pa, INF-u) cytokines, which determine type C, the development of complications and the nature of the response to pathogenetic therapy. High heritability coefficients were established for IL-4 (88%), INF-u, (82%), IL-1R (52%).

Markers of celiac disease according to the HLA system were detected in all patients with celiac disease in the Andijan region and 92% of siblings. Pathological haplotype DQA1*501*501 was associated with the typical form of the disease (100%), the development of complications (anemia (71%), decreased bone mineral density (64%), delayed physical development (86%), selective IgA deficiency (79%)) and refractory celiac disease (71%).

Polymorphic variant (+3953)A1/A2 of the IL1 gene is associated with celiac disease (TDT=5.823; p=0.016). The association of the IL4 gene with the typical form of the disease (TDT=12.00; p=0.001), delayed physical development (TDT=8,491; p=0.004), decreased bone mineral density (TDT=12.023; p=0.001) was established. The association of the IL1RN gene with a decrease in bone mineral density (TDT=4,225; p=0.040), IL1B with a delay in physical development (TDT=3,841; p=0.050) was found.

Conclusion. The study revealed the possibility of using the level of antigliadin antibodies for the differential diagnosis of celiac disease with other forms of malabsorption, even with their moderate increase.

The relationship between the timing of the onset of the disease, the speed of development of symptoms, the degree of impairment of physical development and the level of antigliadin antibodies is described, which makes it possible to use these insufficiently specific parameters in a complex for differential diagnosis.

The features of clinical manifestations of celiac disease include: the same frequency of occurrence of typical and atypical forms, the absence of differences in morbidity between boys and girls, a high incidence of deficiency conditions (physical development delay (63%), anemia (67%), delayed sexual development (28%), decreased bone mineral density (25%)) and associated diseases (thyroopathy (17%)), earlier manifestation of enteral syndrome and combined damage to the mucous membrane of the stomach and duodenum.

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