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METHODS OF DIAGNOSIS AND TREATMENT OF HIRSCHSPRUNG'S DISEASE IN CHILDREN

Resume: Hirschsprung's disease is a fairly common disease in pediatric surgery. The study of the data of world scientists has shown that if the issues of the pathogenesis of the disease are no longer considered controversial, then the introduction of new methods of examination and surgical treatment remains complex and ambiguous. The use of various diagnostic and therapeutic methods is mainly determined by the capabilities and preferences of medical institutions.

Key words: Hirschsprung's disease, children's age, treatment, diagnosis.

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МЕТОДЫ ДИАГНОСТИКИ И ЛЕЧЕНИЯ БОЛЕЗНЮ ГИРШПРУНГА У ДЕТЕЙ

Резюме: Болезнь Гиршпрунга - довольно распространенное заболевание в детской хирургии. Изучение данных мировых ученых показало, что если вопросы патогенеза заболевания больше не считаются спорными, то внедрение новых методов обследования и хирургического лечения остается сложным и неоднозначным. Использование различных диагностических и терапевтических методов определяется в основном возможностями и предпочтениями медицинских учреждений.

Ключевые слова: болезни Гиршпрунга, детской возраст, лечения, диагностика.

Relevance. Diagnosis and treatment of children with Hirschsprung's disease still remain the most urgent and unresolved problem of pediatric

surgery[6]. The duration of her study is correlated with the entire history of the development of surgical correction of congenital malformations. However, the issues of timely diagnosis and the choice of the optimal treatment method, depending on the anatomical shape, are again and again the subject of study and discussion and still remain in the focus of attention of researchers and practitioners [3,8].

The analysis of statistical data indicates a high incidence of this disease, which reaches - 1:5000 newborns and has no tendency to decrease[2,9]. Postoperative mortality ranges from 2.6 to 12%, but increases significantly in children of the first months of life, reaching 28-44%, and in total forms - up to 85%. The frequency of postoperative purulent-septic complications varies from 28% to 70%.

Purulent complications play a leading role among the causes of postoperative mortality. In its structure, they make up 40-80% of cases [1,3,10].

The urgency of the problem in modern conditions is due to the lack of a single tactic for conducting a preoperative examination and preparing the patient for radical surgical intervention. There is no consensus on the timing of surgical correction of various anatomical variants of this pathology [3,4,9]. The question of choosing a surgical correction method remains debatable.

To date, quite a lot of works devoted to this topic have accumulated in the literature[5,11]. However, in many cases, the issues of diagnosis and treatment of 4 children with Hirschsprung's disease are not sufficiently fully and methodically organically covered, tactical approaches to solving the problem are outlined.

The relevance of this problem is due to a large set of reasons:

- * High frequency of occurrence – 1:2000-5000 newborns;
- * A large number of postoperative purulent-septic complications – 28-70% of cases.

* Postoperative mortality, which ranges from 2.6 to 12%, but increases significantly in children of the first months of life, reaching 28-44%, and in total forms - up to 85%.

* Not fully resolved issues of preoperative preparation tactics;

* The debatable nature of questions about the stages of surgical interventions;

* Lack of consensus on the timing and methods of the radical stage of surgical treatment;

* Significant disagreements about the timing and location of the imposition of an unnatural anus.

The purpose of the study. To improve the diagnosis and treatment of Hirschsprung's disease in children by modern methods

Materials and methods of research. To fulfill our task, we selected a total of 56 children who applied to the Andijan Regional Multidisciplinary Children's Hospital with Hirschsprung's disease. We conducted an examination in 2019-2021.

The results of the study. In children, rectal (57.5%), rectosigmoidic (34.2%), less often segmental, subtotal (4.1%) and rarely total forms of HD are observed, more often at the stage of subcompensation (51.5%) and decompensation (31.5%). At the same time, the severity of HEI depends on the effectiveness of conservative measures carried out.

Late diagnosis, improper care and treatment of HD lead to fecal intoxication, the development of enterocolitis, dysbiosis, endotoxicosis, secondary immunodeficiency, which are the main causes of the development of immediate (12%) and long-term (6%) postoperative complications.

Based on a comprehensive study of the degree of violation of homeostasis, central and pulmonary hemodynamics, lung function, biocenosis of the body, the 1 (12), P (32) and W (23) degrees of HEI are most objectively established, which makes it possible to make a differentiated choice of tactics

for pre-, intra- and postoperative management and rational rehabilitation and dispensary measures.

A comparative study of the data of X-ray and ultrasound irrigation and scopy, as well as radiometry in combination with monometry and histology contributes to a more accurate diagnosis of HD (100%)) and, especially, the ultrashort (87%>) form of the disease.

The treatment, taking into account the degree of HEI, dysbiosis, enterocolitis, disorders of central and pulmonary hemodynamics and lung function, the use of decontamination methods, moderate hypervolemic hemodilution, hyperoxic ventilation, regional therapeutic analgesia, rational choice and method of administration of antibiotics, improvement of surgical intervention methods, rehabilitation and dispensary measures contribute to a 2-fold decrease in hospital stay, reduction of postoperative complications from 33.3% to 5.4% in the near term and from 16.6% to 3.6% in the long term after surgery and in 96.4% of cases obtaining positive results.

Conclusion. The developed rational methods of diagnosing the super-short form of HD, pre-, intra- and postoperative management, tactics of surgical interventions, therapeutic analgesia, endolymphatic antibiotic therapy, prevention of postoperative complications, methods of functional and immunological rehabilitation make it possible to reduce the frequency of complications, relapses of the disease, disability and mortality of children with HD.

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