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OPTIMIZATION OF TREATMENT OF ENTEROCOLITIS IN NEWBORNS

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Abstract:

In the Russian Federation, the incidence of NEC is 2-10 children per 1000 premature newborns. At the same time, there is an increase in the incidence in children with low and extremely low body weight. Despite some progress in the diagnosis and treatment of NEC, there are no single specific and sensitive methods that allow early diagnosis and prediction of the development of complications in newborns with NEC. In this study, neonatal necrotizing enterocolitis (NEC) is considered, which is one of the most disabling diseases in preterm and low birth weight infants at gestational age.

Keywords: necrotizing enterocolitis, newborns, complex therapy, pediatric surgery.

To date, the principles of adequacy and timeliness of treatment, including surgical treatment, have not been sufficiently developed. A limited number of works are devoted to a comprehensive study of the features of surgical treatment of NEC, especially in the early stages of the disease, as well as to the analysis of early and late complications that occur in children against the background of the course of this pathology. Despite some progress in the diagnosis and treatment of NEC, there are no uniform specific and sensitive methods that allow early diagnosis and prediction of complications in newborns with NEC. In this regard, the development of a diagnostic complex for predicting the development of complications in newborns is constantly being carried out. In this regard, the development of a diagnostic complex for predicting the development of complications in newborns is constantly being carried out..

Many domestic and foreign scientists assume a multifactorial course of the pathogenesis of NEC, which makes it difficult to study it and develop certain standards of treatment and early diagnosis, especially in low-weight children by the time of gestation or IUI, Breast milk helps prevent NEC by providing the child's body with macrophages, T-and B-lymphocytes, and Maternal immunoglobulins, especially of the IgA class. In addition, breast milk, being a synbiotic, forms the newborn's tolerance to representatives of the autoflora. Congenital malformations of the gastrointestinal system are very often observed in low-weight children by the time of gestation , which has an extremely negative effect on the development of NEC.

Due to the need to provide emergency surgical care for most malformations and the subsequent stage of nursing these children, the adaptive capabilities of the body and the already immature immune system are sharply reduced, the inability to feed breast milk, inadequate non-adapted milk formulas, low thermal stability of patients, and can also contribute to the development of NEC. In this situation, surgical care can be considered as a "stress" factor, which triggers the development of NEC in children with ASD. In this situation, NEC has a number of specific and non-specific features and signs. Some of the earliest signs are bloating, congestive discharge through the nasogastric tube and gastric decompression, which causes physiological immaturity. Later, non-specific symptoms are added, such as: thermal stability, bradycardia, hypoglycemia, vegeto-visceral disorders, RDS and disorders of the coagulation system. Later, specific symptoms are noted: vomiting, regurgitation after feeding (more than 70%), mucosal discharge or with an admixture of blood from the rectum (86%). As the signs of NEC increase, there is an increase in pneumatization of the intestinal loops, often this sign is visible not only according to the survey radiography, but also through the anterior abdominal wall. On palpation, pain and crepitation of the anterior abdominal wall are noted. It is important to note that these patients, while being treated in the intensive care unit or neonatology department, where bacterial colonization of the child's intestines is extremely aggressive, are examined by a surgeon already at the stage of peritonitis or intestinal perforation, upon the fact of a catastrophe in the abdominal cavity.

There is an increase in signs of peritonitis, which indicates the development of perforation of the intestinal tube or the stage of pre-perforation with a large amount of effusion in the abdominal cavity and an increase in intra-abdominal pressure. Peritonitis in small children is accompanied by an extremely high mortality rate, reaching 65-80%. The most common complications of NEC include wound infection, subcutaneous eventration of intestinal loops, ventral

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hernia, cholestasis, recurrent NEC, intestinal stenosis, cirrhosis of the liver, secondary malabsorption syndrome, short bowel syndrome, etc.

Thus , an early effective and highly specific diagnosis of NEC with adequate treatment at various stages of the disease in newborns will reduce the number of patients with NEC in the future. complications and deaths. Due to the small volume of circulating blood in a newborn, a big problem of neonatal age is dynamic blood pressure. determination of acute inflammatory phase proteins in the blood. Therefore, an extremely urgent problem is the development of methods and methods for determining BOPF based on the minimum blood volume. To date, the principles of adequacy and timeliness of treatment, including surgical treatment, have not been sufficiently developed. A limited number of works are devoted to a comprehensive study of the features of surgical treatment of NEC, especially in the early stages of the disease, as well as to the analysis of early and late complications that occur in children against the background of the course of this pathology.

In addition, it should be noted that there are no uniform standards in the assessment and management of pain in children with NEC, despite the fact that pain is one of the pathogenetic factors that determine the course of this pathology in newborns. Basic development mechanisms NECs remain unknown to date. Purpose of the study. Improving the results of NEC treatment in newborns by developing a comprehensive therapeutic and diagnostic management strategy for patients depending on the stage of the pathological process and the degree of prematurity.

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