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CHRONIC ENTEROCOLITIS IN CHILDREN

Khalilov Sh.K.
Andijan State Medical Institute
Andijan. Uzbekistan
Abduvalieva Ch.M.
Phd, Associate Professor
Kadirov K.Z.
Candidate of medical sciences, associate professor
Kosimov O.Z.
Resident doctor of pediatric surgery department
Andijan State Medical Institute
Khakimov U.K.
Resident physician of pediatric surgery department of the Andijan branch of the Republican Scientific Center for Emergency Medical Aid.

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Abstract:

Chronic enterocolitis in children is a chronic inflammatory disease affecting the intestine, especially the large and small intestine. It is characterized by symptoms such as abdominal pain, diarrhea, bloody stools, weight loss and poor growth. The disease includes different types including Crohn's disease, ulcerative colitis and indeterminate colitis. The exact cause of chronic enterocolitis in children is not fully understood, but it is thought to be due to a combination of genetic predisposition, environmental factors, immune system dysfunction, and changes in the gut microbiome. Diagnosis includes a comprehensive evaluation of the medical history, physical examination, laboratory tests, and imaging studies. The goal of treatment is to reduce inflammation, eliminate symptoms, accelerate healing, and improve overall health. It usually involves a combination of medications such as anti-inflammatory drugs, immunosuppressants and biological therapies, as well as dietary therapy, including enteral nutrition alone or specialized diets. A multidisciplinary approach involving health care providers is necessary for comprehensive treatment. Chronic enterocolitis can have a significant impact on a child's daily life, including school attendance, social engagement, and emotional well-being. Strategies to address these issues include open communication with teachers, creating a supportive environment, and seeking psychological support if needed. Ongoing research aims to improve the understanding, diagnosis, and treatment of chronic enterocolitis in children. Advances in personalized medicine, the gut microbiome, and targeted therapies promise improved outcomes in the future.

Keywords: Chronic enterocolitis, children, inflammatory bowel disease, Crohn's Disease, ulcerative colitis, diagnosis, treatment, symptoms, impact, study.

INTRODUCTION. Chronic enterocolitis in children is a chronic inflammatory disease affecting predominantly the intestine, especially the large and small intestine. It is characterized by prolonged inflammation of the intestinal mucosa, leading to various symptoms and possible complications. The disease includes different types, the most common of which are Crohn's disease and ulcerative colitis. Crohn's disease can affect any part of the digestive tract, from the mouth to the anus, while ulcerative colitis usually affects the colon and rectum. Both conditions include periods of active inflammation and remission. [1.3].Symptoms of chronic enterocolitis in children can vary but often include abdominal pain, diarrhea, rectal bleeding, weight loss, fatigue, and growth retardation. In some cases, children may have extraintestinal manifestations such as joint pain, skin rashes, or eye inflammation.The exact cause of chronic enterocolitis in children is not fully understood, but it is thought to be related to a combination of genetic, environmental, and immune system factors. Genetic predisposition, abnormal immune responses, abnormalities of the gut microbiome, and environmental factors are thought to play a role in the development and progression of the

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disease.Early diagnosis is critical for effective treatment of chronic enterocolitis in children. It usually involves a combination of history assessment, physical examination, laboratory tests, imaging studies, and sometimes endoscopic procedures to visualize the intestine and obtain tissue samples for further analysis. Although there is currently no cure for chronic enterocolitis, treatment is aimed at controlling inflammation, reducing symptoms, and maintaining remission. Medications such as anti-inflammatory drugs, immunosuppressants, and biological therapies may be prescribed depending on the severity and type of disease. In some cases, surgery to remove the affected areas of the intestine may be required. [1.3.4].Symptoms of chronic enterocolitis in children can vary from person to person, but there are common signs that are seen frequently. These symptoms may include:Abdominal pain. Children with chronic enterocolitis may experience intermittent or constant abdominal pain. The pain is usually spastic and may be localized in different areas of the abdomen. Diarrhea. Chronic enterocolitis may cause chronic or recurrent episodes of diarrhea. Stools may be liquid, watery, and more frequent than usual.Bloody stools. In some cases, chronic enterocolitis can cause blood in the stool. This can range from visible blood to hidden blood that can only be detected by laboratory tests.Weight loss. Children with chronic enterocolitis may experience unintentional weight loss or have difficulty gaining weight. This may be due to decreased appetite, impaired absorption of nutrients, or increased energy expenditure due to inflammation.

Poor growth. Chronic enterocolitis can interfere with a child's growth and development. This can lead to delayed puberty, stunted growth, or retardation.The process of diagnosing chronic enterocolitis in children usually involves several steps. It begins with a thorough medical history, during which the health care provider will ask about the child's symptoms, their duration, and whether there is a family history of similar conditions. A physical examination may also be performed to evaluate the abdomen for soreness, swelling, or other signs.Laboratory tests are often performed to make a diagnosis. These may include blood tests for inflammatory markers, stool tests for infection or inflammation, as well as tests to assess nutrient levels or detect autoantibodies.Imaging studies, such as x-rays, ultrasound, or magnetic resonance imaging (MRI), may be used to visualize the intestine and detect any structural abnormalities or signs of inflammation. In some cases, an endoscopic procedure may be required to make a definitive diagnosis. This may include colonoscopy, in which a flexible tube with a camera is inserted into the colon to view the mucosa and obtain tissue samples for further analysis. Chronic enterocolitis in children includes different types, the most common of which are Crohn's disease, ulcerative colitis, and indeterminate colitis. Each type has different characteristics in terms of the areas of the intestine affected and the nature of the inflammation.Crohn's disease:Crohn's disease can affect any part of the digestive tract, from the mouth to the anus. In children, it usually affects the terminal ileum (the last section of the small intestine) and the colon. However, it can also affect other areas including the stomach, duodenum, and esophagus. The inflammation associated with Crohn's disease is usually focal, meaning it can occur in isolated segments of the intestine, leaving healthy areas in between. It can affect all layers of the intestinal wall, leading to complications such as strictures (narrowings), fistulas (abnormal junctions) and abscesses. [1.3.4].

Ulcerative colitis.

Ulcerative colitis primarily affects the colon and rectum. Inflammation usually begins in the rectum and can spread continuously throughout the colon. Unlike Crohn's disease, which can affect multiple areas of the digestive tract, ulcerative colitis is limited to the colon. The inflammation in ulcerative colitis is continuous and usually affects the inner lining of the colon (mucosa). This can lead to the formation of ulcers, which can cause bleeding and mucus production.

Indeterminate colitis.

Undetermined colitis is the term used when it is difficult to distinguish Crohn's disease from ulcerative colitis based on available diagnostic criteria and signs. In some cases, the inflammation may have characteristics of both Crohn's disease and ulcerative colitis, making it difficult to definitively classify the disease. Over time, as more information becomes available, the diagnosis may be clarified: Crohn's disease or ulcerative colitis.The specific type of chronic enterocolitis in children has implications for treatment approaches and long-term management. Health care providers will consider the type, localization, and severity of inflammation to tailor the treatment plan and monitor for possible complications.The exact cause of chronic enterocolitis in children is not fully understood, but is thought to involve a complex interplay of various factors, including genetic predisposition, environmental triggers, immune system dysfunction, and changes in the gut microbiome.Genetic predisposition: there is evidence to suggest that genetics plays a role in the development of chronic enterocolitis.The exact cause of chronic enterocolitis in children is not fully understood, but is thought to involve a complex interplay of various

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Crohn's disease:

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and any necessary accommodations or support. This may include providing a letter from a health care provider explaining the condition and its impact on the child's ability to attend school regularly. Flexible attendance policies, access to toileting facilities, and distance learning options during exacerbations can help minimize disruption to the child's education. [5.6]Community activities. Chronic enterocolitis can sometimes limit a child's participation in social activities, such as sports, outings or events, because of symptoms or concerns about exacerbations. It is important to create a supportive environment in which the child feels comfortable discussing his or her condition with friends, peers and activity organizers. Educating others about the condition can help reduce stigma and promote understanding. Encouraging a child to engage in activities they enjoy and feel comfortable with, while respecting their limitations, can help maintain their social connections and increase their confidence.Emotional well-being. Living with chronic enterocolitis can be emotionally challenging for children. They may feel frustrated, embarrassed or anxious about their symptoms, body image or the impact of the condition on their daily lives. It is important to provide emotional support and create a safe space for the child to express their feelings. Encouraging open communication within the family, providing reassurance and validation of their emotions can help alleviate some of the emotional burden. If necessary, seeking psychological support from a therapist or counselor specializing in chronic illness or child psychology can provide additional coping strategies and support.Dietary therapy. Dietary therapy plays an important role in the treatment of chronic enterocolitis in children. Exceptional enteral nutrition (EEN), which involves providing complete nutrition through liquid formula, can be used as the primary treatment to achieve remission, especially in children with Crohn's disease. EEN can help reduce inflammation, promote healing, and provide essential nutrients. In some cases, specialized diets such as a specific carbohydrate diet (SCD) or a low-FODMAP diet can be used to relieve symptoms and improve overall gut health.Multidisciplinary approach.
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Conclusions: Thus, it is important to provide emotional support and create a safe space for the child to express his or her feelings. Encouraging open communication within the family, providing reassurance and validation of their emotions can help to alleviate some of the emotional burden. If necessary, seeking psychological support from a therapist or counselor specializing in chronic illness or child psychology can provide additional coping strategies and support. Environment, immune system dysfunction and changes in the gut microbiome as potential factors. Treatment of chronic enterocolitis involves a multidisciplinary approach that includes medication, nutritional therapy, and collaborative efforts among health care providers. Strategies to eliminate the impact on the child's daily life, such as open communication with teachers, creating a supportive environment, and seeking psychological support when needed, are important for their well-being. Current research aims to improve our understanding, diagnosis and treatment of chronic enterocolitis with potential advances in personalized medicine, the gut microbiome and targeted therapies. By continuing to invest in research, we can strive to improve outcomes and quality of life for children with chronic enterocolitis

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