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TREATMENT AND DIAGNOSIS OF DUODENAL ULCER DISEASE IN CHILDREN

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Abstract:

Duodenal ulcer disease in children is an urgent problem of modern pediatrics, characterized by a steady increase in morbidity and rejuvenation of the patient population. According to epidemiological studies, the prevalence of this pathology in the pediatric population varies from 1.7 to 16%, and there is a tendency to increase the frequency of severe and complicated forms of the disease. The peculiarities of the pediatric organism, atypicality of the clinical picture and multifactorial pathogenesis create significant difficulties in timely diagnosis and the choice of optimal treatment tactics. Despite the successes achieved in the study of etiopathogenesis and the development of therapeutic methods, the frequency of disease recurrence remains high, which determines the need for further improvement of diagnostic and therapeutic approaches.

Keywords: duodenal ulcer disease, erosive gastroduodenitis, age, children, clinic, pain syndrome.

RELEVENCE: Pathology of the digestive system is considered one of the most common and progressive diseases in children. In this regard, the most important health problem today is the development and implementation of scientifically based comprehensive programs for the Prevention of chronic diseases in children, including chronic gastrointestinal diseases. Ulcer disease of the stomach and duodenum occupies a leading position among diseases of the digestive organs in children. Interest in this pathology is associated with its constant spread, frequent recurrence and serious complications that can lead to poor quality of life for children of all ages. It should be noted that the global prevalence of wound disease in children is significantly different, and there are no reliable statistics on the frequency of its occurrence [1,2]. Despite the results achieved, the frequency of detection of wound disease in children using primary medico-sanitation is low, which affects the quality of medical care for this category of patients [5,7]. Today, the role of pathogenetic factors in the development of wound disease, the accuracy of timely diagnosis, adequate treatment and the clinical picture of gastric and duodenal ulcer disease, the nature of rejection, the frequency of gastric ulcer disease, as well as the dynamics of inflammatory changes in the mucous membrane, the recurrence of the disease and the formation of complications remain relevant [3,4].
In this regard, the purpose of our study was to optimize the provision of assistance to children with wound disease, taking into account the features of the clinical and endoscopic manifestation of wound disease and the nature of its withdrawal at the present stage.

PURPOSE OF THE STUDY: treatment and diagnosis of duodenal ulcer disease in children at the present stage.

RESEARCH MATERIAL AND METHODS: 25 children aged 12 to 17 (average age 14.52±0.33 years) with duodenal and gastric ulcer disease were examined, with a predominance of boys among patients with scar disease (80%), as well as family (hereditary) severity of duodenal ulcer disease (56%) and gastric ulcer disease (76%) by the father and by the father among relatives. The effects of exogenous and endogenous risk factors for wound disease were determined using the oddis ratio (or). All patients were under medical supervision; the frequency of Examinations was individual and depended on the severity of the course of the disease and recurrence of abdominal pain symptoms. All children were examined according to standards, including: General blood and urine analysis, coprogram, biochemical blood analysis, which was due to the severity of the course of the disease and recurrence of abdominal pain symptoms. On average, children were examined quarterly, less often - once every 6 months, and some patients once a month.

RESULTS: analysis of the relative risk factor indicator for the development of disease in children found that the greatest risk for the development of wound disease was repeated (4 times and more) acute respiratory viral infections (2,256), acute intestinal infection and uncontrolled use of antibiotics (2,899), premature introduction of cow's milk (3,055) and a short Today,

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plot pediatricians do not have "risk groups" for the formation of wound disease in children, in this regard, a timely diagnosis of chronic gastroduodenal pathology is not carried out. This is confirmed by our data: only 1/5 of patients (20% and 24%, respectively) are sent for consultation or inpatient treatment with a diagnosis of wound disease or chronic gastritis or gastroduodenitis.

When analyzing the nature of subjective clinical symptomatics and dyspeptic disorders of pain in the abdominal area, it should be noted that it is characterized by polymorphism of clinical symptoms. The most common complaints were pain in the epigastral area that occurs on an empty stomach (88%), appearance during emotional arousal (84%), loss after eating (76%). In character, the pains were usually weakly expressed, long - lasting and articular (52%), at a lower frequency (20%) - offensive, relapsing several times a day (28%). Most patients had appetite (40%) or increased (44%). In the analysis of dyspeptic disorders, the most common were stuttering with air or acid and bitterness after meals, boiling of corns (84%).

Pain symptoms and dyspeptic disorders in the abdominal area were accompanied by psychological disorders. In almost all children (96%), parents reported symptoms of astheno-neurotic disorders, which were characterized by behavioral reactions: irritability, crying, rapid fatigue, weakness, excessive emotional arousal, anxiety or depression. Often (40%) sick children complained of headaches and sleep disturbances (12%).

A general examination of patients found normal, age-appropriate physical development in the majority of children (84%), sometimes with advanced physical development (12%) or lagging (4%). Clinical symptoms, such as dry, in some areas flaky skin with foci of hyperpigmentation, have been shown in most (52%) sick children to have long-term disorders of the general condition and symptoms of endogenous intoxication. Almost all observations recorded swelling of the tongue.

When palpating the abdomen, most patients had pain in the epigastral and pyloroduodenal area, as well as pain in the Colon (40%), gallbladder point (32%), Meyo-Robson point, and Area (48%). The clinical picture of wound disease in children was often accompanied by Vegeto-vascular dystonia of the sympathetic and parasympathetic type (48%), with some patients experiencing cardiac rhythm and conduction disorders (40%) according to ECG data.

All patients underwent esophagogastroduodenoscopy for diagnostic purposes, and all patients were diagnosed with scar defects ranging in size from 0.5 - 1.0 to 1.5 cm, which had swollen edges and were surrounded by inflammatory valence (clinical-endoscopic Phase I "new scar"). Along with wound defects of the mucous membrane of the duodenum bulb, all patients have been found to have changes characteristic of gastritis and duodenitis in the antral part of the stomach and duodenum. Often (48%) wound defects were accompanied by solitary or numerous erosions on the mucous membrane of the stomach (erosive gastritis) and duodenum (erosive duodenitis).

A study of the acid-forming function of the stomach found that only a fraction (52%) of patients had increased acid-forming activity of gastric secretion. In nearly half (40%) of patients, it was normal, with a decrease in some observations.

Patient inpatient treatment consisted of several components and included dietary therapy, physiotherapy, and specific treatment schemes. These included quadrotherapy, which used the following drugs: de-nol antibiotics-in combination with amoxicillin, urovamycin, clarithromycin and metronidazole group drugs (trichopol) or nitrofuran row drugs (mcmiror), as well as drugs from the proton pump inhibitors group. In this case, according to the type of proton pump inhibitors, patients were divided into 2 groups: 13 patients in Group 1 received omeprazole, and 12 patients in Group 2 received rabeprazole (Pariet) as part of the child quadrotherapy. After leaving the stationary, the parents of all patients were given recommendations for compliance with the treatment-protection regime, dietary therapy, drug therapy in cases where the clinical manifestation of wound disease has returned. Patients were re-examined and examined 3 months after eradication therapy.

CONCLUSIONS: in both groups of comparisons, we noted positive dynamics in the course of the posteradikasion period of wound disease, a decrease in the severity of abdominal pain syndrome and dyspeptic disorders. In both groups of children, the suppression of pain and dyspeptic syndromes occurred at the same time periods. When analyzing the endoscopic picture after 3 months, endoscopic changes in the form of erythematous bulbitis were preserved in 16.6% of patients in the group receiving rabeprazole, while in the group receiving omeprazole, this figure was 30.8% ($p<0.05$). Also, a more pronounced positive dynamics of the gastric mucosa was observed. During the follow-up period of up to 6 months, the relapse rate was only 16.6 percent in the rabeprazole group, while in the omeprazole group it was 23.1 percent.

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LITERATURE

1. Гаффаров У.Б. Роль кислотообразующей функции желудка у детей с эхинококкозом (клинико-экспериментальное исследование): дис. Уфа: КБ. Гафаров, 2007. (in Uzb)
2. Юсупов Ш.А., Исламова Д.С., Гаффаров У.Б. Структура патологии гастродуоденальной зоны у детей с дискинезией желчного пузыря // Ученые записки Орловского государственного университета. Серия: Естественные, технические и медицинские науки, 2014. Т. 2. № 7. С. 73-74. (in Uzb)
3. Aliev M.M., Adylova G.S., Sadykov M., Khudaibergenov S. Severity of phlebectasia and frequency of oesophageal-gastric haemorrhage in children phlebectasia and frequency of oesophageal-gastric haemorrhage in children with extrahepatic portal hypertension // Children's Surgery, 2010. №1. - C. 16-19. (in Uzb)
4. Aliev M.M., Yuldashev R.Z., Adylova G.S. Influence of portosystemic shunting on renal blood flow.shunting on renal blood flow in children with portal hypertension // Children's surgery // Children's surgical centre hypertension // Children's Surgery, 2015. T. 19. №3. - C. 4-8.
5. Aruin L.I. Morphological classification of chronic hepatitis // Arch. pathology, 1995. T. 57. №3. - C. 3-6. (in Uzb)
6. Belous R.A., Malaev A.A., Smirnova O.N. et al. Treatment of the syndrome portal hypertension in children according to the data of AODKB // Bulletin East-Siberian Scientific Centre of the Siberian Branch of the Russian Academy of Medical Sciences, 2012. Russian Academy of Medical Sciences, 2012. №4 (86). - C. 21. (in Russ).
7. Bulanov K.I. Risk assessment of oesophageal dilated oesophageal veins bleeding in patients with decompensated liver cirrhosis // Actual issues of treatment with portal hypertension syndrome. - SPb., 1999. - C. 36-37. (in Russ).
8. Volynets G.V., Evlyukhina N.N., Filin A.V. et al. Determination of the degree liver structure disorders and severity of portal hypertension in children // Experimental and Clinical Gastroenterology, 2015. №1 (113). - C. 2835. (in Russ).