



## FEATURES OF GASTROINTESTINAL SYNDROME IN CHILDREN SUFFERING FROM ALLERGIC DERMATITIS

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### ✓ *Resume*

*The aim of our study was to study the characteristics of the gastrointestinal syndrome in children suffering from allergic dermatitis. We examined 60 children from birth to 3 years old, suffering from atopic diathesis. The study was carried out according to a standardized methodology by selective observation, an analysis of 60 medical records was carried out, which made it possible to identify the prevalence of allergic diseases in children and assess the role of some risk factors in the formation of atopic dermatitis. Digestive disorders in children with atopic dermatitis began to form at the age of 0 to 2 years, of which 81.7% of children had typical symptoms of digestive organs damage. Abdominal pain was observed in 15% of children, nausea, regurgitation and vomiting - in 35%, stool disorders - in 36.7%, of which constipation - in 18.3%, unformed stool - in 21.6%, alternating constipation with plentiful stools - in 15%. unshaped chair. Combinations of symptoms were often observed in one child. The determining factors in the formation of gastroenterological and allergic pathology should be considered hereditary burden, pathology of pregnancy and childbirth, malnutrition of the child from the first days of life.*

*Keywords: gastrointestinal syndrome, eating disorders, allergic dermatitis, peculiarities, children.*

## ОСОБЕННОСТИ ПОРАЖЕНИЯ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА У ДЕТЕЙ, БОЛЬНЫХ АЛЛЕРГИЧЕСКИМ ДЕРМАТИТОМ

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### ✓ *Резюме*

*Целью нашего исследования явилось изучение особенностей желудочно-кишечного синдрома у детей, страдающих аллергическим дерматитом. Нами обследовано 60 детей от рождения до 3 лет, страдающих атопическим диатезом. Исследование проведено по стандартизированной методике методом выборочного наблюдения, проведен анализ 60 медицинских карт, что позволило выявить частоту распространенности аллергических заболеваний у детей, и оценка роли некоторых факторов риска в формировании атопического дерматита. Нарушения со стороны органов пищеварения у детей с атопическим дерматитом начали формироваться в возрасте от 0 до 2 лет, из них у 81,7% детей были типичные симптомы поражения органов пищеварения. Боли в животе наблюдались у 15% детей, тошнота, срыгивания и рвота - у 35%, нарушения стула - у 36,7%, из них запоры - у 18,3%, неоформленный стул - у 21,6%, чередование запоров с обильным стулом - у 15%. неоформленный стул. Комбинации симптомов часто наблюдались у одного ребенка. Определяющими факторами формирования гастроэнтерологической и аллергической патологии следует считать наследственную отягощенность, патологию беременности и родов, нарушения питания ребенка с первых дней жизни.*

*Ключевые слова: желудочно-кишечный тракт, расстройства пищевого поведения, аллергический дерматит, особенности, дети.*



## OSHQOZON-ICHAK TRAKTINING ZARARLANISHINING XUSUSIYATLARI ALLERGI DERMATITI BO'LGAN BOLALARDA

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### ✓ *Rezume*

*Tadqiqotimizning maqsadi allergik dermatit bilan og'rigan bolalarda oshqozon-ichak sindromining xususiyatlarini o'rganish edi. Tug'ilgandan 3 yoshgacha bo'lgan, atopik diatez bilan og'rigan 60 nafar bolani tekshirdik. Tadqiqot standartlashtirilgan metodologiya bo'yicha selektiv kuzatish orqali o'tkazildi, 60 ta tibbiy ma'lumotlar tahlili o'tkazildi, bu bolalarda allergik kasalliklarning tarqalishini aniqlash va atopik kasalliklarning shakllanishida ba'zi xavf omillarining rolini baholash imkonini berdi. dermatit. Atopik dermatit bilan og'rigan bolalarda ovqat hazm qilish buzilishi 0 yoshdan 2 yoshgacha shakllana boshladi, ulardan 81,7% bolalarda ovqat hazm qilish organlarining shikastlanishiga xos belgilar mavjud. Qorin og'rig'i 15% bolalarda, ko'ngil aynishi, qayt qilish va qayt qilish - 35%, axlat buzilishi - 36,7%, shundan ich qotishi - 18,3%, shakllanmagan axlat - 21,6%, ko'p axlat bilan almashinadigan ich qotishi - 15%. shaklsiz stol. Aromatlarning kombinatsiyasi ko'pincha bitta bolada kuzatilgan. Gastroenterologik va allergik patologiyaning shakllanishida hal qiluvchi omillar sifatida irsiy yuk, homiladorlik va tug'ish patologiyasi, hayotning birinchi kunlaridan boshlab bolaning noto'g'ri ovqatlanishi hisobga olinishi kerak.*

*Kalit so'zlar: oshqozon-ichak sindromi, ovqatlanishning buzilishi, allergik dermatit, o'ziga xos xususiyatlar, bolalar.*

### Relevance

In recent years, there has been observed a steady increase in the defeat of the gastrointestinal tract of an allergic nature [1,7,9]. Hereditary predisposition is the main factor in the formation of atopic diseases [2,8].

In children one of the leading places among allergic diseases is atopic dermatitis, the prevalence of which, according to epidemiological studies, ranges from 17 to 25% [3,6].

It has been proved that atopic dermatitis develops in 81% of children with both parents suffering from atopic disease, and in 56% — if one of the parents (especially the mother) is ill [3].

The digestive tract is the site of penetration of food allergens and the first target of an allergic reaction. That is why almost always with food allergies, even in the absence of obvious clinical symptoms from the gastrointestinal tract, signs of its lesion are detected during examination.

The formation of gastrointestinal syndrome in the most responsible periods of growth and development of the child, the increasing severity of the course and the frequency of complications cause the undying interest of researchers in this problem [4,5,9,10,12].

**The purpose of the study:** to study the features of gastrointestinal syndrome in children suffering from allergic dermatitis.

### Material and methods

60 children from birth to 3 years suffering from atopic diathesis were examined. The study was conducted according to a standardized method by a selective observation method, an analysis of 60 medical records (f. 112/y) was carried out, which allowed to identify the frequency of prevalence of allergic skin diseases in children and to assess the role of some risk factors on the formation of atopic dermatitis. Children with the identified signs of atopic dermatitis were surveyed by their parents for a more detailed identification of symptoms of damage to the digestive system and the organization of proper nutrition of the child. The analysis included the study of heredity, the course of gastrointestinal syndrome, the nature of nutrition, the timing of the introduction of complementary foods, and the peculiarities of nutrition during the following years of life.

## Result and discussion

It was found that burdened heredity was detected in 71.6% of children, mainly on the mother's side (allergic rhinitis, pollinosis, drug allergy, bronchial asthma), on the father's side they were more common from the gastrointestinal tract.

Pregnancy proceeded with gestosis in 41.6%, frequent exacerbations of chronic diseases in the mother in 21.6% of cases. Childbirth in 35% of cases was complicated; such children were more likely to have congenital hypotrophy in 26.6% of cases. The debut of atopic dermatitis occurs at an early age. In children with atopic dermatitis, the risk factor for the development of respiratory manifestations of allergy was 15%.

35.0% of children were breastfed up to one year of age, 30% of children were artificially fed from birth. In mixed feeding, parents most often used milk mixtures (63.4%) or cow's milk (8.3%) as supplementary feeding. The first complementary food was introduced earlier than the recommended age in more than half of the children (18.3%), vegetable dishes, porridges 51.6% were used as the first complementary food in 36.7% of cases, in other cases the child was given combined foods. 13.3% of children were transferred to the common table before the age of one year, it was in these children in 46.7% of cases that the first symptoms of damage to the gastrointestinal system were subsequently detected. Disorders of the digestive system in children with atopic dermatitis began to form at the age of 0 to 2 years, of which 81.7% of children had typical symptoms of damage to the digestive system. Abdominal pain was observed in 15% of children, nausea, regurgitation and vomiting were in 35%, stool disorders were detected in 36.7%, of which 18.3% had constipation, 21.6% had an unformed stool, 15% had alternation of constipation with an unformed stool. Combinations of symptoms were often observed in one child.

Thus, intestinal dysfunctions in the form of constipation were detected in 30% of children already during the first months after birth. The frequency of bowel movements was at intervals of 1 every 2 to 5 days, the stool was tight, sometimes with streaks of fresh blood as a result of tearing of the mucous membrane of the rectum and anal canal, in 6.7% of cases, the loss of the rectal mucosa was determined. In 56.7%, constipation occurred during early mixed feeding, in a third of 38.3 children during breastfeeding and insufficient drinking regime, the introduction of semolina or rice cereals as complementary foods. Early introduction of complementary food, regardless of the type of feeding, also contributed to impaired motor activity of the colon and the occurrence of constipation, a similar situation occurred in allergic children in 58.3% of cases. It can be argued that disorders of intestinal tone and motility were formed in infants with allergopathology with early mixed feeding and early introduction of the first complementary food. This is primarily due to the unwillingness of the infant's digestive system to dispose of certain food (milk mixtures, cereals, vegetables), low motor activity of the gastrointestinal tract during the first years of the child's life and insufficient abdominal enzymatic capacity.

The introduction to the diet of infants of food that the digestive tract is not yet able to adequately digest (cow's milk, meat, chicken eggs, sweets in the form of sweets, chocolate, etc.) aggravates this process, because in children under one year old sensitization to cow's milk and chicken egg is the leading and amounts to 83.3 and 86.6%, respectively, in the second and third place is an allergy to cereals, most often to wheat, and to meat.

In children in the vast majority of cases stool dilution occurred during breastfeeding or early mixed feeding (36.6 and 46.6%, respectively). Over the years, the frequency of this syndrome decreased to 3.4% of cases in the study group, this is due to intestinal enzymopathies, when a stool disorder occurs as a result of an imperfection of the digestive tract enzymatic system, subsequently such a defect is compensated and the child's stool is normalized. All this led to persistent changes in the intestinal microflora to the chronization of intestinal inflammation on the one hand and on the other hand in almost all cases, dysbiocenosis was accompanied by an allergic skin disease.

Regurgitation and vomiting were manifested, as well as constipation, against the background of early mixed feeding of 58.3%, with over-feeding, abuse of milk mixtures, spontaneous ingestion of air by a child during feeding. An increase of intracavitary pressure, combined with a delay in emptying the stomach from the contents or overstretching of the stomach, with weak swallowing movements that do not stimulate peristalsis, can cause erratic contractions and relaxation of the valve structures of the digestive tract. Basically, regurgitation was a "benign" condition that spontaneously passed by 12-

18 months after birth. However, in the majority of children, 71.6% with regurgitation and vomiting syndrome at the age of one year in the following years of life formed into a persistent reflux pathology of the gastrointestinal tract.

### Conclusion

The defeat of the digestive organs in children has its own features. Determining factors in the formation of gastroenterological and allergic pathology should be considered hereditary burden, pathology of pregnancy and childbirth, nutritional disorders of the child from the first days of life. Early signs of damage to the digestive tract such as constipation, diarrhea in the first months and years of life, regurgitation and vomiting after eating foods that are not typical for feeding a child at this age play an important role in the formation of allergic pathology as atopic dermatitis.

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