



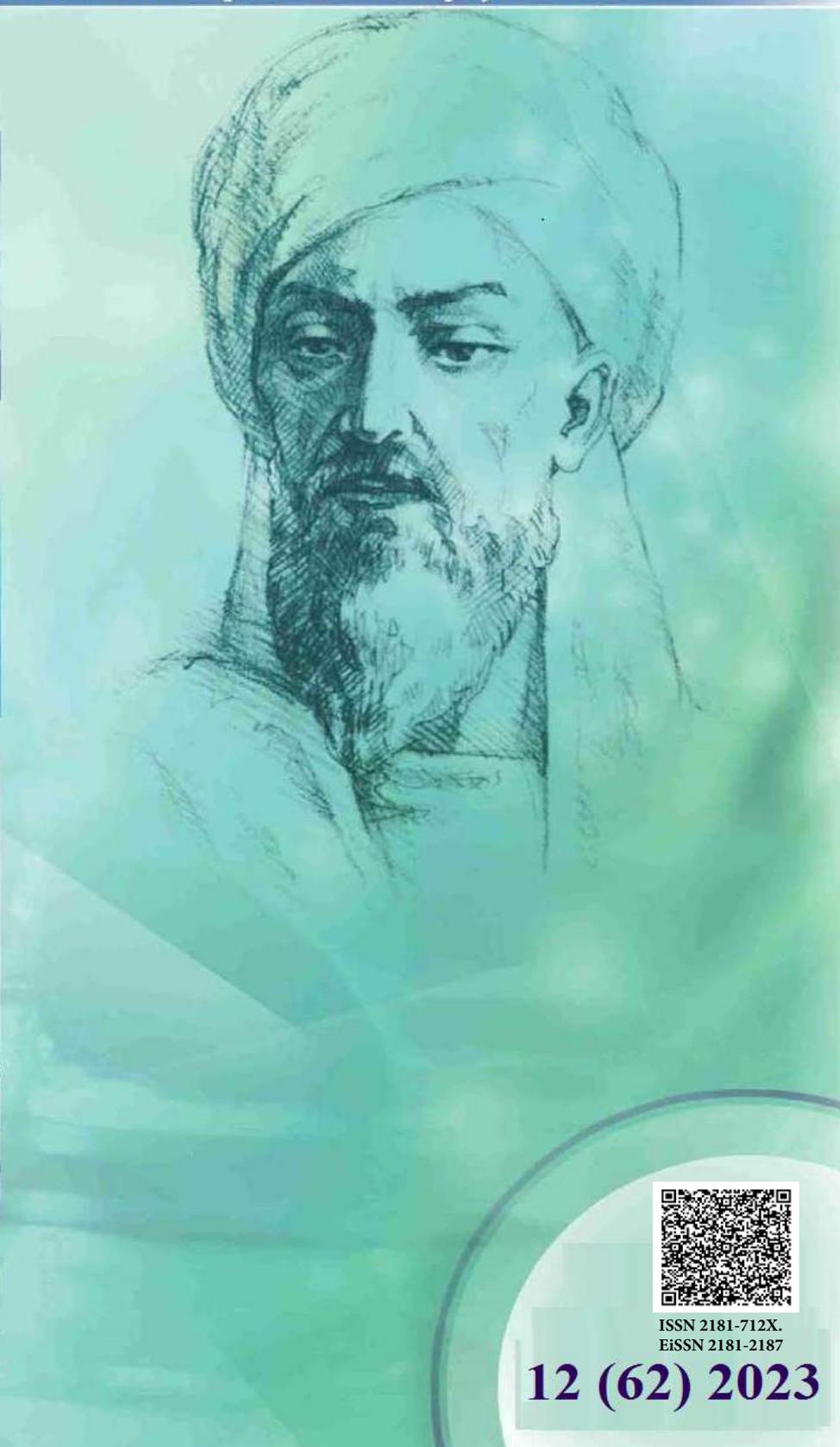
**New Day in Medicine**  
**Новый День в Медицине**

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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ  
NEW DAY IN MEDICINE**

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## TREATMENT AND DIAGNOSIS OF DUODENAL ULCER DISEASE IN CHILDREN AT THE PRESENT STAGE

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### ✓ Resume

*Treatment of erosive and ulcerative lesions of the gastroduodenal zone in children is a priority task of modern gastroenterology. Changes in lifestyle are associated with transformations in morphogenesis and character of the course of the pathological process in the gastroduodenal zone, which leads to diversification of the clinical picture of the disease. The conducted study proves the transformation of the clinical course of peptic ulcer disease and erosive gastroduodenitis in children with deviation into asymptomatic and sterile forms. It has been established that duodenal ulcer disease is reliably more often diagnosed in children living in urban areas. It is connected with availability of highly qualified medical aid, presence of specialised hospitals.*

*Key words: duodenal ulcer disease, erosive gastroduodenitis, age, children, clinic, pain syndrome.*

## ЛЕЧЕНИЕ И ДИАГНОСТИКА ЯЗВЕННОЙ БОЛЕЗНИ ДВЕНАДЦАТИПЕРСТНОЙ КИШКИ У ДЕТЕЙ НА СОВРЕМЕННОМ ЭТАПЕ

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### ✓ Резюме

*Лечение эрозивно-язвенных поражений gastroduodenальной зоны у детей является приоритетной задачей современной гастроэнтерологии. Изменение образа жизни ассоциируется с трансформациями в морфогенезе и характере течения патологического процесса в gastroduodenальной зоне, что приводит к диверсификации клинической картины заболевания. Проведенное исследование доказывает трансформацию клинического течения язвенной болезни и эрозивных gastroduodenитов у детей с девиацией в бессимптомные и стертые формы. Установлено, что язвенная болезнь двенадцатиперстной кишки достоверно чаще бывает диагностирована у детей, проживающих в городских условиях. Это связано с доступностью высококвалифицированной медицинской помощи, наличием специализированных стационаров.*

*Ключевые слова: язвенная болезнь двенадцатиперстной кишки, эрозивный gastroduоденит, возраст, дети, клиника, болевой синдром.*

## ҲОЗИРГИ БОСҚИЧДА БОЛАЛАРДА ЎН ИККИ БАРМОҚЛИ ИЧАК ЯРАСИНИ ДАВОЛАШ ВА ДИАГНОСТИКАСИ

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### ✓ Резюме

*Болаларда гастродуоденал соҳанинг эрозив ва ўн икки бармоқли ичак ярасини даволаш гастроэнтерологиянинг устувор вазибалардан биридир. Турмуш тарзининг ўзгариши морфогенездаги ўзгаришлар ва гастродуоденал зонадаги патологик жараённинг табиати билан боғлиқ бўлиб, бу касалликнинг клиник кўринишини диверсификация қилишга олиб келади. Тадқиқот давомида бўлган болаларда ошқозон яраси касаллиги ва эрозив гастродуоденитнинг клиник курсининг асимптоматик ва ўчирилган шакллarga айланишини исботлайди. Ўн икки бармоқли ичак яраси шахар шароитида яшовчи болаларда сезиларли даражада тез-тез аниқланиши аниқланди. Бу юқори малакали тиббий ёрдамнинг мавжудлиги, ихтисослашган шифохоналарнинг мавжудлиги билан боғлиқ.*

*Калит сўзлар: ўн икки бармоқли ичак яраси, эрозив гастродуоденит, ёш, болалар, клиника, оғриқ синдроми.*

### Relevance

The pathology of the digestive system is considered to be the most common and progressive in children. In this regard, the most important public health problem today is the development and implementation of scientifically based comprehensive programmes for the prevention of chronic diseases in children, including chronic gastrointestinal diseases. Peptic ulcer disease of the stomach and duodenum are the leading diseases of the digestive organs in children. Interest in this pathology is due to its constant prevalence, frequent recurrences and serious complications that can lead to deterioration of life in children of all ages. It should be noted that the global prevalence of peptic ulcer disease in children varies considerably and there are no reliable statistics on its incidence [1,2]. Despite the achieved results, the frequency of detection of peptic ulcer disease in children, in primary health care, is low, which affects the quality of medical care for this category of patients [5,7]. Today the problem of the role of pathogenetic factors in the development of peptic ulcer disease, the accuracy of timely diagnosis, adequate treatment and clinical picture of peptic ulcer disease of the stomach and duodenum, the nature of the course, the frequency of gastric ulcer disease, as well as the dynamics of inflammatory changes in the mucosa, recurrences of the disease and the formation of complications remains relevant [3,4].

In this regard, the aim of our study was to optimise the care of children suffering from peptic ulcer disease taking into account the peculiarities of its clinical and endoscopic manifestations and the nature of its course at the present stage.

**Objective of the study:** Treatment and diagnosis of duodenal ulcer in children at the present stage

### Material and methods

25 children with duodenal and gastric ulcer disease aged 12 to 17 years (mean age 14,52±0,33 years) were examined, the predominance of boys (80%) among patients with peptic ulcer disease, as well as familial (hereditary) aggravation of duodenal ulcer disease (56%) and gastric ulcer disease (76%) on the father's line and relatives on the father's line were established.

The influence of exogenous and endogenous risk factors for peptic ulcer disease was established by means of odds ratio (OR). All patients were under medical supervision; the frequency of examinations was individual and depended on the severity of the disease course and recurrence of abdominal pain symptoms. All children were examined according to the standards, including: general blood and urine analysis, coprogram, biochemical blood analysis, which depended on the severity of the disease course and recurrence of abdominal pain symptoms. On average, children were examined quarterly, less frequently - once every 6 months, some patients - monthly.

### Result and discussions

Analysing the relative risk factor index for the development of morbidity in children, it was found that the greatest risk for the development of peptic ulcer disease was repeated (4 or more times) acute respiratory viral infections (2.256), acute intestinal infection and uncontrolled use of antibiotics (2.899), early introduction of cow's milk (3.055), and short duration of exclusive breastfeeding (3.474). To date, paediatricians - district doctors do not have "risk groups" for the formation of peptic ulcer disease in children, in this regard, timely diagnosis of chronic gastroduodenal pathology is not carried out. This is evidenced by our data: only 1/5 of patients (20% and 24%, respectively) were referred for consultation

or inpatient treatment with a diagnosis of peptic ulcer disease or chronic gastritis or gastroduodenitis. When analysing subjective abdominal pain clinical symptomatology and the nature of dyspeptic disorders, it should be noted that it was characterised by polymorphism of clinical symptoms. The most frequent were complaints of fasting pain in the epigastric region (88%), appearing with emotional irritation (84%), disappearing after a meal (76%). By character the pains were usually weakly expressed, prolonged and dull (52%), with less frequency the pains were at (20%) - attack-like, recurring several times a day (28%). In the majority of patients appetite was preserved (40%) or increased (44%). In the analysis of dyspeptic disorders, the most frequent were belching after meals with air or acid and bitterness, heartburn (84%).

Abdominal pain symptoms and dyspeptic disorders were accompanied by psychological disorders. In almost all children (96%) parents noted symptoms of astheno-neurotic disorders, which were characterised by behavioural reactions: irritability, tearfulness, rapid fatigue, malaise, excessive emotional excitement, anxiety or depression. Often (40%) sick children complained of headaches and sleep disturbance (12%). General examination of the patients revealed normal, age-appropriate physical development in the majority of children (84%), sometimes there was advancement of physical development (12%) or its delay (4%). Such clinical symptoms as dry, in some places flaky skin with hyperpigmentation foci testified to a prolonged disturbance of the general condition and symptoms of endogenous intoxication in the majority of sick children (52%). Almost in absolute number of observations there was a swollen tongue. On palpation of the abdomen, most patients had pain in the epigastric and pyloroduodenal region, and there was also pain along the course of the intestine (40%), as well as in the bubble point (32%), Meyo-Robson point and zone (48%). The clinical picture of peptic ulcer disease in children was often accompanied by vegeto-vascular dystonia of sympathetic and parasympathetic type (48%), in some patients there were heart rhythm and conduction disorders (40%) according to ECG data. All patients underwent esophagogastroduodenoscopy for diagnostic purposes, and all patients were found to have ulcerous defects ranging in size from 0.5 - 1.0 to 1.5 cm. which had swollen edges and were surrounded by an inflammatory shaft (clinical and endoscopic stage I "fresh ulcer"). Along with ulcerative defects of the mucous membrane of the duodenal bulb, all patients were found to have changes in the antral part of the stomach and duodenum, characteristic of gastritis and duodenitis. Often (48%) ulcerous defects were accompanied by single or multiple erosions in the mucous membrane of the stomach (erosive gastritis) and duodenum (erosive duodenitis).

By studying the acid-forming function of the stomach it was found that only a part of the patients (52%) had an increase in the acid-forming activity of gastric secretion. In almost half of the patients (40%) it was normal, in some observations it was reduced.

Treatment of patients in hospital consisted of several components and included diet therapy, physiotherapy and special treatment regimens. These included quadrotherapy, in which the following drugs were used: De - Nol in combination with antibiotics - amoxicillin, urovamycin, clarithromycin and drugs of metronidazole group (trichopol) or drugs of nitrofurantoin series (macmiror) was also supplemented with drugs of proton pump inhibitor group. In this case, depending on type of proton pump inhibitor the patients were divided into 2 groups: 1 group of 13 patients received omeprazole, the second group of 12 sick children received rabeprazole (Pariet) as part of quadrotherapy. After discharge from hospital, parents of all patients received recommendations on observance of therapeutic and protective regime, diet therapy, drug therapy in cases of relapse of clinical manifestations of peptic ulcer disease. In 3 months after eradication therapy the patients were examined and examined again.

### Conclusions

We noted positive dynamics in the course of the post-eradication period of peptic ulcer disease in both comparison groups, reduction in the severity of abdominal pain syndrome and dyspeptic disorders. Suppression of pain and dyspeptic syndromes in children of both groups occurred in the same terms. When analysing the endoscopic picture after 3 months, it was found that in the group that received rabeprazole endoscopic changes in the form of erythematous bulbitis remained in 16.6% of patients, whereas in the group that received omeprazole in 30.8% ( $p < 0.05$ ). There was also more pronounced positive dynamics of the gastric mucosa. At follow-up up to 6 months, it was found that the recurrence rate in the rabeprazole group was only 16.6%, whereas in the omeprazole group it was 23.1%.

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