



SOME FEATURES OF THE CLINICAL COURSE OF COLOSTASIS IN CHILDREN

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Annotation. This article discusses the main points and causative factors of colostasis in children. Conducted analysis of anamnestic data of 149 patients, study of the results of clinical and anamnestic data and a comprehensive clinical examination,

Keywords: nutritional and emotional factors, colostasis, children.

Introduction. One of the most common pathological conditions of the gastrointestinal tract (GIT) in children is constipation. Constipation in children is a serious medical and social problem in all countries of the world, primarily due to the high prevalence, low effectiveness of therapy, decreased social activity, impaired quality of life of patients and increased use of health care resources [1,6,11,17,18] They are among the ten most pressing problems of childhood that pediatricians deal with, and in terms of the frequency of visits to the pediatrician, they account for up to 5% of the total number of visits. Constipation is observed in 30–50% of the working population of developed countries; among patients with gastrointestinal pathology, it accounts for about 70% of the contingent [2,7,14,20].

It is believed that under physiological conditions, the frequency of stool in breastfed children is from 1 to 6–7 times a day, in children under 3 years old - at least 6 times a week, over 3 years old - at least 3 times a week. However, the most important factor determining the concept of “constipation” is considered to be the completeness of bowel movements [3,5,9,12,18,21]. With incomplete, ineffective bowel movement, constipation is diagnosed even with an age-appropriate frequency of bowel movements [3,4,8,15].

When analyzing the literature data, there is quite a huge amount of material devoted to the problems of constipation in children, but there is no systematic, comprehensive review and analysis. Until today, there are no clear indications for surgical treatment of colostasis, no timing, and the problem of determining clear indications and contraindications for surgery has not been resolved. When performing interventions, surgeons rely on their own experience and knowledge gleaned from well-known literary sources. That is why there are still a large number of intra- and postoperative complications; there are no standards for the supervision of patients before and after surgical procedures. There are no diagnostic or clinical criteria for colostasis in the age aspect in children, which determines the relevance of conducting in-depth experimental and clinical research in this direction.

Purpose of the study. Study of some features of the clinical course of colostasis in children.

Materials and research methods. Based on the Bukhara Regional Multidisciplinary Children's Medical Center (BOMDMC)) which is the clinical base of the Department of Pediatric Surgery of the Bukhara State Medical Institute examined the clinical and laboratory parameters of 149 sick children with chronic colostasis for the period 2019 – 2022.

General clinical, radiological, and statistical research methods were used. All children underwent a comprehensive examination used in pediatric surgery, including clinical, laboratory, and X-ray examinations: detailed study and history taking, clinical objective examination, and, if necessary, rectal digital examination; general clinical tests - general analysis of blood, stool and urine; X-ray contrast study - irrigography of the colon with barium sulfate solution according to the method of A.I. Lenyushkina. Sphincteromanometry was performed to determine sphincter tone in some patients.

Results and discussion. We analyzed anamnestic data in 149 patients (analysis of medical history extracts, study of the results of clinical and anamnestic data) and a comprehensive clinical examination; in children from one month to 14 years of age with colostasis, we identified the following causes of colostasis in separate and combined forms according to Ya.Ts. Zimmerman (2009).

When analyzing the data obtained on the cause of colostasis, it was revealed that in most patients the origin of colostasis is primary (megacolon and dolichosigma, Hirschsprung's disease, transversoptosis with Payr and Hilayditi syndromes) and accounts for 121 (81.2%) cases.

The occurrence of colostasis based on secondary (surgical diseases of the anorectal zone; conditions after surgery (SPO) of abdominoperineal proctoplasty (APP); acute intestinal infections (ACI and idiopathic) causes accounted for 28 (18.8%) cases.

This may not be the result of a true difference in frequency, but due to differences in the uptake of medical advice and treatment (Table 1).

Distribution of sick children with colostasis by origin

Table 1

No.	Causal factors	quantity	
		ABC	%
1	Primary (megacolon and dolichosigma, Hirschsprung's disease, transversoptosis with Payr and Hilayditi syndromes);	121	81.2
2	Secondary (surgical diseases of the anorectal area; STDs; previous acute intestinal infections and idiopathic);	28	18.8
	Total:	149	100%

When analyzing the above data on the basis of identifying etiological causes (nutritional, mechanical, dyskinetic, metabolic, toxic, medicinal, proctogenic, cologenic, etc.), the following was revealed (Table 2).

In the history of the studied patients, nutritional disorders in the form of inadequate artificial nutrition were detected in 27 (18.1%) cases; nutritional disorders in the form of underfeeding, insufficient consumption of fat, sugar, and fiber in food were found in 14 (9.4%) cases. prematurity, which is one of the causes of nutritional disorders in children, was identified in 8 (5.4%) cases.

Distribution of patients with colostasis by etiopathogenetic factor

table 2

N o.	Causal factors	quantity	
		Avs.	%
1	Inadequate artificial nutrition	27	18.1
2	Insufficient amount of fat, sugar, fiber in food	14	9.4



3	Prematurity	8	5.4
4	Increased viscosity of feces (cystic fibrosis of the pancreas, congenital pyloric stenosis)	5	3.4
5	Anal fissures	6	4.2
6	Acute paraproctitis	7	4.7
7	Postoperative and congenital stenoses of the anus and rectum	20	13.4
8	Inflammatory processes (colitis, enterocolitis, dysentery, etc.)	17	11.4
9	Emotional factors (mental overload, depression)	29	19.5
10	Situational (frequent consumption of ingredients leading to colostasis)	16	10.7

Colostasis in children against the background of secondary changes in the gastrointestinal tract leading to increased viscosity of feces (cystic fibrosis of the pancreas, congenital pyloric stenosis, etc.) was detected in 5 (3.4%) cases.

Colostasis of a reflex nature - due to an anal fissure was detected in 6 (4.2%) patients, due to acute paraproctitis was detected in 7 (4.7%) cases.

The cause of colostasis of a mechanical nature is postoperative and congenital stenosis of the anus and rectum; of all those examined, the above factors were identified in 20 (13.4%) patients. Inflammatory processes in the history of the examined patients (colitis, enterocolitis, dysentery, etc.) were identified in 17 (11.4%) cases.

Emotional factors (mental overload, depression, etc.) as a cause of colostasis in the anamnesis were identified in 29 (19.5%) patients. The causes of colostasis of a situational nature (frequent consumption of sweets, chocolate or cocoa, food with a low concentration of ballast substances, etc.) were identified in 16 (10.7%) patients.

It should be noted that with a combination of acquired (nutritional, mechanical, dyskinetic, metabolic, medicinal, endocrine, inflammatory) factors, in all cases the course of colostasis in children tended to transform into a decompensated form and, during irrigography, manifested itself as a megarectum or megadoligosigma.

By studying the causes of constipation from anamnestic data, 3 main causal and etiological factors were identified that contribute to the development of chronic constipation of a nutritional nature, represented by an unbalanced diet and insufficient fluid intake (inadequate artificial nutrition, insufficient amount of fat content, sugar, fiber in food, prematurity), in total accounting for 32.8% of cases. As well as situational (frequent consumption of food ingredients that lead to colostasis) factors of colostasis, which can be classified as nutritional factors, constitute a significant part of the causes, and were identified in 16 (10.7%) cases.

Emotional factors in 29 (19.5%) or psychosocial maladaptation (mental overload, depression) included children going to a preschool educational institution, potty training, fear of defecation after an episode of acute stool retention, unfavorable emotional atmosphere in the family, stress, etc.;

In 78 (52.3%) older (5-9 years old) and younger adolescent (10-14 years old) children, colostasis occurred quite often in the form of sub- and decompensated forms. Often their causes were: chronic or recurrent inflammatory processes (colitis, enterocolitis, dysentery, etc.); situational (frequent consumption of coffee, chocolate or cocoa, sweets, food with a low



concentration of ballast substances, etc.); emotional factors (mental overload, depression), increased physical (sports) stress and other factors of acquired origin.

Conclusions:

1. When analyzing the data obtained on the cause of colostasis, it was revealed that in most patients the origin of colostasis is primary (megacolon and dolichosigma, Hirschsprung's disease, transversoptosis with Payr's and Hilayditi syndromes).
2. A common cause of colostasis in children is nutritional disorders, emotional factors (mental overload, depression), which must be taken into account when examining and treating children with colostasis.

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