



## CHILDREN'S DIGESTIVE SYSTEM. INJURY SYNDROMES AND METHODS OF EXAMINATION.

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**Abstract:** From childhood, it is important to have a healthy attitude to proper nutrition and lifestyle. But mothers often make mistakes when feeding young children. This article provides information about the digestive system in children, diseases and disorders, syndromes, and methods of examination.

**Key words:** Digestion, embryonic period, small intestine, anomalies, disorders, inflammation, malnutrition.

The formation of digestive organs begins in the 3-4th week of the embryonic period, the primary intestine is formed from the embryonic plate. From the 4th week, a mouth hole is formed, later an anus hole appears on the opposite side. The intestine quickly lengthens, starting from the 5th week of the embryonic period, the intestinal tube is divided into two parts, forming the basis for the formation of the small and large intestine. During this period, the stomach begins to separate from the expansion of the primary intestine. At the same time, mucous, muscular and serous layers of the gastrointestinal tract are formed, blood and lymph vessels begin to form in it, nerve bundles and endocrine cells are formed. Babies have small mouths. The front of the mouth is delimited from the head of the mouth not by the alveolar ridge but by the gingival margin. The lips are thick, the mucous layer is covered with suckers, there are transverse ridges on the inner surface of the lips. There is an intermediate part (transitional zone), the orbicularis oculi muscle is well developed. The flat hard palate is at the level of the pharyngeal dome, the soft palate is short, horizontal. The larynx does not connect with the back wall of the throat, it reaches free breathing during sucking. The mucous membrane of the hard palate is composed of weakly developed transverse folds and is not rich in glands. The tongue of babies is wide, short, thick, less mobile. It completely occupies the oral cavity. When the mouth is closed, the tongue protrudes from the gum line and reaches

the lung. Anteriorly, the tongue protrudes between the lower and upper jaws. The tongue suckers are developed, the tonsils of the tongue are weakly developed. With the appearance of milk teeth, the size of the alveolar tumor in the upper jaw increases, and the alveolar part of the lower jaw and oral cavity increases in size during the first childhood. the dome of the hard palate rises. In babies, the palatine tonsil is not very large (up to 7 mm), it is well visible when the oral cavity is opened, it is weakly covered by the anterior arch. During the first year of a child's life, the tonsils protrude medially from the tonsils as a result of rapid growth. Tonsils are relatively large in children. At the age of 16, the tonsils reach their maximum size (28 mm). Key words: Digestion, embryonic period, small intestine, anomalies, disorders, inflammation, malnutrition.

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years old - 28.0 - 34.2 cm. esophageal fissure is 0.85-1.2 cm in a 2-6-month-old child, 1.3-1.8 cm in children older than 6 years.

Many parents believe that there is no need to give water to a newborn baby, because they think that it reduces the baby's appetite. But the recommendation to give nothing but breast milk to children under 6 months is mainly due to the poor quality of drinking water in a number of countries. Depending on the age of the child, water should be drunk in moderation, which is important for the normal functioning of the kidneys. In addition, it is necessary to form the habit of a neutral taste of water in a child, otherwise it will be very difficult to do it after a year. There is also a misconception that protein-rich foods are heavy for babies and bad for the kidneys. In fact, protein is the main structural element, the basis of organs and systems, in particular, immune cells, hormones. It is not produced by itself, it can be received through consumption. Protein deficiency in children is dangerous and leads to decreased immunity, intellectual functions, short height and weight loss. Each main meal ( breakfast, lunch and dinner) is recommended to include protein. For breakfast, it can be an omelette. For lunch - chicken, meat. Chicken, fish, seafood for dinner. Everything has its time. Additional foods should be included in the baby's diet from 5-6 months. Don't make this process too long. Otherwise, the child loses interest in food, the chewing apparatus develops poorly, and the gastrointestinal tract does not adapt to new food. Vegetables such as broccoli or cauliflower are the most useful first food. In some cases, complementary foods can be started with grain (buckwheat). In the first hours and days of life, black-olive, odorless stool or meconium is released. Later, in healthy children of breast-feeding age, stool is yellow in color, has a sour reaction and a sour smell, and has a muddy consistency. Stool formed in adults. Children of breast-feeding age have stools from 1 to 4-5 times a day, in adults it is once a day. In the first hour of life, the child's intestines are freed from bacteria. Later, the gastrointestinal tract is occupied by microflora. Staphylococcus, streptococcus, pneumococcus, Escherichia coli and some other bacteria can be detected in the mouth of children of breast-feeding age. Escherichia coli, bifidobacteria, sourdough bacilli and others appear in feces. In artificial and mixed feeding, the phase of bacterial infection occurs quickly. Intestinal bacteria cause food to undergo enzymatic digestion. In natural nutrition, bifidobacteria, sour milk bacilli, and small amounts of enteric bacilli prevail. Faeces are pale yellow in color, have a sour smell, and have an oily appearance. Due to the fact that the process of putrefaction prevails in artificial and mixed feeding, the faeces contain more Escherichia coli and less flora (bifidoflora, sourdough bacillus).

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