

DIGESTIVE DISORDERS IN CHILDREN ARE DYSPEPSIA

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Resume: This article discusses digestive disorders in children, causes of dyspepsia, causes of the increase in the disease among children, abnormal nutrition, intestinal microflora disorders, lack of digestive enzymes, viral and bacterial infections, stress and psychological factors, body weight loss of 500-800 g in one or two days, a sharp decrease in urine output, the issue of hospital treatment of toxic dyspepsia, prevention of dyspepsia, aphthous stomatitis of the oral mucosa in children, the use of complex treatment due to the viral nature of the disease.

Keywords: digestion in children, causes of dyspepsia, abnormal nutrition, intestinal microflora disorders, lack of digestive enzymes, viral and bacterial infections, stress and psychological factors, body weight.

Digestive disorders in children - Dyspepsia disease and its relevance. Dyspepsia is a disorder of the digestive system, one of the most common diseases in children. Its causes are diverse, mainly associated with malnutrition, enzymatic deficiency and infections. Dyspepsia is especially common in infants and young children, because their digestive system is not yet fully formed.

Prevalence of the disease.

According to statistics, dyspepsia is observed in 30-50% of children in the first years of life.

Since the digestive system of infants and young children is delicate, diarrhea and constipation can quickly occur due to malnutrition or infections.

There are also harmless forms of dyspepsia, which can go away on their own. However, in some cases, if treatment is not taken, dehydration and nutrient deficiencies may occur.

The reasons for the increased incidence of the disease in children include:

Improper nutrition - consumption of formula milk, carbonated drinks, fatty and fried foods.

Violation of the intestinal microflora (dysbacteriosis) - occurs as a result of taking antibiotics or poor nutrition.

Lack of digestive enzymes - food is not fully digested due to insufficient production of gastrointestinal enzymes in infants.

Viral and bacterial infections - rotavirus, salmonella, shigella and other infections disrupt the digestive process.

Stress and psychological factors - since the nervous system of children is not yet sufficiently formed, stress, fear or emotional stress can cause dyspepsia.

Digestive disorders are very common in the first year of life of young children. The frequency of these diseases is due to the anatomical and physiological characteristics of the gastrointestinal tract, nervous system of infants, and the state of metabolism. Nutrition is a physiological concept that includes a set of processes that contribute to the formation of new tissues in the body and support its basic metabolism: eating, digestion, its passage through the intestine, and the exchange of cells and tissues. Failure of any of these processes leads to an eating disorder. Eating disorders begin suddenly with a violation of digestion - these are called dyspepsia. In other cases, eating disorders develop gradually, depending on a number of factors of an exogenous and endogenous nature. These are called chronic eating disorders or hypotrophy.

Dyspepsia means indigestion. It is mainly found in children under one year old, most often up to 6 months of age. Simple dyspepsia: its main causes are the following:

1. When the child is fed irregularly, when the time intervals between meals are not observed.
- 2 When the child is fed incorrectly - when the correction between proteins, fats, carbohydrates is not observed when switching to complementary foods.
- 3 When there are not enough vitamins in the food.
- 4 When the water regime is not observed in the hot season.
- 5 When the child overheats and his clothes do not match the high temperature around him.

All of the above-mentioned shortcomings are much more common when the child is fed mixed and artificially.

Clinical features: The general condition of the child changes little. In rare cases, a subfebrile temperature is observed. At the beginning of the disease, the child vomits once or twice, may have bowel movements 6-8 times a day, the stool is yellow, liquid, sometimes with bluish-white pieces, glassy threads. Due to meteorism, the stomach becomes flat, gas is released, the child may be uncomfortable with pain when the intestines are pricked. The tongue is covered with a dry white coating. Body weight decreases somewhat. The disease lasts 5-7 days. Usually there are no complications.

Treatment: It is recommended to fast the child for 6-8 hours, give saline solutions (regidron, glucosalan, regidrin), and drink sour cream with a sour cream. Fluids are given at the rate of 150-170 ml / kg. In addition, it is necessary to give the child vitamins and enzymes. Toxic dyspepsia, like ordinary dyspepsia, most often occurs due to changes in nutrition. The difference between them is that in ordinary dyspepsia, the functional activity of the gastrointestinal tract changes little, the general condition of the child also changes, while in toxic dyspepsia, pathological changes occur throughout the body, even the nervous system is involved, and metabolism is deeply disturbed.

Toxic dyspepsia can develop from simple dyspepsia under the influence of a number of exogenous and endogenous factors (too short a period of fasting, too rapid transition to normal food, insufficient fluid intake, improper feeding of the child, etc.).

Clinic: The clinical picture of toxic dyspepsia is similar to intestinal infections in children. The general condition of the patient is severe. The child vomits frequently and incessantly, even from a spoonful of water. The stools often become watery, and there are no stools. Symptoms of toxicosis (poisoning) and exicosis (suffocation) intensify together. The previous restlessness is replaced by lethargy, adynamia, and from time to time the child loses consciousness. The face becomes expressionless, like a mask, the eyes are fixed and staring into the distance. The pulse beats often and does not fill well, sometimes it is difficult to determine it. Heart sounds are muffled, breathing becomes shallow and rapid, then becomes deep and shallow without pauses. Along with this, symptoms of dehydration appear in the body.

Body weight can decrease by 500-800 g within a day or two. Tissue turgor decreases, the skin becomes dry, and indistinct folds form. Body temperature can rise to 38-39 ° C, the temperature lasts for 2-4 days. Urine output decreases sharply. The course of toxic dyspepsia depends on the condition of the child's body and timely and correct treatment. With proper treatment, the child recovers completely in 1-2 weeks.

Treatment: Toxic dyspepsia is treated in a hospital, the treatment is mainly aimed at dehydration and toxicosis. The child is given only saline solutions without food for 12-24 hours. In this case, regidron should be given one spoonful every minute. If the child is unable to drink saline solutions, a sodium bicarbonate solution with a 5-10% glucose solution is administered intravenously. In addition, it is recommended to give the child vitamins and enzymes.

Prevention: To prevent dyspepsia, it is necessary to properly feed the child from infancy, give complementary foods on time, and observe the water regime on hot summer days.

Diseases of the oral mucosa occupy a large place in pediatric pathology. The most common of these are stomatitis and oral thrush. Stomatitis can be microbial and viral. In addition, stomatitis in children can be caused by poisoning with various substances (smop, bismuth) and the local effect of drugs.

Clinically, catarrhal, aphthous and ulcerative stomatitis are distinguished. Catarrhal stomatitis is most often found, in which the mucous membrane is uniformly reddened and swollen. If the child is properly cared for, catarrhal stomatitis quickly heals.

Ulcerative stomatitis is less common. It occurs mainly in children and adolescents when dental caries begins. The child's general condition is severe, he has a headache, malaise appears, appetite decreases, body temperature rises, lymph nodes enlarge, saliva flows from the mouth. At the same time, small ulcers covered with gray or brown necrotic pus appear in various places of the mucous membrane of the mouth and pharynx. In its treatment, the oral cavity should be rinsed several times a day with a 1:6000 solution of potassium permanganate, 3% hydrogen peroxide, and in case of ulcers, 0.25% xyloamine solution, furacilin are used. Aphthous stomatitis is the most common disease of the oral mucosa in

children, a symptom of primary infection of the body with the herpes virus. This disease is transmitted by airborne droplets through toys. The latent period is 2-6 days. The disease begins suddenly with a rise in body temperature, malaise, headache, and sleep disturbance. Soon, rashes appear in the oral cavity in the form of blisters that burst or erosions covered with a yellowish-gray febrile pus. Because of the pain of these rashes, the child has difficulty eating and talking. A lot of saliva comes out of the mouth, and when touched, it smells. The disease lasts 7-10 days.

Treatment: Since the disease is viral, complex treatment is used. Desensitizing drugs: calcium chloride, suprastin, demidrol, pipofen are given depending on the age of the child. In addition, vitamins, drugs that lower body temperature are prescribed. Proteolytic enzymes are used to clean the aphthae (trypsin, chemotrypsin). To relieve pain, egg white mixed with a 0.5% solution of novocaine is prescribed.

If the inflammation is severe, the liquid food is given chilled. The disease lasts 7-10 days and heals without scarring, the disease does not recur because after it there is a stable immunity.

In conclusion, dyspepsia is a common digestive disorder in children, which can be caused by malnutrition, enzyme deficiency, or infections. This disease is one of the most common problems in infants and young children due to the incomplete formation of the digestive system. Following a diet, paying attention to hygiene, and following the doctor's recommendations are the main ways to prevent dyspepsia. If the symptoms of dyspepsia persist, it is necessary to consult a specialist.

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