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**TASHKENT MEDICAL
ACADEMY**



“Zamonaviy pediatriyaning dolzarb muammolari: bolalar kasalliklari diagnostikasining yangi imkoniyatlari” mavzusidagi ilmiy-amaliy xalqaro anjuman materiallari

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CONTENTS

<i>Bobomuratov T.A., Avezova G.S.</i> / Respublikamizdagi onalik va bolalikni muhofaza qilishda amalga oshirilayotgan islohotlar	9
<i>Rakhmanova L.K., Ganieva M.Sh., Boltaboeva M.M., Madjidova N.M.</i> / The effect of iodine deficiency on the development of the endocrine system and hereditary disease in children.....	12
<i>Федулова Э.Н., Медянцева Г.В.</i> / Атипичный случай болезни Крона у ребенка.....	13
<i>Nazarova M.B., Atadjanov X.P.</i> / Using of inhibitors of fde-5 and antogonists of receptors for endotheline-1 in therapy of high pulmonary hypertension in children (review of literature sources)	14
<i>Nazarova M.B., Babadjanova F.R.</i> / Pregnancy and childbirth in women with congenital heart diseases living in the priaralie zone	15
<i>Назарова М.Б., Атажанов Х.П.</i> / Динамика клинических признаков у детей с целиакией на фоне различных методов лечения	16
<i>Бобомуратов Т.А.</i> / Ўткир пневмонияси бўлган эрта ёшдаги болаларда вегетатив асаб системаси фаолиятини киг орқали баҳолаш	18
<i>Скочилова Т.В., Азова Е.А.</i> / Информированность родителей в вопросах дефицита витаминов и минеральных веществ у детей и способах витаминно-минеральной профилактики	19
<i>Скочилова Т.В., Застело Е.С.</i> / Способы получения матерями информации по вопросам грудного вскармливания	20
<i>Назарова М.Б.</i> / Причины смертности от внутрибольничной пневмонии детей раннего возраста, проживающих в зоне приаралья	21
<i>Вагин М.С.</i> / Особенности окислительного стресса у детей с болезнью Крона	22
<i>Макеева Н.И., Ганиев А.Г., Арифходжаев А.Т.</i> / Некоторые факторы фиброгенеза и ангиогенеза в качестве биомаркеров рубцов почки у детей спузырно-мочеточниковый рефлюкс	23
<i>Сологуб М.А.</i> / Информированность родителей детей с бронхиальной астмой, о факторах, влияющих на эффективность базисной терапии	24
<i>Сейсебаева Р.Ж., Есетова Г.У., Сайранкызы С.</i> / Оценка состояния здоровья детей с бронхолегочной дисплазией проживающих в г. Алматы	25
<i>Akhmedova I.M., Khudayberganova N.Kh.</i> / Features of the formation of extragastric manifestations of helicobacteriosis in chronic gastroduodenitis in children	26
<i>Тўрақулов Н.Ч., Субхонова М.Ф.</i> / Бахорги катар касаллиги тарқалиши ва унинг олдини олиш чоралари.....	27
<i>Назарова М.Б., Атажанов Х.П.</i> / Контроль эффективности каптоприла и силденафила при высокой легочной гипертензии у детей.	28

FEATURES OF THE FORMATION OF EXTRAGASTRIC MANIFESTATIONS OF HELICOBACTERIOSIS IN CHRONIC GASTRODUODENITIS IN CHILDREN

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The purpose of the developmental features of the formation of extra-gastric manifestations of helicobacteriosis in chronic gastroduodenitis in children.

Studies of the incidence and nature of extra-gastric manifestations of helicobacteriosis in chronic gastroduodenitis in children, at the first stage, included 792 children aged 7 to 17 years with chronic gastroduodenitis who are hospitalized in the department of gastroenterology and are registered in the dispensary at the gastroenterologist's offices of the RSNPMC consultative and diagnostic clinic Pediatrics of the Ministry of Health of the Republic of Uzbekistan. From total number of children, 72.2% (n=572 children) were found with chronic gastroduodenal pathology (CGDP), 27.8% (n=220 children) with somatic pathology included in the control group. The number of examined boys is 53.3% (n=422), girls 46.7% (n=370) of the total number of children. Of the children with chronic gastroduodenal pathology, girls include 50.7% (n=282), boys 50.3% (n=282). According to the results of the table, the difference between CGDP and the control group of children was revealed, which is 14.4% by weight (group 1 of children - 22.7%; group 2 of children - 37.1%). In terms of growth, this difference between the groups is 2.1% and 3.0% (a difference of 1.5 times). The body mass index (BMI) in the two groups was 7.6% and 12.1%, respectively, which shows a difference of more than 1.5 times. Of the children with CGDP disease (n=290), 65% are children aged 7 to 12 years; and 35% (n=282) from 12 to 17 years old. Among 572 children with CGDP, 62.6% (n = 268) underwent endoscopic examination of chronic gastritis, gastric and duodenal ulcers, gastroesophageal reflux (GER). The number of sick children with chronic gastritis is 65.3%, with gastric and duodenal ulcer disease is 70.8% and 3.3%, respectively, and with gastroesophageal reflux (GER) 3.1%. In a larger number of sick children with chronic gastroduodenal pathology, the following clinical manifestations are observed: dyspeptic disorders in 100% (n=572), pain in 57.1% (n=119), and signs of anemia in 79.1% (n=453) of the studied children. In the course of the survey of sick children, the following causes of the disease were identified: violations of the order of nutrition (not timely eating, a large number of quickly prepared foods, eating in a hurry, and eating disorders) amounting to 62.6%; CGDP due to the presence of Helicobacteriosis 57.7%; due to the presence of a chronic focus of infection 62.0% and hereditary predisposition 42.2%.

The results of the study of *Helicobacter pylori* infection in children with chronic gastroduodenitis showed that 58% (n=334) of the selected 572 children have *Helicobacter pylori* infection, 88% have gastric and duodenal ulcers, 94% have antropylorobulbitis in chronic gastroduodenitis with helicobacteriosis, 15% have non-atrophic gastritis, 9% erosive gastritis in chronic gastritis with helicobacteriosis. It can be seen from the results that the incidence of infection in children with an extra-gastric manifestation of *Helicobacter pylori* is high. On a number of laboratory studies, a peripheral blood test was performed in order to recognize anemia in the children under study. Studies have shown a decrease in hemoglobin in children with stomach and duodenal ulcers up to 90%. In all the studied children, 100% (n=792), iron deficiency anemia of the 1st and 2nd degree was found. A decrease in the content of ferritin in the blood was revealed in children with chronic gastroduodenal pathology.

Thus, the conducted studies established the frequency of occurrence of extra-gastric manifestations of helicobacteriosis among patients with chronic gastroduodenitis. A high-risk group for the formation of extra-gastric manifestations of helicobacteriosis was identified. Clinical and biochemical features of the course of extra-gastric manifestations of helicobacteriosis have been established. Biochemical markers of the formation of extra-gastric manifestations of helicobacteriosis were determined. An algorithm for predicting, forming and diagnosing extra-gastric manifestations of helicobacteriosis has been developed.