



**CLINICAL AND MORPHOLOGICAL FEATURES OF
GASTRODUODENITIS IN CHILDREN WITH SALINE DIATHESIS**

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ABSTRACT

The article contains features of gastroduodenitis in children with saline diathesis. Recently, in conditions of ecological trouble, there has been a significant increase in the combined pathology of the gastrointestinal tract with diseases of the urinary system, namely, clinically pronounced oxalate-calcium crystalluria in combination with gastritis and gastroduodenitis. It has been proven that changes in the ecology of the external environment contribute to the development of calcium oxalate crystalluria, which affects the clinical, morphological, and functional characteristics of chronic gastroduodenitis in children.

KEYWORDS

features of gastroduodenitis,
gastroduodenitis in children,
saline diathesis in children,
gastroduodenitis with saline
diathesis in children.

Interorgan structural and functional connections between the organs of the urinary system and the gastrointestinal tract in childhood are more pronounced than in adults due to limited reserve capabilities, which is especially pronounced in pathological conditions. The general plan of the structure of the digestive and urinary systems, similar regulation of function and proliferation dictates the need to consider their pathology in a single context.

The digestive tract is a place of close interaction of the immune system with numerous environmental phenomena, provides the first line of defense of the body against the penetration of toxic substrates into the internal environment. It has been established that local immunological protection plays a particularly important role in protecting the gastric mucosa. However, works on immunomorphological comparisons of the gastric mucosa and factors of "local immune" protection of gastric juice in children are rare.

Currently, in clinical medicine, the terms pre-disease or borderline state are increasingly used, which is a bridge between the norm and pathology. It is extremely difficult to draw a line between a predisposition and a borderline state. However, early diagnosis is necessary for the timely inclusion of preventive measures, and therefore for each child who does not have a clear manifestation of the disease, but has a hereditary predisposition to the disease, this issue must be addressed individually. Minimal manifestations of trouble are usually not

diagnosed as a pathological condition and are interpreted as a predisposition to a particular disease.

Modern diagnostic methods suggest that any dysfunction has its own morphological substrate, that is, none of the environmental factors can have a direct impact on the functions of various organs, without affecting the structures.

There are no data on the effect of the presence of salt diathesis on the formation of so-called gastritis of endogenous origin. The relevance of studying the possibilities of early detection of predisposition to the development of pathology and borderline conditions is beyond doubt. For this reason, we undertook the present study.

EHD is a cyclically occurring disease in which relapse is replaced by remission. The duration of each phase depends on various factors, including aggravated heredity, gender, age, level of gastric secretion, the degree of impairment of the motor-evacuation function of the HPPT, the state of the barrier and protective functions of the SO, the presence of concomitant diseases, the psycho-emotional state of the patient, and social conditions. These factors dictate an individual approach to treatment, especially in childhood.

According to modern concepts, the formation of EHD occurs when there is an imbalance between the aggressive properties of gastric juice and the resistance of the mucosa of the HPPT. Equally important in the pathogenesis of EHD is given to violations of hormonal homeostasis, as well as the immune system. Over the past decade, a lot of research has been accumulated on the role of the infectious agent - *Helicobacter pylori* (*H. pylori*) in the etiology of inflammatory conditions of the OS of the UAPT, at the same time, the pathogenesis of this suffering has not been fully elucidated.

The complexity of the pathogenesis of EHD dictates the need to use drugs with different mechanisms of action to treat this suffering. The choice of complex therapy is a difficult task in pediatrics.

In pediatrics, the problem of anti-relapse therapy, which is especially significant in terms of relevance, has not been studied in the light of data on the role of *H. pylori* in the etiology of chronic gastroduodenal pathology and EHD in particular. A new look at this problem entails a revision of approaches to dispensary observation of children with this pathology. Various points of view on the effectiveness of sanatorium treatment of children with EHD also require clarification.

In connection with the foregoing, the relevance of the problem of early diagnosis, timely etiopathogenetic treatment, rehabilitation and clinical examination of sick children suffering from erosive gastroduodenitis becomes obvious, which will significantly improve the course and prognosis of the disease.

Purpose of the Study

On the basis of a complex of clinical and morphological comparisons, to identify the features of chronic gastroduodenitis, which is formed against the background of salt diathesis in adolescents.

Research Objectives:

To identify the clinical features of chronic gastroduodenitis in adolescents with saline diathesis and determine the level of "local immune" protection of the stomach (the content

of sIgA, IgA, IgM, IgG in gastric juice) in adolescents with chronic gastroduodenitis occurring against the background of salt diathesis.

In pediatrics, the problem of anti-relapse therapy, which is especially significant in terms of relevance, has not been studied in the light of data on the role of *H. pylori* in the etiology of chronic gastroduodenal pathology and EHD in particular. A new look at this problem entails a revision of approaches to dispensary observation of children with this pathology. Various points of view on the effectiveness of sanatorium treatment of children with EHD also require clarification.

In connection with the foregoing, the relevance of the problem of early diagnosis, timely etiopathogenetic treatment, rehabilitation and clinical examination of sick children suffering from erosive gastroduodenitis becomes obvious, which will significantly improve the course and prognosis of the disease.

It has been established that in half of the patients with age there is a transformation of clinical variants of erosive gastroduodenitis from classical to atypical and asymptomatic, which requires long-term dispensary observation and extended indications for endoscopic examination of children. In some patients, erosive gastroduodenitis initially proceeds atypically and asymptotically, and this leads to late diagnosis of the disease, the formation of a continuously recurrent course and the development of complications. The transformation of the disease is associated with the characteristics of the course.

The role of *H. pylori* as one of the key factors in the development of erosive gastroduodenitis in children is substantiated. The mechanisms of formation of mucosal erosions in erosive gastroduodenitis in children have been established. New are the results on the contribution of IgE-immunopathological reactions to the development of erosive lesions of the gastric and duodenal mucosa in erosive gastroduodenitis in children associated with *H. pylori*. Used a new method for the diagnosis of *H. pylori* by determining specific antibodies to *H. pylori* belonging to the IgE class.

Functional, morphological and histological features of various clinical variants of erosive gastroduodenitis were revealed. Thus, in children with classical and atypical variants, an increase in secretion and acid formation in the basal phase and, at the same time, a decrease in intragastric pH, regardless of the stage of the disease, were found. The classical course of EHD is characterized by hypertrophic changes in the gastric mucosa, the atypical course is superficial, while subatrophic ones prevail in the asymptomatic course.

For the first time, the contribution of associated diseases of the gastrointestinal tract to the unfavorable outcome of erosive gastroduodenitis in children is shown. It has been established that the recurrent course of erosive gastroduodenitis is associated with the nature and frequency of damage to the hepatobiliary system and pancreas. Erosion recurs most often with a combination of chronic pancreatitis and cholecystitis.

Priority are the results characterizing the participation of the hemostasis system in the formation of complications of erosive gastroduodenitis in children. The activation of fibrinolysis by euglobulin lysis associated with high activity of urokinase and trypsin in children with EHD complications - gastrointestinal bleeding was established.

It has been shown that the cytoprotectors Venter (sucralfate) and de-nol are highly effective drugs in the treatment of EHD in children. Significantly reducing the healing time of erosive defects, they cause minimal side effects that do not require discontinuation of drugs.

A comparative evaluation of the effectiveness of the treatment of helicobacteriosis with modern therapy regimens and the effect of treatment on the course and outcomes of the disease was carried out.

Conclusions

The presence of salt diathesis affects the formation of chronic gastroduodenitis in adolescents. Chronic gastroduodenitis with saline diathesis has characteristic clinical and morphological features in adolescents. Features of chronic gastroduodenitis, which is formed against the background of salt diathesis, in adolescents are associated with the activity of stone formation processes in the urinary system, which manifests itself clinically as gastric dyspepsia, involvement in the pathological process of the biliary system and pancreas, endoscopically diffuse lesions of the gastric mucosa and mucous membrane duodenum by type of gastroduodenopathy, duodeno-gastric reflux. The features of the morphological substrate of the mucous membrane of the stomach and duodenum in adolescents with chronic gastroduodenitis with an increase in the degree of stone formation activity are the increasing incidence of atrophic forms of gastritis, accompanied by phenomena of gastric metaplasia of the epithelium and a pronounced degree of inflammation activity in the duodenal mucosa. In chronic gastroduodenitis in adolescents, which is formed against the background of salt diathesis, in the gastric mucosa there is a predominant increase in the content of IgG plasma cells with stimulation of the production of IgG gastric juice, which confirms the presence of active inflammation. With an increase in the activity of stone formation processes, an increase in the content of slgA of gastric juice is determined.

Practical Recommendations:

In children with saline diathesis, when complaints of a gastroenterological profile appear, an examination using the method of wedge-shaped dehydration (Litos-system) is necessary to identify early signs of activation of stone formation processes in the urinary system. Carrying out an analysis of daily urine with the determination of the level of excretion of salts (oxalates, phosphates, urates), indicators characterizing the presence of tubular disorders, does not fully reflect the activity of stone formation in children, and therefore a comprehensive examination of patients with salt diathesis is necessary with the threat of development chronic inflammatory process in the upper parts of the digestive tract. Children with saline diathesis with active stone formation processes should be registered with both a gastroenterologist and a nephrologist for a joint decision on the volume of prevention and treatment.

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