

Clinical Course and Principles of Treatment of Infectious Bowel Syndrome in Adolescents

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Abstract: Irritable bowel syndrome is a serious and underestimated problem in childhood. This the topic has not been sufficiently studied in pediatrics compared to adult practice, and pediatricians often make this diagnosis to young children without proper justification. This is a functional disorder of the large intestine, in which abdominal pain is observed, but no changes in the structure of the intestinal walls occur. The average age of patients is 14-40 years, this pathology is 2 times more common in women.

Key points: irritant, functional bowel disorders, irritable bowel syndrome, children, biopsychosocial model.

Therefore, the species series of the disease includes IBS with internal (K58.0) and non-internal (K58.9) according to CCT (K 58). The prevalence of this pathology in the world is 23%. About 1% of the population suffers from irritable bowel syndrome each year. Affected bowel syndrome (IBS) is manifested by the following types of pain: decreases after defecation; coincides with changes in the number of bowel movements; in combination with liquid diarrhea or constipation[1].

Any abdominal pain associated with indigestion is not considered a manifestation of this pathology. Complaints must bother the patient for more than six months, and symptoms of the “pain-constipation-pain suppression” connection in the abdomen must be observed for at least three days in each month of the last 3 months[2].

More than 2/3 of patients with this disease do not seek medical help and try to solve the problem on their own. These actions can lead not only to late detection of chronic intestinal disease, but also to a decrease in the quality of treatment. life in case of untreated IBS[3].

The immediate causes that develop this pathology are unknown. But there are dangerous factors that increase the likelihood of contracting the disease:

- 1) People aged 13-39 years;
- 2) female gender, it should be noted that girls and women experience toothache more often, while boys are more prone to constipation; in remote cases, the number of cases in men and women aged 50 years and older is similar;
- 3) poor and inadequate nutrition;
- 4) if one of your close relatives suffers from this disease, this increases the likelihood of developing this tooth disease by 3 times;
- 5) stress, anxiety, depression, past psychological trauma;
- 6) have experienced violence, including domestic violence;
- 7) suffered gastroenteritis[4].

When infected with IBS, in addition to changes in bowel movements, abdominal pain, diarrhea or constipation, other symptoms are observed: bloating; diarrhea less than 3 times a week or more than 3 times a day; that there is a need for reinforcement; An urgent urge to defecate (constipation); a feeling of lack of liberation to the end of the intestinal tract; worsening symptoms after eating and cramps; anxiety, depression.

Patients with this disease are characterized by a large number of complaints, a long course of the disease, and a long history of examination, despite a positive general condition. Quality of life is affected by work and sleep disturbances, as well as concerns about one's health[5,8].

Often, such patients have concomitant conditions that aggravate the manifestations of IBS:

- ✓ Fibromyalgia is a disease of unknown origin, manifested by regular muscle pain;
- ✓ Chronic fatigue syndrome;
- ✓ arthrosis of the temporomandibular joint;
- ✓ prolonged pain in the pelvic area.

In young children, affected intestinal syndrome is rarely observed; at this age, functional dyspepsia, celiac disease, lactase deficiency, and anomalies of the anatomical structure of the intestine are more often observed[6,7].

Diagnosis of the disease, on the one hand, affected intestinal syndrome occurs in young people without signs of digestive system disease. On the other hand, it is a disease that is diagnosed by exclusion. Therefore, depending on the specific situation, diagnostic tests may include some of the following tests:

- ✓ blood test that determines the level of CRP and echt;
- ✓ organs against enomysia (connective tissue part of the smooth muscles of the intestine);
- ✓ abdominal dissection;
- ✓ stool analysis to detect hidden blood, worm eggs and other parasites;
- ✓ test for lactose intolerance (in young children).

Colonoscopy is performed for all patients over 50 years of age, as well as for patients under 50 years of age if discomfort occurs; colonoscopy is also prescribed for elderly people with recent complaints, as well as for colon cancer[9].

In cases of prolonged hemorrhoids, it is often necessary to conduct a comprehensive examination, which includes the following:

- ✓ determination of the amount of cyanocobalamin, ferritin, folic acid, albumin, calcium in the blood;
- ✓ Study of TSH and thyroid hormones;
- ✓ examination of stool under a microscope;
- ✓ biopsy of the rectal walls;
- ✓ X-ray examination and colonoscopy to exclude inflammation of the large intestine by staining (differentiating) the intestines with barium[10].

The success of treatment largely depends on the patient's compliance with the doctor's recommendations.

All patients are advised to follow a diet: eat regularly, slowly, without being distracted from TV and work; 5-6 meals a day without long breaks between them; limiting smoking, giving up alcoholic and carbonated drinks; consumption of soluble fiber (porridge) for bloating, as well as products with fiber and bran for constipation; for liquid diarrhea, it is prescribed to limit the consumption of foods that affect the intestines, for example, fresh fruits and vegetables, and drink the drug

“filtrum”, which binds gases and liquids; limiting the consumption of animal fats, cabbage, milk, and baked goods for flatulence[11].

It's a good idea to keep a food diary to help you identify foods that are making your bowel movements worse.

Patients suffering from IBS should engage in moderate physical activity once a day for 30 minutes (fast walking, swimming), preferably with some rest[12].

The following drugs are used in the treatment protocol: antispasmodics; antidiarrheals; laxatives; combination instruments; probiotics; antidepressants; drugs that suppress the activity of the vomiting center of the brain; some drugs against migraine (headache), affecting the metabolism of nervous tissue; agents that accelerate the production of intestinal juices and accelerate the passage of waste through the intestinal tract; Psychotherapy helps patients well[2,13].

Measures to prevent the development of irritable bowel syndrome from the disease Prevention and prognosis (prognosis) are formed based on the elimination of factors that cause the risk of developing pathology. Therefore, the prevention of disorders in the digestive system includes the following measures:

- 1) drink more water (up to 1.8-2 liters per day);
- 2) adding live microorganisms (probiotics) to the diet that are beneficial for intestinal function, as well as prebiotics that create a positive environment for the development of these microbes;
- 3) reducing the consumption of foods that cause gas (cabbage, brown bread, grapes, carbonated drinks);
- 4) less consumption of fatty foods;
- 5) do not drink drinks containing caffeine, alcohol and cola;
- 6) do not eat a lot, distribute the amount of food evenly throughout the day;
- 7) chew food thoroughly and eat slowly;
- 8) do not consume foods containing sorbitol and fructose;
- 9) avoid exciting situations[7,12].

In most patients, despite the treatment, pathological symptoms persist, but their severity does not increase. The probability of their disappearance within 1-2 years is 38%.

Factors that reduce the likelihood of abdominal discomfort: the prevalence of liquid diarrhea; lack of desire or possibility of full treatment; fear of serious intestinal diseases; long-term illness; significant impact of pathology on the patient's daily activities; regular contractions, agitation; presence of mental disorders.

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