

SUMY STATE UNIVERSITY
MEDICAL INSTITUTE



BIOMEDICAL PERSPECTIVES

II

ABSTRACT BOOK

*International Scientific Conference
of Students, Postgraduates and Young Scientists*

(Sumy, October 20-22, 2020)

Sumy
Sumy State University
2020

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
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Biomedical Perspectives II: Abstract book of International Scientific Conference of Students, Postgraduates and Young Scientists, Sumy, October 20-22, 2020.
– Sumy : Sumy State University, 2020 – 123 p.

CLINICAL- ENDOSCOPIC FEATURES AND EFFECTIVENESS OF TREATMENT OF CHRONIC DISEASES OF THE GASTROINTESTINAL TRACT IN CHILDREN

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Introduction. Currently, in the structure of chronic diseases of the digestive system, one of the first places is occupied by chronic gastroduodenitis, gastric ulcer and duodenal ulcer. The aim of the study was to study clinical-endoscopic features and effectiveness of treatment of chronic diseases of the gastrointestinal tract in children.

Materials and methods. We observed 92 sick children with chronic gastritis and gastroduodenitis and 28 patients with gastric ulcer and duodenal ulcer at the age of 9 to 15 years and with a disease duration from 1 to 5 years old.

Results and discussion. The main complaint of patients was abdominal pain (98%). Dyspeptic complaints were noted in all children. In 2/3 of children there was a feeling of early satiety, heaviness in the epigastric region. Often (44.5%) patients noted heartburn, recurrent nausea and vomiting (35.7%). Complaints of bloating, unstable stools, or constipation were observed in more than 2/3 of patients.

Attention was drawn to complaints of a general neurotic nature: headaches (82.3%), sleep disturbances (50%), pain in the region of the heart (45%), irritability, tearfulness, and fatigue (90%). In 62% of patients hypertrophic gastritis were found. In 30% of children, multiple erosions of the mucous membrane of the stomach and duodenum (erosive gastroduodenitis) were determined. Chronic peptic ulcer of duodenal ulcer is often combined with chronic antrum gastritis, esophagitis, erosive bulbitis. Hypotonicity of the duodenal wall was observed in 6% of patients, subatrophic gastritis in 8% of patients, duodenogastric reflux in 7%.

Treatment was prescribed based on complaints, clinic, endoscopic findings, and comorbidities. Antacid therapy for hyperacid gastroduodenitis and gastric ulcer and duodenal ulcer, enzyme therapy for hypoacid state of gastric juice, antispastic and sedative therapy for severe pain symptoms gave a good effect from the first 2-3 days of hospitalization. When *H. pylori* is detected, antibiotics (various regimens) in combination with a proton pump inhibitor. To confirm eradication, a urease breath test, fecal antigen determination, or esophagogastroduodenoscopy were used.

Conclusion. Thus, the treatment of patients with chronic gastroduodenitis, gastric ulcer and duodenal ulcer should be comprehensive. Rehabilitation therapy has a positive effect on the function of the damaged organ and systems, which leads to long-term morphological remission of chronic gastroduodenitis and gastric ulcer and duodenal ulcer.

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