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PEDIATRIC GASTROENTEROLOGY : PROSPECTS OF THE RESEARCH

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Abstract: It is important to emphasize the medical and social importance of gastroenterological pathology in childhood. It is accepted as an axiom that the origins of many diseases of the digestive system in adults lie in childhood. The early manifestation of diseases such as peptic ulcer disease, gluten enteropathy, Crohn's disease, etc., significantly reduces the quality of life of sick children. We emphasize the high cost of treatment and prevention (tertiary) using the latest generations of medicines. All this causes problems in pediatric gastroenterology of both an applied and scientific nature. The clinical manifestations and course of gastroenterological diseases in children, compared with adults, have their own characteristics (1). An example would be GERD. The underlying gastroesophageal reflux (GER) has long been considered a variant of normal development. For children with GERD in the first year of life and at an early age (up to 3 years) Regurgitation syndromes are characteristic or persistent ("habitual") vomiting. They often had various bronchopulmonary and otorhinolaryngological diseases. At an older age, gastroenterological symptoms dominate, but such a cardinal sign of GERD as heartburn is observed only in a third of sick children(2).

Key words: Digestive system, childhood, side effects, diagnostic capabilities.

With an exacerbation of peptic ulcer disease GER was determined in every 2-3 children, gastroduodenitis in 4-5 patients. Pathohistological examination of biopsies of the mucous membrane of the esophagus often reveals epithelial metaplasia. In case of detection according to its intestinal type, there is a reasonable assumption about the presence of Barrett's esophagus (PB). In the vast majority of cases, PB is found in boys during puberty. The cause of its development is chronic exposure to a refluctant, mainly alkaline. Exposure to chemical agents, long-term treatment with cytostatics, congenital pathology and reconstructive operations performed for esophageal atresia are important (3). One of the risk factors for the formation of GERD children, like adults, are obese. Another serious risk factor for diseases of the gastrointestinal tract in children is the presence of undifferentiated connective dysplasia, which is considered as a genetically determined condition with the formation in the embryonic and postembryonic periods of an abnormal structure of extracellular matrix components (fibers and basic substance) and a progressive course of morphofunctional changes in various organs and systems (4). The term "gastrointestinal a form of undifferentiated connective tissue dysplasia" (5). According to another classification, visceral syndrome is distinguished, presented in the form of gastroesophageal and duodenogastric reflux, failure of intestinal sphincters, biliary tract, diverticula of the esophagus, stomach, intestines, hernias of the esophageal orifice of the diaphragm, ptosis of the gastrointestinal tract (6). Violations of collagen synthesis are evidence of organ dysfunction in onnective tissue dysplasia (7). Despite the increased interest in the problem GERD in children, many scientific and practical aspects of the disease require further study.

Occupying the first place in the structure of the digestive organs, diseases of the stomach and duodenum in children often acquire a progressive course, and their complications lead to early disability of sick children and adolescents. An example is peptic ulcer disease (YAB) with a

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predominant localization of ulcerative defects of the mucous membrane in the duodenum. The problem of gastrointestinal bleeding (GCC) remains one of the most urgent in pediatric gastroenterology. Until the mid-90s, that is , before the introduction of modern antisecretory drugs and eradication therapy regimens, everyone The tenth child of YAB, erosive gastritis (duodenitis) was complicated by bleeding. It turned out that such bleeding, in 40% of cases, occurs against the background of hemorrhagic diseases — thromboasthenia gravis, Willebrand's disease, hemophilia, etc. It has been found that the use of certain medications in children, primarily nonsteroidal anti-inflammatory drugs (NSAIDs), can provoke the development of not only "NSAIDs-gastropathies", but lead to ulceration of the mucous membrane of the esophagus and intestines with a high risk of bleeding. Recognizing the source of GCC in children is difficult, forcing them to perform emergency diagnostic techniques, including EGDS, CS, laparoscopy, angiography, which in turn leads to the diagnosis of such rare diseases as Peitz-Jaegers-Touraine, Randu-Weber-Osler syndromes, vascular intestinal ectasia, juvenile intestinal polyposis, etc. Being hereditary, these diseases manifest themselves in various periods of childhood, are difficult to diagnose and require special treatment methods. Thanks to the EGDS, it became possible to perform a targeted biopsy followed by a pathohistological examination of the "affected" areas of the mucous membrane. He received citizenship rights. The diagnosis of gastroduodenitis is a distinctive feature of pediatric gastroenterology. The establishment of the etiological and pathogenetic role of Helicobacter pylori (HP) infection in the development of gastritis and UB indicated the conditionality of dividing gastroenterology into infectious and non-infectious. For the last At the age of 15, there was a significant transformation in the clinical and endoscopic picture of IB, as well as in the nature of its course in childhood: the time of repair of ulcerative defects has decreased, the number of recurrence and the formation of complications has decreased. Standards for the diagnosis and treatment of HP-associated diseases have been developed and implemented , and outpatient diagnostic capabilities have been expanded (8)

Giving priority to HP infection, it would be wrong to ignore other etiological factors and other mechanisms of the formation of VOPT diseases in relation to childhood. It is no coincidence that one of the characteristic features of digestive diseases in children is a high frequency of neurovegetative and psychoemotional abnormalities, meteotropic and adaptive disorders, especially pronounced in critical periods of childhood (9). The side effects of "triple" and "quad" eradication schemes cannot be ignored. The drugs included in them are not only "aggressive", their widespread use in recent years has violated the "ecological niche" in which HP existed, and the spread of antibiotic-resistant strains has sharply increased. Promising should be recognized the results of studies that have shown that the polymorphism -11 T/S of the interleukin-1B gene has the effect not only on the features of the course of chronic HP-associated gastroduodenal pathology, but also on the nature of the lesion of the mucous membrane of the gastroduodenal region in children (10). Nevertheless, an infectious factor is given an exceptional role in the defeat of the stomach and duodenum. Data have been accumulated on the possible role of cytomegalovirus infection, herpes simplex viruses of type 1 and type 2, Epstein-Barr in the development of autoimmune gastritis in children. Polyps and polyposis of the stomach and duodenum, papillitis, disease (syndrome) Menetrie, additional (and aberrant) pancreas in the body of the stomach and other diseases, which were an exceptional rarity in children, set pediatricians the task of improving their diagnosis. It was necessary to review the entire system of secondary prevention, starting from the first year of the child's life. We emphasize the importance of this approach from a medical and social standpoint (9). The growth of diseases of the stomach and duodenum in the age aspect deserves special attention: the number of children with gastroduodenitis

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and peptic ulcer disease is increasing with age. Peptic ulcer disease and erosive gastroduodenitis are often diagnosed at preschool age. The parents of such patients also have gastroduodenal diseases. In addition to HP infection, in our opinion, there is a so -called "pre-emptive" phenomenon, when a child's disease is formed at an earlier time than that of his parents. The study of functional disorders of the gastrointestinal tract, including functional dyspepsia, functional constipation, functional abdominal pain, irritable bowel syndrome, Oddi sphincter dysfunction, etc., is promising., including their effect on the growth of chronic diseases of the digestive system (12, etc.). The use of CS, double-balloon enteroscopy, and in recent years, vidiocapsular endoscopy, made it possible to clarify the nature of damage to the colon, as well as proximal (eunitis) and distal (ileitis) departments of the small intestine. There is an obvious increase in chronic intestinal lesions in children. This is especially true for nonspecific

ulcerative colitis and Crohn's disease, which in the pre-endoscopic period were considered by pediatricians as casuistry. The possibility of implementation targeted biopsy followed by morphological examination is the basis for the diagnosis of chronic nonspecific inflammatory bowel diseases in the early stages and, of course, correct and targeted therapy. The search for the causes of their development continues, primarily Crohn's disease in terms of the influence of infectious factors (10). Certain successes have been achieved in the treatment of children with celiac disease, lactase deficiency, etc. Nevertheless, pediatric coloproctology and enterology are promising areas of pediatric gastroenterology, requiring assessment and application of modern research methods, gradually gaining access to use in children. Thus, the use of sphincter and manometry has shown that kinetic disorders in the form of hypo-, atonic, hypermotor disorders of the colon play a leading role in the pathogenesis of chronic constipation in children. A certain role in the occurrence of constipation belongs to congenital malformations, intestinal infections, eating disorders, and psychological factors. One of the urgent problems of gastroenterology is considered to be intestinal dysbiosis (microbiota disorders) , which is found both in gastroenterological, but also in diseases of other organs and systems of the child. Microbiota disorders in childhood are characterized by a wide variety, largely depend on the type of food, medication intake, environmental factors, etc. It should be emphasized that intestinal dysbiosis refers to conditions that are not part of canonized nosological clusters. Nevertheless, we have to take it into account clinical significance mediated with other diseases.

Currently , due to fundamental research in the field of modern medical science and practice, it is possible to study digestive diseases in more detail, including in early childhood.

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