



## Diagnosis And Treatment In Children Of Gastrointestinal Diseases And 12-Finger Ulcer

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<b>CC License</b> CC-BY-NC-SA 4.0	<p style="text-align: center;"><b>Summary</b></p> <p>In children - polyetiologi- cal diseases of the gastrointestinal tract and 12-finger ulcer, in children they are rare, in origin pylori Hilobacteri plays an important role. In children, diseases of the gastrointestinal tract by 9% and 12 fingers - by 91%, and in 600 children - by 1. Manifested by various clinical signs, which in some cases are characterized by bleeding, increasing lateral tissues, pyloric ring stenosis and require long-term treatment. To date, the incidence is more, in school-aged children - 60%, in children 5-7 years old - 40%, which is associated with pylori Hilobacteri infection.</p> <p><b>Keywords: childhood, stomach and 12 fingers, bleeding.</b></p>
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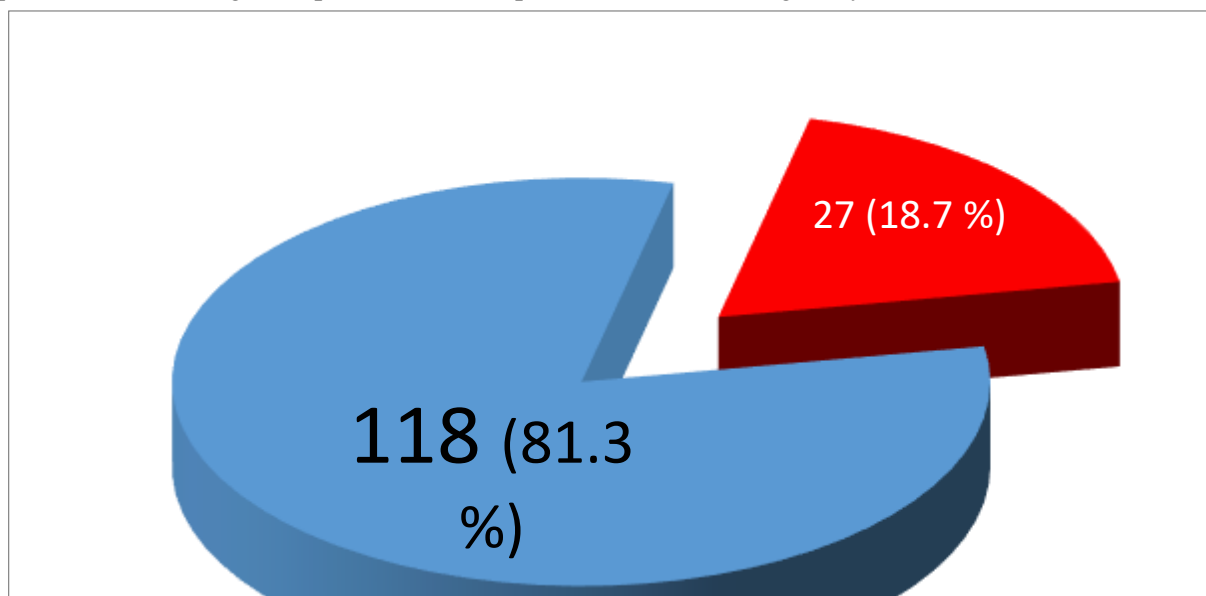
Relevance. Currently, the treatment of bleeding is one of the most important problems of modern clinical surgery. Hemorrhages in normal and duodenal intestinal insufficiency account for 60-80% of bleeding from the gastrointestinal tract. Another important side is the high mortality rate of such patients, which remains at the level of 25-30%. Currently, the activity of operative cancer treatment is 10-40%. At the same time, the results of surgical treatment cannot be very effective. The successes of clinical surgery achieved in recent years of endoscopic diagnosis, the achievements of anesthesiology and resuscitation, as well as the expansion of the arsenals of anti-wound medical treatment did not lead to a decrease in the rate of mortality. With repeated bleeding, periodic postoperative complications and mortality are exceeded by one and a half and two times. It should be noted that still treat such patients . If there is more Helicobacter pylori infection in the antral part of the stomach, the greater the risk of recurrent gastroduodenal bleeding. This is due to the lack of uniform diagnostic and treatment tactics for gastroduodenal ulcer bleeding, timely optimal operation, correct determination of its size, and the inability to obtain satisfactory results. In children, the location of the ulcer occurs in the duodenum in 81-87% of cases, gastric ulcer occurs in 11-13% of cases, both occur together in 4-6% of cases.

The purpose of the study. Improving the effectiveness of treatment for gastric and duodenal ulcers in children.

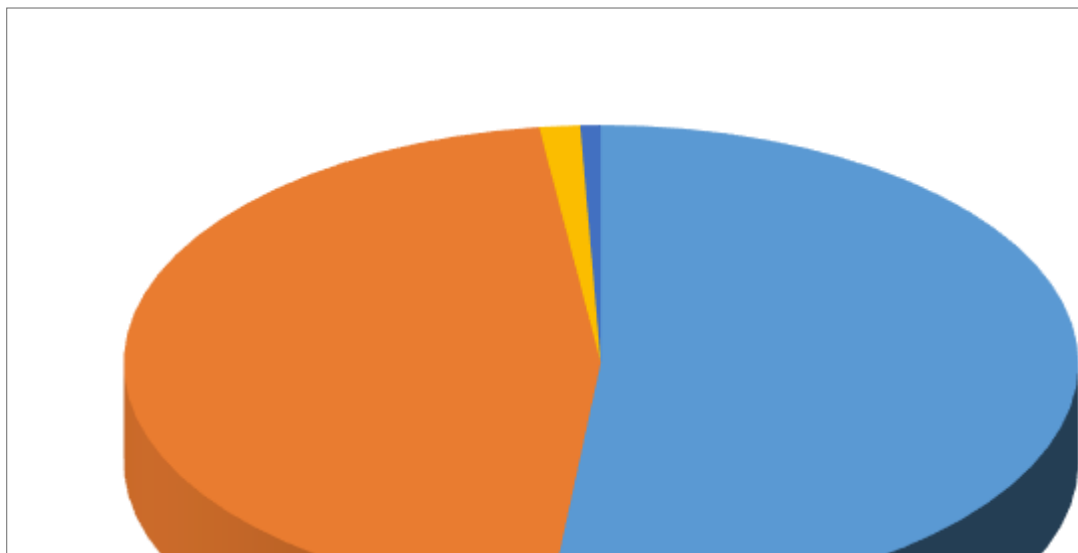
Research materials and methods. In order to study the treatment of complications of gastric and duodenal ulcer disease in children, 145 patients aged 1 to 18 years who were treated with complications of gastric and duodenal ulcer disease in the Andijan regional branch of the Republican Emergency Medical Research Center from 2013 to 2023 were examined and in the complex

Sex	<5 years		5–8 years		8–14 years		15-18 years		Total	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
Boy	2	1.7	6	5.1	46	39	64	54.2	118	81.3
Girl	1	3.7	1	3.7	9	33.3	16	59.3	27	18.7
Total	3	2.1	7	4.8	55	37.9	80	55.2	145	100%

There were 145 patients in total, 75 patients with gastric ulcer perforation, 2 patients with narrowing, 67 patients with drainage complications, and 1 patient with ulcer malignancy.



Distribution of patients with ulcer disease n=145



It is necessary to determine from the anamnesis of all patients that they have a complete characterization of the condition, it is appropriate to pay attention to pain or vomiting: bloody nature, its quantity and speed, appearance. This helps to make a comparative diagnosis of the disease. From the anamnesis, it is necessary to determine the quantity, appearance and time of bloody stool. When collecting pineapple, it is necessary to pay attention to the age of these patients and the manifestation of clinical signs in them. If in older children, the appearance of various discomforts, pains, and blackness of feces in this epigastric area has been observed and checked, it is important to make a diagnosis. In young children, it is necessary to pay attention to the fact that the appearance of symptoms of bloody vomiting, malaise, is highlighted by the mother. When evaluating the pain syndrome in patients, it is necessary to pay attention to which areas of the abdomen the pain started, and the time, nature and intensity of the pain. Ulcer disease of duodenum and duodenum, ulcer perforation is characterized by very strong pain in the epigastric area (wedge-like pain), the general condition of the patient

suddenly worsens, the patient is in a forced position, i.e. the patient is in a lying position with his legs pulled to his stomach, the skin is covered with cold sweat against the background of pain, breathing is accelerated, it is necessary to pay attention to signs such as acceleration of pulse or lowering of blood pressure. In the objective assessment of patients, it is necessary to assess their general condition, i.e. shock, hypovolemia: pale skin, restlessness, tachycardia, lethargy, pale skin, covered with sweat, whether or not they are happy. When seeing such patients, it is necessary to pay attention to life-threatening symptoms. Depending on the signs listed above, it will be possible to diagnose patients in 85% of cases. All patients under our control were subjected to the following examination methods: I. Examination methods that must be done: 1) General examination, good study of the anamnesis; 2) EGDFS; 3) General laboratory analysis: general blood analysis, biochemical analysis of blood, general analysis of stool and detection of hidden blood in stool. II. Additional examinations 1) X-ray examination of the gastrointestinal system and, if necessary, contrast examination; 2) Examination of gastric fluid; 3) UTT; 4) ECG.

When performing general mine analysis, it is necessary to pay attention to the amount of hemoglobin in the blood, blood clotting time, and the amount of platelets. If mining continues, it is necessary to identify the patient's mining group and Rhesus factor

It can be shown that the treatment tactics for bleeding from gastric and duodenal ulcers are related to the following conditions. 1. The general condition of the patient (age of the patient, presence of comorbidities.)

2. The state of wound destruction (its large size, the state of penetration)

3. Severity of bleeding (a lot of blood loss, hemorrhagic shock). Degree in Forest.

4. Recurrence of bleeding.

One of the important problems of bleeding from gastroduodenal ulcers is recurrent bleeding spontaneously or after conservative treatment and endoscopic hemostasis. In practice, it currently occurs in 5-38% of cases. The recurrence of the most dangerous bleeding was observed during the first day after admission to the hospital. Relapses were observed in 19% of patients in the first 3 hours, -36% in 6 hours, and 45% in the first 12 hours.

In 67 patients, the complication of drainage from the wound was observed, and 33 of them were found to have never presented with a wound disease before. Out of 34 patients, 19 were patients with gastritis, who were undergoing outpatient treatment from time to time, and 15 patients were diagnosed with peptic ulcer disease and 12 were under dispensary control. Taking into account the good results of the current endoscopic hemostasis method, we used endoscopic treatment tactics for bleeding from the wound, that is, in 27 of 67 patients, the wound was coagulated, and endoscopic hemostasis was achieved. In the remaining 40 patients, an effective effect was obtained from conservative treatment measures. An indication for surgery is when it is impossible to stop the bleeding endoscopically, when there is a high risk of recurrence of bleeding or its appearance, when the amount of Hb decreases, blood transfusion does not have a good effect. Out of the total number of patients, wound perforation was observed in 75 patients, and X-ray and endoscopic examination along with clinical signs were effective in diagnosis. In all of them, urgent operative treatment was performed, the defect of the wound site was sutured with 2 rows of sutures, and peritonization was performed with a free carvi, and a nasogastroduodenal probe was intubated. All patients were discharged in a satisfactory condition. In the case of the last narrowing of the 12-digit ulcer, which was detected in 2 patients, conservative treatment measures were carried out, they were prepared for examination and transferred to the elective surgery department for elective surgery. 1 13-year-old patient was admitted with pain syndrome and was diagnosed with gastric ulcer malignancy at EGDFS, and this patient was transferred to an oncology hospital.

In the last period after the examination, patients were monitored on an outpatient basis, and depending on the type of complication, phytotherapy with zubtutum tincture was recommended. In scientific research, it was found out that the leaves and seeds of fennel are very beneficial in stomach and duodenal ulcer diseases. A decoction made from the leaves is effective in the treatment of ulcers in gastric-duodenal ulcers. Recently, it has been discovered from Zubtutum that it contains a plantaglucid drug that heals stomach and duodenal ulcers. Therefore, it is recommended to use the following mixture and tincture of zubrutum in stomach-duodenal ulcer disease: pour two cups of boiling water on one cup of freshly cut leaves of zubrutum and boil for five minutes. Boiled tincture is infused for an hour. In the first ten days, half a glass is drunk at a time from the decoction prepared by boiling. For ten days. In the following days, half a glass is drunk three times.

The results of the examination, conservative and phytotherapy were checked and it was found that the complications listed above were not observed. After drinking our proposed tincture in the control patients, the induction of peptic ulcer disease was not observed.

It should also be noted that additional biologically active food products such as "Shifoi Marhabakhon", "Majmui Rahmani" and "Nishifo" created by Academician I.R. Askarov have given satisfactory results in the prevention of gastric-duodenal ulcer disease.

### Summary:

1. Early diagnosis of gastric and duodenal ulcer diseases to prevent complications, organization of preventive endoscopic examinations, dispensary control.
2. During the uncomplicated period of the disease, it is possible to achieve clinical endoscopic remission and increase the survival rate of sick children by carrying out conservative treatment procedures.
3. Choosing the right surgical tactics in cases of complicated wound disease gives effective results.
4. The role of phytotherapy is particularly important in gastric and duodenal ulcer diseases.
5. The use of biologically active substances in the treatment of gastric and duodenal ulcers was found to be highly effective.

Prevention and rehabilitation. Prevention and rehabilitation of stomach and 12-finger ulcer disease: First: a) pay attention to whether there is ulcer disease in the family b) organize a feeding regimen for children from the age of breast, teach children c) protect against acute intestinal infection diseases. G) prevention of chronic diseases, dental caries, chronic tonsillitis. Secondly: a) to recommend antioxidant and vitamin therapy, phytotherapy to these b) to ensure that such patients are under dispensary control for at least 5 years, thereby monitoring the recurrence of the ulcer c) during the year in the autumn and spring months, to conduct examinations, FGDS g) to give priority to diet and diet therapy. D) sanatorium spa treatment. Z) Improving the knowledge of pediatricians in primary health care on gastroenterology.

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