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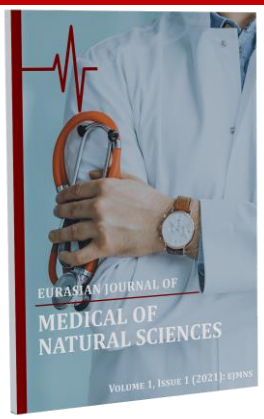

THE STUDY OF DIAGNOSTIC CRITERIA FOR ACUTE PANCREATITIS IN CHILDREN

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ABSTRACT

Among diseases of the digestive system, acute pancreatitis is one of the most severe diseases. For the diagnosis of the disease, the triad matters: severe pain in the epigastric region or girdle pain, lack of pain relief after taking antispasmodic drugs, irradiation of pain in the retrosternal region, nausea, lack of relief after vomiting, tension in the upper abdomen. Clinical signs characteristic of the disease: acute, persistent pain in the epigastric region and dyspeptic disorders. You can also confirm the disease by determining the symptoms of Shchetkin-Blumberg, Kerte, Kach, Mayo-Robson. 25 children aged 9 to 15 years who were hospitalized in the Samarkand city hospital for acute pancreatitis were examined. 10 (40%) boys, 15 (60%) girls, mean age of patients 12 years. Of the examined patients, 59% had severe, stabbing pain in the epigastric region, 33% had pain on the left. After 2-3 hours, the pain radiated to the back and spine, and in 6.3% - to the left shoulder. In 84% of patients, severe abdominal pain was noted, and these patients turned to medical personnel on the 2nd-4th day of the disease. 62% of patients took painkillers at home ("no-shpa", "baralgin"), but the pain did not disappear completely, decreased within 1.5-2 hours, and then severe pain began again. If you pay attention to the causes of acute pancreatitis, it was found that 35% of patients had excessive consumption of fatty, fried foods in their diet. In 24% of patients, biliary dyskinesia, cholecystitis were detected, and in the remaining 31%, a genetic predisposition to the development of this disease was revealed.

The Mondoran triad is an accurate universal method for diagnosing acute pancreatitis. The clinical picture, characteristic of the early stage of development of acute pancreatitis, is a sharp, constant wedge-shaped pain in the epigastric region, often the pain spreads to the left

rib, to the surface of the abdomen, accompanied by dyspeptic disorders: that is, nausea, lack of relief after vomiting, flatulence, diarrhea. The disease can be confirmed by additional palpation methods (symptoms of Shchetkin-Blumberg, Kerte, Kach, Mayo-Robson).

Today, acute pancreatitis is one of the most serious diseases in the pathology of the digestive system, and if acute pancreatitis is not diagnosed in time, it can lead to the transition to tumor [1-10,13]. 4 levels of acute pancreatitis are distinguished: 1) a mild level of acute pancreatitis, in which inflammation, diffuse swelling is observed, and there is no necrosis and insufficiency; 2) moderate severity of acute pancreatitis, with transient organ failure (less than 48 hours) or pseudocysts, infiltrates, abscesses; 3) severe degree of acute pancreatitis, in which pancreonecrosis or peripancreonecrosis or persisted organ. 4) critical stage of acute pancreatitis, with the development of infected pancreonecrosis or peripancreonecrosis and persistent organ failure. There are a number of criteria for assessing acute pancreatitis according to the revised Atlanta classification, and a diagnosis is made if 2 out of 3 are present: a) a typical clinical appearance (triple sign) according to UTT: enlarged pancreas, decreased echogenicity, unclear contours, free fluid in the abdominal cavity ; c) amylase and lipase concentrations increase by 3 times or more than normal [11].

The diagnosis of acute pancreatitis is based on three signs: severe pain in the epigastrium or lumbar pain, pain that does not decrease after antispasmodic drugs, pain radiating in the area of the heart, behind the sternum, nausea, lack of relief after vomiting, and tension in the upper abdomen. Dry mouth, thirst, the patient's tongue is covered with a white coating. These symptoms are caused by the intake of fatty, fried and large amounts of food and diseases of the biliary tract [12].

The purpose of the study: to determine the diagnostic criteria of acute pancreatitis.

Materials and methods. 25 children aged 9 to 15 years who were hospitalized in Samarkand city hospital with acute pancreatitis were surveyed. 10 (40%) were boys, 15 (60%) were girls, the average age of the patients was 12 years.

Test results and discussion. According to the results of the survey, 100% of patients experienced pain in the first 1.5-2 hours, and patients clearly indicated the place of pain. Of these, 59% of patients had severe, stabbing pain in the epigastric area, and 33% had pain on the left side. After 2-3 hours, pain was given to the back and spine, and in 6.3% to the left shoulder. 84% of patients had severe pain in the abdomen, and these patients turned to medical personnel on the 2-4th day of the disease. 62% of patients took painkillers at home ("no-shpa", "baralgin"), but the pain did not disappear completely, the pain decreased within 1.5-2 hours, and then severe pain started again. When we pay attention to the causes of acute pancreatitis, it was found that 35% of patients had an excessive intake of fatty, fried foods in their diet. 24% of patients had biliary dyskinesia, cholecystitis, and the remaining 31% were found to have a genetic predisposition to the development of this disease. The clinical presentation of the disease varied, but often nausea, vomiting were observed, and patients did not feel relief afterwards. Symptoms of dry mouth, constipation, flatulence, profuse sweating, and weakness were observed in all patients. Symptoms such as diarrhea, increased blood pressure, fainting, headache were rarely observed in patients. Most of the patients admitted to the department did not seek emergency medical care. Biliary dyskinesia and cholecystitis were also detected in the patients.

When palpating the patients, the following signs were revealed: positive Shchyotkin-Blumberg symptom, 95% of patients also had a positive Kerte symptom (muscle tension in the projection of the pancreas and pain 5 cm above the navel), 58% of patients had a positive Kach symptom (transverse 8-11 thoracic vertebra) pain on palpation of the tumor), 50% of patients had a positive Mayo-Robson symptom (pain on palpation of the left costo-spinal angle) and 45% of patients had Mondor's triad (pain, vomiting, flatulence). Analyzing the anamnesis of patients diagnosed with acute pancreatitis, it was found that boys and girls have the same incidence of this disease. The main reason for the development of acute pancreatitis is a large and excessive intake of fatty, fried foods, biliary dyskinesia, cholecystitis, and genetic predisposition. The clinical course of the disease in patients was different. In children, the pain often started in the epigastric area or under the left rib. The pain is strong, wedge-shaped, spread to the entire abdomen within 2-3 hours. In some cases, the pain spread to the lower back, to the left shoulder, and was often lumbar. In most cases, dyspeptic changes were observed: nausea, flatulence, constipation, profuse sweating, dry mouth and thirst. Shchyotkin-Blumberg, Mayo-Robson, Kerte, Kach's symptoms, Mondor triad helped to diagnose "acute pancreatitis" in patients. These symptoms are used to confirm the diagnosis.

With a mild degree of pathology in children, the prognosis is almost always favorable: it is possible to stop the existing signs and prevent the further development of inflammatory processes. The danger to the health and even the life of the child is represented by acute purulent and hemorrhagic pancreatitis, as well as pancreatic necrosis, which has a large number of complications.

The prognosis depends on the form of the disease, the age and general health of the patient, the timeliness of treatment and adequate compliance with medical recommendations.

Prevention of childhood pancreatitis includes:

1) adherence to a rational diet in proportion to the age of the child with a reasonable restriction of fast food, carbonated drinks and other harmful products;

2) enrichment of the diet with fresh berries, fruits, vegetables to maintain the necessary balance of nutrients and vitamins;

3) timely treatment of infectious diseases and other pathologies of the gastrointestinal tract;

4) refusal to self-prescribe and take any medication without consulting a doctor;

control of the physical condition and weight of the child.

Conclusion. Thus, today, despite the high incidence of acute pancreatitis in children, diagnosis is insufficient. The Mondoran triad is an accurate universal method in the diagnosis of acute pancreatitis. The clinical picture characteristic of the early stage of development of acute pancreatitis is a sharp, constant wedge-shaped pain in the epigastric area, often the pain spreads to the left rib, to the surface of the abdomen, and is accompanied by dyspeptic disturbances: that is, nausea, lack of relief after vomiting, flatulence, diarrhea. The disease can be confirmed using additional palpation methods (Shchyotkin-Blumberg, Kerte, Kach, Mayo-Robson symptoms).

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