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Research Article

CLINICAL CHARACTERISTICS OF CHRONIC COLSTASIS IN CHILDREN

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ABSTRACT

One of the most common pathological conditions of the gastrointestinal tract (GIT) in children is constipation. Constipation in children is a serious medical and social problem in all countries of the world, primarily due to its wide prevalence, low effectiveness of therapy, reduced social activity, impaired quality of life of patients and increased use of healthcare resources.

KEYWORDS

Constipation, colostasis, independent stool.

INTRODUCTION

Etiopathogenetically, in violation of the evacuation function of the large intestine, constipation develops (constipation, obstipacio - accumulation) - a condition that is manifested by an increase in the intervals between bowel movements (compared to the individual norm) or systematic insufficient emptying of the intestines [1,4,17]. As a result, the quality of life of sick children deteriorates, which negatively affects the growth and development of the child's body. Lack of timely correction and treatment of constipation leads to various complications, including organic ones [2,4,16,22,23].

The criterion for chronic constipation in children is a persistent decrease in the defecation rhythm that lasts more than 3 months. In addition, constipation is considered those cases when a child has painful defecation with feces that are dense in consistency

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with a stool frequency corresponding to the age norm [3,6,14,21,26,28]. It should be noted that with daily defecation, the presence of straining, a feeling of incomplete emptying, changes in the nature of the stool ("sheep feces", a large diameter of the fecal cylinder) also indicates chronic constipation [1,4,15,20,24,25,27,29].

Currently, there are several classifications of constipation in children. In pediatric surgery, the classification of A.I. Lenyushkin is most often used. [8,13], which more fully takes into account the etiopathogenetic features of constipation in children. According to A.I. Lenyushkin distinguish 3 stages of constipation: compensated, subcompensated and decompensated, requiring appropriate treatment tactics [4,9,18].

With a compensated stage of constipation, the frequency of stool is 1 time in 2-3 days, the patient complains of a feeling of incomplete emptying of the intestine, flatulence, abdominal pain, which increases or disappears after defecation. [4,12,17].

The subcompensated stage is characterized by stool retention from 3 to 5 days or its absence. As a rule, defecation occurs after taking a laxative or cleansing enemas. The patient is often worried about abdominal pain, flatulence, painful defecation, extraintestinal manifestations of constipation appear [1,4,12].

At the decompensated stage of constipation, there is a long stool retention (up to 10 days or more), the absence of an independent stool is noted when the stool is observed only after siphon or hypertonic enemas. When examining a patient, symptoms of endogenous intoxication are expressed, fecal stones are palpated along the intestine, encopresis appears, the development of chronic pathology of the overlying organs of the gastrointestinal tract is characteristic [8,10].

According to some authors, in pediatric surgery and pediatric practice, a classification that divides constipation into organic and functional is convenient [4,8]. If an organic cause of constipation is suspected (Hirschsprung's disease, dolichosigma, etc.), it is necessary to conduct special examinations of the child as early as possible to determine the rational tactics of his treatment - therapeutic or surgical. Constipation due to organic causes is a symptom of the underlying disease. In the event that an organic lesion of the intestine is excluded during the examination, they speak of functional constipation. In children, constipation is usually functional in nature [7,9].

Purpose of the study. The study of some features of the clinical course of colostasis in children in the age aspect.

Materials and research methods. The basis of this work included data from the examination and treatment of

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149 sick children aged from 1 month to 14 years with colostasis. The analysis of patients who received treatment in the Department of Pediatric Surgery of the Bukhara Regional Children's Multidisciplinary Medical Center for the period 2020-2023 was carried out. The main criterion for inclusion of patients in our study was the presence of colostasis, patients' complaints about the lack of independent stool. The work does not include patients with the total form of Hirschsprung's disease.

All children underwent a comprehensive examination used in pediatric surgery, including clinical and laboratory, x-ray studies: detailed study and history taking, clinical objective examination, if necessary, rectal digital examination; general clinical tests - a general analysis of blood, feces and urine; X-ray contrast study - irrigography of the colon with a solution of barium sulfate according to the method of A.I. Lenyushkin. Conducted sphincteromanometry to determine the tone of the sphincter in some patients.

Discussion of results. When analyzing the data, the distribution of patients with colostasis depending on gender and age was dominated by boys - 82 (55.0%), compared with girls - 67 (45.0%). When distributing patients by age categories, at the age of 1 to 4 years, accounting for 34 (22.8%) in boys and 31 (20.8%) in girls, in the age group from 5 to 9 years, boys accounted for 20 (13.4%), girls of this age accounted for 12 (8.0%) of the examined patients, sick male children were predominant (Table 1). In our opinion, functional constipation affects the quality of life of patients from the age of one year and is the reason for hospitalization in a hospital to determine the etiology of constipation.

Distribution of patients with colostasis depending on gender and age

Table 1.

Floor	**Age of patients**(WHO classification 2021)					
	0-27 days	01 – 11 month	01-4 years	5–9 years	10-14 years	Total: n, %
boys	*	24 16.1%	34 22.8%	20 13.4%	4 2.7%	82 (55%)
girls	*	21 14.1%	31 20.8%	12 8.0%	3 2.1%	67 (45%)

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Total:	-	45 30.2%	65 43.6%	32 21.4%	7 4.8%	149 (100%)

Note: *- children of the early postnatal period of development are not included in our study.

The smallest number of patients was at the age of 10-14 years - 7 (4.8%), which is associated with low parents seeking medical help and acquiring skills to control stool frequency, as well as relative adaptation to the pathological condition in children of senior school age.

In almost all studies, constipated children showed a higher prevalence of constipation in boys than in girls. This may not be the result of a true difference in frequency, but due to a difference in seeking medical advice and treatment.

Analysis of the nature of constipation showed the predominance of patients with constipation of an organic nature. When distributing constipation by origin, functional constipation accounted for 22 (15%), and organic - 127 (85%), which is due to the fact that before hospitalization, patients undergo a partial examination on an outpatient basis (Fig. 1).

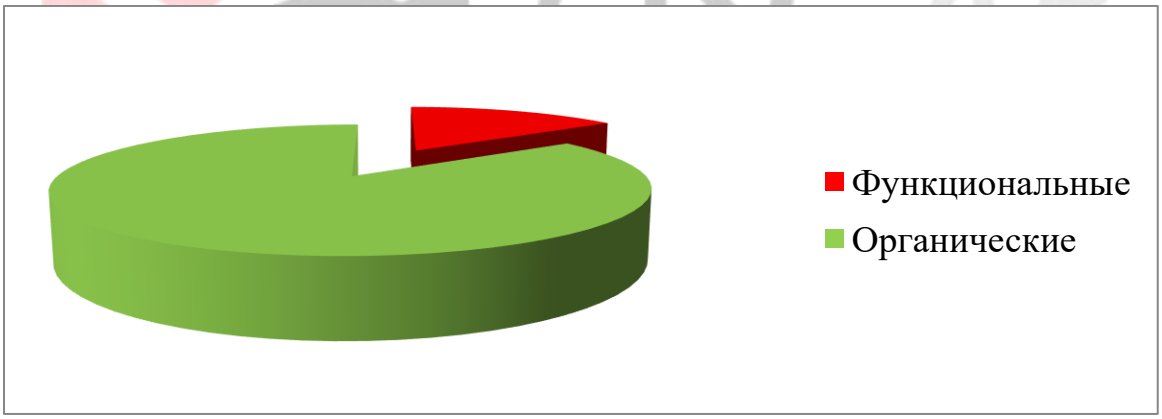

Fig.1. Distribution of patients depending on the origin of constipation

For the diagnosis, the classification of A.I. Khavkin (2000) was followed, which identifies the following criteria for determining: compensated - stool 1 time in 2-3 days, as a rule, independent, but with a feeling of incomplete emptying and flatulence - 52 (34.9%); subcompensated - stool 1 time in 3-5 days while taking laxatives and cleansing enema - 74 (49.7%); decompensated - there is no independent stool, its delay can reach 10 or more days, accompanied by

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abdominal pain, intoxication, emptying is possible using siphon or hypertonic enemas - 23 (15.4%).

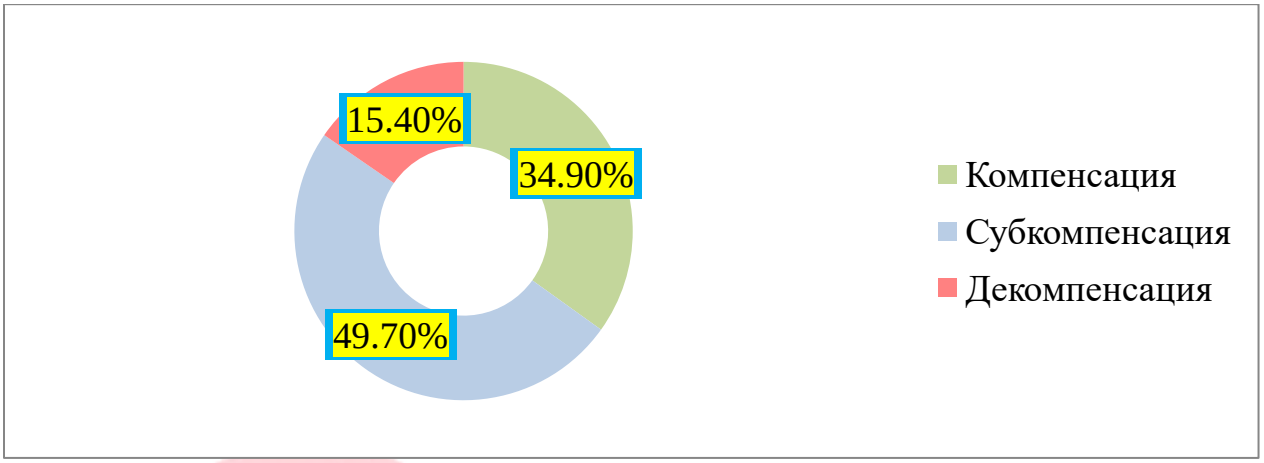

Fig.2.Distribution of patients depending on the stage of colostasis

The predominance of the compensated and subcompensated stages of constipation in the examined sick children was established (Fig. 2).

In our studies, 149 examined patients revealed the following comorbidity in constipation (Table 2), which affected the course of the underlying disease.

The frequency of comorbidity in sick children with colostasis

table 2

Nosology	Number of patients	
	abs	%
Anemia	40	26.8
Hirschsprung disease	10	6.7
Dolichosigma	56	37.6
Dolichocolon	28	18.9
Megacolon	27	18.2
Payer's disease	7	4.7

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Chilaidity Syndrome	3	2.0
Ectopia ani	2	1.3
Atresia ani et recti	1	0.7
ani stenosis	3	2.0
SPO BPPR*	14	9.4
Total	**191**	

*** note: SPO BPPR - Condition after abdominal-perineal proctoplasty for Hirschsprung's disease, anorectal malformation, etc.**

CONCLUSIONS

Thus, on the basis of the results of the study and the study of regional characteristics of chronic constipation in the Bukhara region, it was established that when distributed by sex and place of residence, boys are more likely to suffer, from the age of one year to 9 years of age. Among the causative factors leading to constipation, the highest frequency is represented by the pathology of the sigmoid colon (dolichocolon, megacolon, dolichosigma) - 75.2% of cases.

All established confirms the importance of taking preventive measures to prevent constipation in children. The conditions for the effectiveness of the prevention and treatment of constipation, improving the quality of life of sick children is the interaction of the doctor and the patient in choosing the timing of surgical correction, suitable for each individual child with organic constipation, as well as the optimal management tactics for functional constipation.

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