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SOME FEATURES OF THE COURSE OF ACUTE PANKERATITIS IN CHILDREN

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ANNOTATION

Acute pancreatitis is one of the most severe diseases in the pathology of the digestive system. The diagnosis of the disease is based on three signs: severe pain in the epigastrium or lumbar pain, pain that does not decrease after antispasmodic drugs, pain radiating to the heart area, behind the temporal bone, nausea, feeling no relief after vomiting, and tension in the upper abdomen. Clinical signs characteristic of the disease: acute, constant wedge-shaped pain in the epigastric region and dyspeptic disorders. The disease can also be confirmed using Shchyotkin-Blumberg, Kerte, Kach, Mayo-Robson symptoms.

Keywords: acute pancreatitis, pancreas, patients, clinical course, lumbar pain, diagnosis.

INTRODUCTION

Today, acute pancreatitis is one of the most severe diseases in the pathology of the digestive system, and if acute pancreatitis is not diagnosed in time, it can lead to the transition to a tumor [1,6,7,9,10,13]. 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 persistent organ. 4) critical level of acute pancreatitis, with the development of infected pancreonecrosis or peripancreonecrosis and persistent organ failure. According to the revised Atlanta classification, there are a number of criteria for evaluating acute pancreatitis, a diagnosis is made if 2 out of 3 are present: a) during an ultrasound examination (triple sign): enlargement of the pancreas, decreased echogenicity, unclear contours, free fluid distribution in the abdominal cavity; c) concentration of amylase and lipase is determined to increase 3 times or more than the norm [4,5,11,14].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 [2,3,8,12,15].

The Purpose of the Study:

To determine the diagnostic criteria of acute pancreatitis.

Material and Methods of Research

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. All patients underwent general blood, urine and stool tests, biochemical blood analysis, and ultrasound examinations of the pancreas and liver.

Test results and discussion. According to the questionnaire, 100% of patients experienced pain within the first 1.5-2 hours, and patients clearly indicated the location 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 when palpating the tumor), 50% of patients had a positive Mayo-Robson symptom (pain on palpation at 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.

Conclusions

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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