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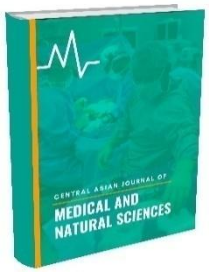

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Tactics and Treatment of Complications of Peptic Ulcer Disease in Children

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Abstract: Gastric and duodenal ulcer in children is a polyetiological disease in which helicobacterpylori bacteria play an important role, gastric and duodenal ulcer in children is rare, occurring in 1 child in 600 children. The disease is characterised by different clinical symptoms, sometimes bleeding and malignisation, and requires long-term treatment. Nowadays, due to the "rejuvenation" of the disease in children aged 5-7 years, the incidence is high, at 40-50%, due to the characteristics of helicobacterpylori.

Key words: childhood age, peptic ulcer, duodenal bleeding

Introduction. The management of wound haemorrhage is currently one of the important problems in modern clinical surgery. Duodenal ulcer and bleeding, which is caused by gastrointestinal bleeding, accounts for 60-80% of the blood flow from the gastrointestinal tract. More importantly, the mortality rate of such patients is high, and the rate remains at 25-30%. The current rate of surgical treatment for wound disease is 10-40%. But the results of surgical treatment cannot be called very effective either. The success of endoscopic diagnosis achieved by clinical surgery in recent years, advances in anaesthesiology and intensive care, and the low incidence of arsenic in the treatment of medically treated wounds have also not resulted in a reduction of mortality in this disease. When repeated blood leaks were observed, complications and mortality after vacholanki surgery increased by half and twice. It should be noted that no clear treatment tactic has yet been developed for such patients. Categorical stopping of blood flow through the endoscopic route and profiling its recurrence in most cases results in delayed operative treatment and high mortality. Blood flow stopping by such an endoscopic route did not reduce the recurrence rate of blood flow from gastroduodenal ulcers. Late hospitalization of patients, diagnostic errors in identifying the sources of blood leakage, infusion and transfusion treatment procedures, performed obligatory, incorrect selection of surgical treatment volume are one of the main reasons of late and incomplete elimination of potential complications after acute blood leakage from gastroduodenal ulcers and high mortality rate. This is also caused by low resistance to acute blood flow in children. Complications after surgical treatment with bleeding from the stomach and 12 finger ulcers are also generally 30-32%. In summary, based on the information in the literature, we can say that the problems of treatment of bleeding from the stomach and ulcers of the 12th finger

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have not yet been completely solved. The most important reasons why treatment is ineffective in massive bleeding from the gastrointestinal tract are the disruption of vital organ function due to systemic hypoxia that develops in the body. Decreased antioxidant protective function has been scientifically confirmed by the activation of the oxidative state of lipid peroxides in bleeding from gastric and 12 finger ulcers. Predicting the risk of recurrent bleeding from the wound, followed by the correct surgical tactics, will help in choosing the right size of surgery. Some authors have suggested that the risk of recurrent leakage should be determined on the basis of circulatory parameters, gastric secretion, stage of Helicobacter infection, lipid peroxidation activity, endoscopic and laboratory parameters. If there is a lesion in the antral part of the stomach with a large number of Helicobacter, the risk of gastroduodenal bleeding recurrence will be high. Gastroduodenal ulceration is due to the lack of uniform diagnostic and therapeutic tactics in the blood stream, the possibility of timely optimal surgery, the correct size of the ulcer and the failure to obtain satisfactory results.If the localised wound in children is 81-87% in the duodenum, the ulcer in the ostium is 11-13% trieradic, 4-6% in the duodenum is trieradic

Objective of the study. To improve the effectiveness of treatment of gastric and 12 duodenal ulcers in children.

Materials and methods of research. To study the treatment of children with complications of ulcerative colitis Andijan regional branch of the Republican Research Centre of Emergency Medicine was examined in 105 children at the age from 1 to 18 years, who were treated for complications of ulcerative colitis during the period from 2010 to 2020 and the results of treatment were analyzed scientifically.

In terms of the sex of the affected children, the ratio of male to female children was approximately 5:1, with 88 (83.8%) male children and 17 (16.1%) female children. Regarding the age composition, more than half of the patients, 54 of them (51.4%) were between 15 and 18 years of age (Table 1).

Table 1. Distribution of sick children by age and sex

gender	<5 years		5–8 years		8–14 years		15-18 years		Total number	
	абс.	%	абс.	%	абс.	%	абс.	%	абс.	%
boys	1	1	5	8	36	34	45	43	88	84
girls	1	1	1	1	6	5	9	3	17	16
Total number	2	2	6	6	43	39	54	55	105	100%

There were 105 patients in total, 58 patients with tongue perforation, 2 patients with lesions, 47 patients with mincing complications and 1 patient with Wound malignancy were observed.
The distribution of patients at reduced risk was n=105 According to the sex of the affected children, the ratio of male to female children was approximately 5:1, with 88 (83.8%) male children and 17 (16.1%) female children. In terms of age composition, more than half of the patients, 54 nafari (51.4%), were children between 15 and 18 years of age.

The methods of examination of the tonsils of all patients were as follows: 1) general examination, a good medical history; 2) general laboratory tests; 3) gastrointestinal X-ray; 4) EGDFS; 5) ultrasound

It can be shown that treatment tactics for bleeding from the stomach and duodenal ulcers are related to the following cases.

1. To the general condition of the patient (age of the patient, presence of comorbidities.)

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

3. severity of blood loss (loss of foam, haemorrhagic shock).

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4. Bleeding recurrence

One important problem with blood flow from gastroduodenal ulcers is recurrent bleeding, either spontaneously or after conservative treatment and endoscopic haemostasis. In practice, this currently sucks in 5-38% of cases. The most dangerous recurrence of bleeding has been observed within the first day after admission to hospital. Bleeding recurrence was seen in 19% of patients in the first 3 hours, -36% within 6 hours and 45% in the first 12 hours.

Complications of wound extraction were observed in 47 patients, of whom 23 had no previous history of wound disease in general. Out of 24 patients with colic, 15 were treated as outpatients at a Vacti WAT with a diagnosis of gastritis, while 9 patients were diagnosed with ulcerative colic and 12 with bowel disease, the presence of which was determined by the Dispensary. Considering the good efficacy of the modern endoscopic hemostasis method, we applied endoscopic treatment tactics in wound bleeding, that is, endoscopic hemostasis was achieved in 47 patients, 25 of them underwent coagulation of the wound. The remaining 22 patients had an effective effect after conservative treatment.

The indication for surgery is the fact that it is not possible to stop bleeding endoscopically when there is a high risk of recurrence of bleeding or its occurrence, when the Hb count is reduced blood transfusion also did not give a good effect. Of the total number of patients, 58 patients had wound perforation, and radiological and endoscopic examination in the same catheter with clinical signs was effective in diagnosis. Overall, urgent surgical treatment was performed and the wound defect was peritonized with 2 preparations of katorihox tikilib, charvia tikilib and nasogastroduodenal intubation was performed. All patients were discharged from the hospital in satisfactory condition. In the case of intestinal ulcer narrowing from sunburn with 12 fingers, which was resolved in 2 patients, conservative treatment measures were carried out and a planned surgical procedure for weight loss was performed. 1 13-year-old patient was found to have a malignant gastric ulcer and this patient was transferred to a cancer hospital.

Conclusions:

1. Diseases of the duodenum of the stomach in order to prevent complications, early diagnosis, organisation of prophylactic endoscopic examinations, control of dispensary examination.
2. Conservative therapeutic procedures in uncomplicated period of disease, it is possible to achieve clinical and endoscopic remission and to increase survival rate of sick children.
3. The choice of the correct surgical tactics for wound complications yields effective results.

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