

CONSTIPATION IN PEPTIC ULCER OF THE STOMACH AND DUODENUM IN CHILDREN

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Abstract: The article discusses possible predisposing factors and causes of the development, course of constipation in ulcers of the stomach and duodenum. The clinical aspects of these pathologies and their differentiation are discussed.

Key words: children, gastrointestinal tract, constipation, gastric ulcer, duodenum.

Relevance. Stomach and duodenal ulcers cause chronic digestive disorders in the stomach and intestines, and often the clinical picture of ulcers is accompanied by long symptoms, such as constipation with ulcers. Peptic ulcer disease is a big problem in gastroenterology. Gastroenterologists distinguish a wound as an independent disease, sometimes symptomatic wounds can occur. They can be wounds found in an infection caused by *Helicobacter pylori*. The wound can be located in different parts of the stomach and duodenum, and this disease occurs in acute and chronic forms, in which the periods of lamination alternate with remissions[1].

But before talking about the features of constipation in peptic ulcer disease, it is necessary to briefly explain what complaints accompany peptic ulcer disease, since sometimes patients associate them with temporary or minor malaise and do not see a doctor in time.

Peptic ulcer disease has certain risk factors, and peptic ulcer forms very unevenly in human population. Peptic ulcer disease usually occurs in spring and autumn, and the most common symptom of the wound, especially during the peak - pain, it can be regular and very intense. It is noted that the wound present in the intestinal tract is stronger and hurts constantly than in the stomach ulcer. In the end, if the patient drinks a glass of fatty milk or cream. the stomach ulcer immediately "calms down", but this does not happen when the duodenum is affected. Its cause is a closed pyloric sphincter.

The pain is mainly in the epigastric area and is observed behind the blunt and wedge-shaped tumor, in the middle of the distance between the umbilical area. Most often, stomach ulcers cause hunger pains associated with irritation of the mucous membrane with gastric juice. Sometimes heart rate attacks occur, which are accompanied by night pains, nausea and vomiting with acidic content, which is especially the case when hyperacid is accompanied by gastritis against the background [3].

The classic "hunger pain" in the stomach ulcer usually occurs no earlier than 3 or 4 hours after eating, and this pain disappears immediately after the next meal. If the patient has early and late pain, this indicates the presence of stomach ulcers and duodenal ulcers at the same time. Therefore, when complaints of the above indicator appear, it is necessary to urgently consult a gastroenterologist for examination.

Constipation in wound disease. Almost all of these causes are indirect, and constipation does not always appear, only when a number of causes are not taken into account[2]. Such predictive factors that lead to constipation or the appearance of constipation in the stomach ulcer include the following conditions:

Food products begin to be poorly digested and poorly absorbed.

The defective state of the mucous membrane of the stomach and duodenum leads to a deterioration in the breakdown of proteins, and undigested proteins lead to rot in the distal parts of the intestine, as well as solidify the stool. Therefore, in peptic ulcer disease, the consumption of a large amount of protein causes the development of constipation;

If the patient suffers from a long-term helicobacter infection.

if helicobacter pylori has been identified, then such a patient develops constipation more often than patients with symptomatic stomach ulcers. This is due to the harmful effect of waste products of these microorganisms on intestinal motility and normal acidity;

Reflector spasm of the smooth muscles of the intestine and the appearance of hypertension.

If the patient has an acute wound disease or a period of its onset, the pain will be very intense and regular. According to general physiological laws, this leads to a reaction of the muscle tissue of the intestinal tube and, as a result, long-term intestinal spasm develops. This in turn leads to impaired healing, slowing down peristalsis and the formation of constipation. Therefore, constipation in wound disease, and especially in the period of exacerbation, is often observed in a hypertensive or spastic form [4].

- Finally, it is necessary to take into account many medications that the patient with peptic ulcer disease often takes as a cure. These are various antacids, sprayers and pain relievers. Entering the intestinal cavity in large quantities, they have a twisting effect, contributing to the hardening of the stool and slowing its displacement throughout the intestine.

If the patient is receiving a schematic treatment for helicobacter eradication, then strong antibiotics lead to the development of dysbiosis in the large intestine. In turn, this is a factor that triggers constipation in stomach and duodenal ulcers.

Clinical features of constipation in an ulcer. Constipation with a wound symptomatically depends very little on each other disease. Constipation is usually a "classic" and is manifested by emptying the intestines less than once every three days, a feeling of incomplete emptying, discomfort and a long-term defecation process. But even so, there are some indirect signs that make it possible to suspect that there is an ulcer disease. It is a pain syndrome of a very frequent and intense nature in the epigastral area. With an exacerbation of pain syndrome, secondary constipation develops, which is especially characteristic of the spring and autumn season. Constipation also has a spastic character [5].

The purpose of the study is to study the concomitant course of the ulcer patient of the stomach and 12 fingers in children 7-18 years old with constipation.

Research methods. In the Bukhara region, disease histories of 341 children were studied and analyzed according to the results of complaints, Anamnesis, an objective examination, FGDS examination and conclusion, Coprology among children aged 7-18 years.

Research results and their discussion. Among a total of 341 children aged 7-18 who came to the reception of a gastroenterologist at the Vbktm consultative Polyclinic of Bukhara in 2021-2023 and were treated in the Department of Gastroenterology, children who were contacted with a stomach and 12-finger intestinal ulcer disease were examined and analyzed.

The results of the analysis revealed the following: during 2021-2023, 341 children with gastric and 12-finger intestinal ulcer disease were contacted and treated. 2021 y – 83 people (24%), 2022y – 123 people (36), 2023 y – 135 people (40%). Total girls were 148 (43.4%), boys – 193 (56.5%). On complaint: pain in epigastrium – 305 (89.4%), "lingual scar" – 36 (10.5%), season – dependent-231 tada (67.7%), season – Independent -110 tada (32.2%), Anamnesis has a wound disease in the parent – 203 (60%), non-lineage-138 tada (40%). In the clinic: pains remain on an empty stomach, at night, after meals – 288 tada (84.4%). A total of 187 (55%) of the 341 patient children studied with wound disease suffered from constipation. 136 (72.7%) reported constipation for up to 3 days, 33 for up to 3-5 days, and 18 (9.6%) for up to 6 days. The cause of constipation: was always – in 69 people (37%), due to antacid and antibacterial therapy – in 60 people (32%), not eating on time – in 32 people (17%), not knowing the cause – in 26 people (14%).

FGDs examination revealed changes in the mucous membrane of the stomach, duodenum, ulcers of different sizes and depths, bleeding, scarring of wounds. The litter type on the Bristol scale is: Type I - 28 (15%), type II – 99 (53%), type III - 60 (32%). 88 (47%) of children with wound disease and suffering from constipation received an additional course of treatment against constipation.

Conclusion: constipation has been found to be accompanied by other diseases of the gastrointestinal system, including gastric, 12 - finger intestinal disease. Constipation can be caused by changes in the intestinal mucosa, the presence of a helicobacter pylor as an agent of the disease, impaired intestinal motility, the intensity of pain syndrome, drugs used in wound disease.

Used literature:

1. Zapori udetey. Pod Red. Belmera S. V., Razumovskogo A. Yu. I soavt. M.: Medpraktika-M, 2016: 312 P.
2. Khamraeva dr. FREQUENCY RASPROSTRANENIYA FUNCTIONALNIX ZAPOROV HE DETEY V BUKHARSKOY REGION. Opit I perspective razvitia exportnogo potenciala obrazovatelnix uslug v visshem obrazovanii. 2021:227-32.
3. Belousova O. Yu. Funktsionalny zapor he detey rannego vozrasta v svete Rimskix kriteriev IV peresmotra. Mejdunarodnie rekomendacii. Zdorove rebenka. 2019; 14 (Prilacenie 1): 16-24.
4. Khamraeva, D. R. "ZNACHENIE INTERLEYKINOV V KROVI U DETEY S FUNCTIONALNIMI ZAPORAMI."ONLINE SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH 2.12 (2022): 369-372.
5. Razzakovna KD. THE FREQUENCY OF THE SPREAD OF FUNCTIONAL CONSTIPATION IN CHILDREN IN THE BUKHARA REGION. Explorjet Journal of Analysis and Inventions. 2022 Jan 5; 3 (1): 51-7.