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Treatment of Complications in Newborn with Upper Intestinal Obstruction in Children

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Resume. A detailed analysis of various scientific studies over the past twenty years, mainly in the United States of America, reflected a significant incidence of children with anorectal defects from parents who depend on nicotine and drink alcohol, mothers suffering from obesity and diabetes mellitus (including gestational).

Keywords: Congenital intestinal obstruction, environmental factors, moderate severity, X-ray - irrigography, ultrasound.

Relevance. Congenital intestinal obstruction (CHI) occurs with malformations of the gastrointestinal tract, disorders of the innervation of the intestinal wall, and genetic diseases. The main signs of pathology: repeated vomiting with an admixture of green color, lack of stool, bloating and soreness of the abdomen.

The causes of CM in the gastrointestinal tract have not been fully investigated. Depending on the etiological factors that led to the development of the defect, hereditary, exogenous and multifactorial congenital malformations are conditionally distinguished: chromosomal disorders 5%, mutations of individual genes 2–3%, environmental factors 1–2%, polygenic multifactorial 90%. But in more than 70% of cases of congenital malformations, the causes of their development remain unknown. However, there are studies proving that the antenatal period and various factors that arise in this period play an important role in the development of congenital malformations of the newborn. These include various complications of pregnancy, acute maternal illness that occurred during pregnancy, as well as the use of antibacterial and hormonal therapy during pregnancy.

A detailed analysis of various scientific studies over the past twenty years, mainly in the United States of America, reflected a significant incidence of children with anorectal defects from parents who depend on nicotine and drink alcohol, mothers suffering from obesity and diabetes mellitus (including gestational).

Among the most significant external factors that have a great influence on the occurrence of congenital malformations, the age aspect is distinguished, namely: the age of the parents is over 35; a long gap between the first and second pregnancies in older mothers; the birth of the first child in elderly parents. An important place in the formation of CM is the conditions and nature of the work of parents, namely the presence of occupational hazards.

The pathogenesis of CM in the gastrointestinal tract is associated with a violation of the formation of holes in the digestive tube in the period from the 4th to the 8th week of intrauterine development, since at first this tube ends blindly at both ends. The delay in recanalization is also important, since at the 8th week of intrauterine life, the growing epithelium completely closes the lumen of the intestinal tube, which is subsequently restored during the formation of the mucous membrane.

The child's condition is rapidly deteriorating, dehydration and multiple organ failure are increasing. Diagnosis is carried out at late gestational dates by ultrasound; in newborns, congenital intestinal obstruction is detected using radiography, sonography, and irrigoscopy. With VKN, surgical correction of the defect is performed.

Congenital intestinal obstruction is the most common pathology in abdominal surgery of the neonatal period. According to various sources, the disease is diagnosed with a frequency of 1:1500 to 1:2700 among live births. It is equally common in boys and girls. The relevance of the disease is due to severe disorders of the gastrointestinal tract, a high risk of complications and the likelihood of long-term negative consequences of surgical treatment.

Purpose of the study. The aim of the study is the treatment of complications in newborns with upper intestinal obstruction in children.

Material and research methods. The morphological picture was analyzed in 37 children operated on for ARM. The structural features of the wall of the rectum, soft tissues of the fistula area and the skin of the perineum were studied in 37 samples with various anorectal malformations. Sections for histomorphological verification were taken at various sites from the atrezed end of the intestine, at the site of the transition of the intestine into the fistula, at the



border of the transition of the fistula tract into the intestinal wall (cone) and the extended caecum, as well as from the wall of the fistula itself and the anastomosis with the genitourinary tract.

Research results. When collecting an anamnesis, the presence of errors in nutrition was revealed in 48 children (12.4%). In 23 (6%) cases, intussusception developed against the background of an acute respiratory infection, in 29 (7.5%) patients - against the background of an intestinal infection.

Clinical manifestations of intestinal intussusception were pronounced in almost all cases.

Paroxysmal abdominal pain, which was expressed by periodic anxiety, was observed in 383 (99%) patients. Attacks of pain lasted from 5 to 15 minutes. The intervals between attacks were 10-20 minutes. In 322 (83%) patients, recurrent vomiting was observed, at the beginning of the disease - the contents of the stomach, then - with an admixture of bile, 11 patients had vomiting of stagnant contents. In 86 observations (22%), there was an increase in body temperature to subfebrile values. In 47 (12%) patients, bleeding from the anus was observed, and in the majority - in the form of "raspberry jelly".

Upon admission to the pediatric surgical department, the condition of 45 children (11.7%) was regarded as satisfactory, in 305 (79.0%) - of moderate severity. 39 (10.1%) patients were admitted to the hospital in serious condition. A serious condition was noted in children admitted to the hospital more than 48 hours after the onset of the disease.

Bloating was determined in 115 children (29.8%). The intussusceptum was palpated as a tumor-like mobile, cylindrical, moderately painful mass in 223 cases (57.8%). The presence of Dans' symptom was noted in the medical history of 89 children (23%). In 350 (90.6%) patients, the abdomen was soft on palpation, in 36 (9.4%) children, tension in the muscles of the anterior abdominal wall was determined.

In the general blood test in 331 children, the number of leukocytes did not exceed $10.0 \times 10^9/l$, leukocytosis from 12.0 to $15.0 \times 10^9/l$ was noted in 21 patients, from 16.0 to $25.0 \times 10^9/l$ in 34 cases (these children were admitted to the hospital later than 48 hours from the onset of the disease, while 6 patients of them were admitted later than 72 hours).

All observed children underwent ultrasound examination of the abdominal organs. In 312 patients (81%), ultrasound examination was supplemented with X-ray - irrigography. In 19 children, only disinvagination was performed, and in 29 children, disinvagination was combined with appendectomy. In these patients, the appendix was involved in the intussusceptum.

In 3 cases, it was not possible to perform disinvagination from the laparoscopic approach due to the extent of the intussusceptum and severe intestinal edema. These patients underwent laparotomy followed by disinvagination.

15 children were operated on using laparotomic access (Volkovich-Dyakonov access). In 11 patients, disinvagination and appendectomy were performed, in 4 cases disinvagination was performed.

4 children who were admitted more than 72 hours after the onset of the disease in a serious condition were operated on from the laparoscopic approach after preoperative preparation. An ileocolic intussusception was found. After disinvagination, necrosis of the ileum was diagnosed. Produced conversion to median laparotomy, resection of the ileum with the imposition of the anastomosis "end to end".

In two patients, after disinvagination performed from the Volkovich-Dyakonov incision, it was found that the cause of the pathology was Meckel's diverticulum. Produced removal of the diverticulum by wedge resection of the ileum with the imposition of the anastomosis.

No lethal outcomes were observed with intussusception of the intestine. There were no complications in the postoperative period. All children were discharged in a satisfactory condition.

Conclusion. In the diagnosis of intestinal intussusception in children, in addition to the clinical picture, ultrasound and X-ray studies are important.

The vast majority of children with this pathology, if admitted to a surgical hospital in a timely manner, can be treated conservatively.

Organic bowel pathology is a fairly rare cause of intestinal intussusception.

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