Prevalence Of Affected Bowel Syndrome Among Children Of Different Ages

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ABSTRACT

The article presents new data on the prevalence and diagnostic criteria of irritable bowel syndrome in children. The main objective of our study was to analyze the prevalence of irritable bowel syndrome (IBS) among children and assess the risk factors for IBS development. During 2023-2024, the types of IBS and symptoms confirming it were analyzed in children treated in the gastroenterology department of the regional multidisciplinary children's medical center based on the Rome IV criteria. According to according to, out of 228 children aged 4 to 16 years who soul treatment in the emergency department of the regional multidisciplinary children's medical center with abdominal pain, after examination by a gastroenterologist and a special examination, 102 children were diagnosed with irritable bowel syndrome. According to the Rome IV criteria, most of the surveyed children had a predominance of IBS-3 (anticipation) type, IIS highest frequency corresponded to the autumn-winter season.

Keywords: IBS-C predominantly constipation, gastroenterology, Rome IV criteria, abdominal pain, children.

Relevance of the topic. Currently, intestinal irritation syndrome (IIS) has become a very urgent problem among diseases of the gastrointestinal system.

Intestinal irritation syndrome is a complex of functional disorders of the intestine, the most common symptoms of which are disorders of the act of defecation, various types of abdominal pain syndrome and the absence of significant inflammation or other organic changes in the intestinal tube. Intestinal irritation syndrome (IIS) is a chronic functional bowel disease in which abdominal pain is associated with changes in bowel movements, stool frequency and nature. The etiology and pathogenesis of intestinal irritation syndrome has not been well studied. As one of the approximate links of pathogenesis, a violation of the function of the epithelial-mucous membrane of the gastrointestinal tract is considered, the reason is the polymorphism of the genes responsible for the synthesis of its various components, acute intestinal infections, antibiotic therapy, changes in the composition of the microbiota, psycho-emotional stress and nutritional properties. Changes in the microbiota, combined with a violation of the function of the epithelial-mucous membrane, lead to the appearance of inflammatory changes in the intestinal wall. Chronic inflammation disrupts the mechanism of visceral sensitivity, which leads to hyperactivation of the higher nerve centers (primarily the limbic system), which causes increased efferent innervation of the intestine. This, in turn, leads to spasm of the smooth

muscles of the intestine and the formation of signs of the disease. Constant emotional disturbances (excitement, depression, irritability), lead to further exacerbation of the disease.

Intestinal irritation syndrome, the predominance of diarrhea

Intestinal irritation syndrome, predominance of constipation

Mixed manifestations of intestinal irritation syndrome

Other or unspecified intestinal irritation syndrome

This classification is based on the form of feces on the Bristol scale, which is easily understood by patients and allows you to quickly determine the nature of stool disorders. Intestinal irritation syndrome constipation predominates (IIS-Q): in more than 25% of bowel movements, feces are 1-2 on the Bristol scale; at least 25% of bowel movements - 6-7 on the Bristol scale. An alternative way to diagnose this variant of the disease: reports that the patient mainly has constipation (type 1-2 on the Bristol scale). Intestinal irritation syndrome constipation predominates (IIS-D): in more than 25% of bowel movements, the stool shape is 6-7 on the Bristol scale, less than 25% of bowel movements - 1-2 on the Bristol scale. An alternative way to diagnose this variant of the disease: reports that the patient mainly has diarrhea (type 6-7 on the Bristol scale). Intestinal irritation syndrome is a mixed variant (IIS-A): in more than 25% of bowel movements, stool is 1-2 on the Bristol scale, and in more than 25% of bowel movements it is 6-7 on the Bristol scale. An alternative way to diagnose this option is for the patient to report constipation (more than ¼ of all bowel movements) and diarrhea (more than ¼ of all bowel movements). Accordingly, type 1-2 and 6-7 on the Bristol scale. Unclassified variant of IIS (IIS-T): patient complaints meet its diagnostic criteria, but are insufficient to identify the first three variants of the disease. It is necessary to carefully assess whether patients complain of constipation and diarrhea. Thus, many patients with IIS who complain of diarrhea often experience an act of defecation in children, in which the stool is shaped; patients with "constipation", on the other hand, may complain of decreased bowel movements, increased stool density, difficulty with the act of defecation, discomfort in the anorectal area. When examining patients with IIS, attention is paid to the discrepancy between the high number of complaints, the long duration of the disease and the satisfactory general condition of the patient.

The complaints of patients with IIS can be divided into three groups:

* gut;

• associated with other parts of the gastrointestinal tract (OIT) (e.g. nausea, concussion);

•non-Gastroenterological (dysparunia, feeling of complete emptying of the bladder, fibromyalgia, migraine)

The presence of symptoms associated with other parts of the gastrointestinal tract, as well as non-Gastroenterological symptoms, further confirms the diagnosis of functional impairment. In addition, it should be noted that patients with IIS have emotional disorders, depression and fear, or hypochondriacal disorders. Intestinal symptoms in IIS have a number of characteristics. Abdominal pain does not have a pronounced localization, but often appears on the left side. The pain usually worsens after eating. An important distinguishing feature of abdominal pain at IIS is its absence at night. In women, pain increases during menstruation. The rest of the abdomen is less noticeable in the morning, it intensifies during the day and intensifies after meals. Diarrhea usually occurs in the morning, after breakfast, the frequency of stool changes from two to four or more times over a short period of time, often accompanied by a feeling of urgent and incomplete bowel movements. Most often, during the first act of defecation, when the volume of intestinal contents decreases, the stool becomes denser than in later periods, but the consistency is more fluid. The total daily stool weight does not exceed 200 g.

At night, diarrhea is not observed at all, while at constipation, "sheep" feces, "pen-shaped" feces, as well as stools similar to stools (dense, shaped feces at the beginning of defecation,

then waterlogged or even water feces) can pass. Blood or pus in the stool are not impurities, but often mucus in the stool is a mixture. The clinical symptoms listed above cannot be considered specific to its, as they can also occur in other intestinal diseases.

Examination method. We analyzed the factors of origin, types of ITS in children aged 4 to 16 years, who were treated lying in the gastroenterology section of the Regional Children's Coptic Medical Center. During 2023-2024, we examined the complaints of each of the children and their parents who were treated in the hospital's gastroenterology unit and found data on the medical history and life history of the disease. The survey included few diagnostic criteria of Roman IV. These criteria require kora IIS to be considered a functional intestinal disorder characterized by recurrent abdominal pain ≥1 day per week for the last 3 months, and the presence of these symptoms in the last 3 months and the total duration of the disorders being 6 months confirms the presence of Itsalomates in the child. In this case, abdominal pain ≥2 should be associated with the criterion:

1.Defecation movement related to: coughing during defecation;

a father to defecation is a feeling of necessity; a feeling of complete absence of the intestine, flatulence

3.This is due to a change in the frequency of garbage: less than 3 times a week or more than 3 times a day

4. Associated with a change in the form of feces (solid or liquid and slime mixed).

In order to prevent misinterpretation of patient complaints, we relied on the Bristol stool shape scale in our study. The Bristol scale allows you to quickly determine the nature of stool disorders. Therefore, we divided IIS into 4 subgroups based on intestinal perturbation:

IIS-Q predominance of constipation: in more than 25% of bowel movements, feces are 1-2 on the Bristol scale; at least 25% of bowel movements-6-7 on the Bristol scale

The predominance of IIS - D diarrhea: in more than 25% of bowel movements, the stool shape is 6-7 on the Bristol scale, less than 25% of bowel movements-1-2 on the Bristol scale.

Mixed variant IIS-a: more than 25% of feces fall into 1 or 2 types of feces on the Bristol scale, and more than 25% of feces fall into 6 or 7 types on the Bristol scale.

Unclassified variant of IIS (IIS-T): the patient's complaints meet the diagnostic criteria of Roman IV, but are insufficient to identify the first three variants of the disease. The sick children were distributed according to their age and gender.

The results of the study and mukhokama: children aged 4 to 16 who were treated with IIS in the gastroenterology unit during 2023-2024 were 102, ogil children were 45 (44.1%), girls 57 (55.9%). The majority of sick children were 48 (47%) older school-age children. Of these, girls made up 25 (52%) and ogil children made up 23 (48%). Children of small school age made up 36 (35.3%), of which girls made up 18 (50%), and boys made up 18 (50%). Children up to school age were 18 (17.6%), of which girls were 8 (44.4%), and ogil children were 10 (55.6%). Roman IV criteria Cora soraglan found chronic constipation in most children. The distribution of its ni by species of sick children showed that most of the sick children had a constipation advantage (IIS-Q) - 48 (47.05 %) in the sick child, of which 25 (52 %) were girls, and 23 (48 %) were boys.

Of these, 16 (33.3 %) were eligible for the senior school age group, 20 (41.7 %) for the junior school age group, and 12 (26 %) for the pre-school age group. Patients with "constipation", on the other hand, may complain of decreased bowel movements, increased stool density, difficulty with the act of defecation, discomfort in the anorectal area. With diarrheal predominance (IIS-D), it was 35 (34.3%). of this, 17 (48.6 %) were girls and 18 (52.4 %) were boys. Of these, 8 (22.8 %) were eligible for the senior school age group, 11 (31.5 %) for the junior school age group, and 16 (45.7%) for the pre-school age group. The mixed variant of IIS (IIS-A) was 14 (13.7%). Of this, 8 (57.1 %) were girls and 6 (43.9%) were ogil children. Of these, 7 (50 %) were eligible for the senior school age group, 4 (28.6 %) for the junior school age group, and 3 (21.4 %) for the pre-school age group. The non-recommendable variant of IIS was 5 (%).

Conclusion: it is found that IIS is a common functional intestinal disorder, with a 26.30% share among gastrointestinal disorders. 214 children who visited vbkttm with abdominal pain were diagnosed with IIS syndrome in 102 children after a gastroenterologist examination and and the necessary examinations. A detailed analysis of patients treated with IIS showed that the most abundant occurrence of the constipation advantage option of IIS was correct for the autumn-winter season. With its diarrheal predominance, the spread of the IIS mixed variant showed that it was not seasonal. IIS was observed in a group of children of all ages, especially the cop prevalence of IIS was observed in children of Junior School and senior school age. This is due to adaptation to the school period, problems at school, psychological stress and the desire for certain foods (for example, coffee, synthetic carbonated drinks), which confirmed the dependence between overeating. And in preschool children, the origin of IIS has shown that it appears after multiple intestinal infections.

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