

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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100 – ї

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**PECULIARITIES OF THE CLINICAL COURSE OF ULCER DISEASE
IN CHILDREN DEPENDING ON THE DURATION OF THE DISEASE**

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One of the most serious diseases of the gastroduodenal area in children is ulcer disease (UD) of the stomach and duodenum. The incidence of this disease in Ukraine and worldwide continues to increase. If in 2000-2001 ulcer was 4.9%, in 2013 – 7.9% in the structure of digestive diseases in children.

So, we have conducted a clinical examination of 120 children with UD, aged 7-18 years, who live in Chernivtsi and Chernivtsi region. The study has been carried out using a simple randomization.

The average age of children with UD was 14.8 ± 2.0 years. 53.5% of examined children suffering from UD were boys. There were almost equal numbers of children with duration of UD up to 1 and over 3 years. Verification of clinical diagnosis was carried out in accordance with the treatment of children in "Children's Gastroenterology" (Ministry of Health of Ukraine № 438 of May 26, 2010). All children were interviewed with studying anamnesis, genetic, social, environmental, household and other characteristics of their habitat. Clinical studies were performed by the standard method of patient's examination. Particular attention was paid to children's complaints on pain, its location, and seasonality, the nature of the factors that enhance and ease the pain.

Pain has been observed in 100% of sick children, who mostly had aching in nature and it was located mainly in the epigastrium and pyloroduodenal areas, regardless of the duration of UD. Pain which appeared on an empty stomach and after 1-1.5h after the meal was dominant on the time of occurrence. The significant difference of pain intensity in children has been noted. So, children who were sick up to 1 year, intensive pain syndrome was observed in $83.3 \pm 7.7\%$, in children with disease duration 1-3 years – $13.3 \pm 2.3\%$ and in aching patients with disease duration more than 3 years – $34 \pm 0.4\%$ of cases, ($p < 0.05$).

The leading symptom of the dyspeptic syndrome among pediatric patients was nausea (90.8%). A tendency to constipation (83.3%) has been shown in children with duration of UD up to 1 year, a tendency to diarrhea (85.3%) and decreased appetite (100%) have been observed in patients with disease duration more than 3 years.

The main symptoms of the astenovegetative syndrome in children with duration of UD up to 1 year were: emotional lability in 92% of cases, headache, weakness, drowsiness, and fatigue in 83%, in 25% – heart pain and in 42% – poor sleep. With increasing of UD duration grew and prevailed symptoms of vagotonia: emotional lability (100%), excessive sweating (93.3%), chill (90.0%). In addition, weakness, flabbiness, fatigue, drowsiness, and headache were observed in 83% and 92% of children with 1-3-year duration of disease. There were emotional lability, weakness, drowsiness, and fatigue in 100% of children suffering from UD more than 3 years, 83% of children complained about a headache, 93% – on sweating and 90% of patients – on chill.

Thus, with increasing of disease duration the quantity of children with pain syndrome (22.5%) has been decreasing and the number of patients with dyspeptic (68.3%) and astenovegetative syndromes (62.5%) has been increasing.