

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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**THE CLINICAL-MORPHOLOGICAL CHARACTERISTICS OF
CHRONIC CONSTIPATION IN CHILDREN**

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Introduction. Chronic constipation for children against a background of dolichosigmoid, in 94.5 % is accompanied by the changes of microbiocenosis of the colon and local immunity, that represent the stages of motion. To our opinion children have a choice of effective conservative therapy against a background of dolichosigmoid, must be based on the results of complex inspection of patients, that must include the microbiological, biochemical analysis of excrement, and also determination of the level of secretory immunoglobulin A in coprofiltrats.

The aim of the study was to learn the specifics of tissue immunity and intestinal microbiocenosis, depending on the stages of CC due to the congenital elongation of the sigmoid colon (CESC) in children.

Material and methods. We examined 109 children with CC against the background of dolichosigmoid, who were taking in-patient treatment at pediatric surgery and gastroenterology departments of the Chernivtsi City Clinical Children's Hospital, alongside with 40 generally healthy children. CESC (dolichosigmoid) was diagnosed based on irrigographic examination. Children with dolichosigmoid were divided into groups according to the stage of CC established on the basis of commonly-accepted criteria. Group 1 consisted of 39 children (35.8%) with the compensated stage of CC, their stool frequency was once every 2-3 days (average stool retention was 2.5 ± 0.5 days); a characteristic clinical sign for patients in this group was the feeling of incomplete bowel evacuation (23 children (59.0%)). Most patients (56.2%) had tympanites and abdominal pain that would disappear in 7 (19.9%) patients or increase in 12 (30.8%) after defecation. Group 2 consisted of children with the subcompensated stage of CC against the background of dolichosigmoid (36 children (33.0%)). For children in the second group a 3-5-day stool retention (an average of 4.3 ± 0.6 days) was common, at that the necessity to take laxatives or have a cleansing enema was registered in 47.2% of patients with this stage of CC. Patients in this group suffered from: abdominal pain (88.9%), tympanites (94.4%), painful defecation (41.7%), and extraintestinal signs of constipation (27.8%). The most intractable constipation was observed in children of group 3 with the decompensated stage of CC (34 children (31.2%)). Most patients from this group had a very weak urge to defecate, bowel evacuation occurred only after a cleansing enema in 91.2% of patients. Children suffered from a severe abdominal pain (88.2%), vomiting (61.8%), 18 children (52.9%) were diagnosed with encopresis, often showing signs of chronic intoxication (weakness, rapid fatigue, pallor, headache).

Results. Microbiological examination of faeces in all children with CC against the background of CESC showed that LI dysbiosis was characteristic of those patients. Thus, we were able to diagnose the normal composition of the LI microflora in only 6 ($5.5 \pm 1.3\%$) children, however it should be noted that these patients had CESC with the compensated and subcompensated stages of CC. Microbial composition disorder was found in the remaining patients - 103 children ($94.5 \pm 3.3\%$), including all the children with the decompensated CC (34 (100%).

Conclusions. Chronic constipation in children against the background of CESC, is accompanied by changes in the microbiocenosis of the large intestine lumen and tissue immunity, reflecting the stages in 94.5%. The choice of efficient conservative therapy in children with dolichosigmoid should be based on the results of a comprehensive examination of patients, which must include microbiological, biochemical analysis of faeces, as well as finding the level of secretory immunoglobulin A in coprofiltrates. Children with CESC show a decrease in sIg A levels in coprofiltrates by 1.3 times as compared to the generally healthy children, which indicates the deficiency of mucosal immunity and contributes to the persistence and development of dysbiotic disorders in the bowels, progression of decompensation, and is directly and closely connected with the severity of constipation in children with CESC.