

Symptoms of violation of the act of defecation, chronic constipation and calorification in children in pediatric surgical departments

N.V. Kartashova, E.N. Petritskaya, E.Z. Druzyuk, M.Yu. Gotovsky
(MONIKI named after M.F. Vladimirov, Center "IMEDIS", Moscow, Russia)

The problem of modern pediatric surgery, in particular proctology, is the growing number of children with congenital bowel anomalies. Organic changes in the large intestine include abnormalities of position, length and various mechanical obstacles (dolichosigma with various stages of decompensation, adhesive bowel disease, tumors), hypo- and aganglionsis - Hirschsprung's disease, colonoptosis or Payr's disease, atresia of various parts of the intestine and anus. Most often, the main treatment for these pathologies is surgical, however, after numerous constructive operations, from 50 to 70% of children retain symptoms of impaired bowel movements (incontinence of intestinal contents and stool retention). In addition, up to 20% of children in surgical departments do not have obvious organic abnormalities, but many of them do not have an independent chair from birth. This category of children is conventionally referred to as functional disorders of the intestine, under which numerous disorders can be disguised: neurogenic diseases (with damage to the central nervous system - cerebral and cervical type), with distal lesions of the spinal cord - the cone and epiconus), neurotic personality changes with tendencies towards delayed deformation [1], fermentopathies caused by hypofunction of the excretory glands of the small and large intestines, chronic pancreatitis, biliary dyskinesia, more often of the hypokinetic type, dysbacteriosis of varying severity; intestinal innervation disorders (spina bifida, mesenteritis, ganglionitis, pelvic plexus plexitis). neurogenic diseases (with lesions of the central nervous system - cerebral and cervical type), with distal lesions of the spinal cord - the cone and epicone), neurotic personality changes with tendencies towards delayed deformation [1], fermentopathies caused by hypofunction of the excretory glands of the small and large intestine, chronic pancreatitis, dyskinesia of the biliary tract is more often of the hypokinetic type, dysbiosis of varying severity; intestinal innervation disorders (spina bifida, mesenteritis, ganglionitis, pelvic plexus plexitis). neurogenic diseases (with lesions of the central nervous system - cerebral and cervical type), with distal lesions of the spinal cord - the cone and epicone), neurotic personality changes with tendencies towards delayed deformation [1], fermentopathies caused by hypofunction of the excretory glands of the small and large intestine, chronic pancreatitis, dyskinesia of the biliary tract is more often of the hypokinetic type, dysbiosis of varying severity; intestinal innervation disorders (spina bifida, mesenteritis, ganglionitis, pelvic plexus plexitis). dyskinesia of the biliary tract is more often of the hypokinetic type, dysbiosis of varying severity; intestinal innervation disorders (spina bifida, mesenteritis, ganglionitis, pelvic plexus plexitis).

According to a number of studies in recent years, in children with chronic colonostasis, a violation of the acid-base balance in the blood, dysvitaminosis, dysmicroelementosis, hypercoagulation with risks of DIC syndrome is determined [2]. Watanebe et al. (1990) pointed out that with the progression of intestinal stasis, the activation of lipid peroxidation increases, blood rheology is impaired with the risk of intestinal ischemia [3]. In turn, tissue hypoxia activates kinin-kallikrein systems, fibroblast synthesis, connective tissue replacement, sclerosis of the intestinal submucosal layers, hypo- and atonic intestinal disorders [4].

The main diagnostic measures for the syndrome of defecation disorders are the analysis of feces for dysbacteriosis, while it has been proven that by the severity of dysbiosis, one can judge the prognosis of the treatment of enterocolitis [2]. Irrigoscopy, analysis for acetylcholinesterase, tissue biopsy with determination of the density of distribution of ganglia in the intestinal wall, echography of the colon with assessment of function, wall structure and lumen, in real time, irigography.

Numerous independent studies have revealed that difficult-to-treat cases in children (from 8 to 10%) have local insufficiency of the intramural nervous apparatus, the functional manifestation of which was anal achalasia, or thickening of the wall of the internal sphincter of the anus (IDS) - IDS hypertrophy. These data are confirmed by the study of the motor-motor function of the colon by the method of colonoproctodefecography. It was found that in most cases there were no changes in the motor-motor function of the colon (normocolon only 20%), however, in 92% of cases there was a violation of the act of defecation due to dysfunctions of the pelvic floor muscles, which, according to the authors, are the main link in pathogenesis [five].

Purpose of the study

Study and comparison of the quality and reliability of studies by the method of autonomic resonance test (ART), as well as the possibilities and effectiveness

additional treatment by ART and BRT with the use of electronic copies of complex homeopathic preparations.

Possibilities of additional identification of the etiological factors of the disease in each clinical case individually, prevention of surgical treatment in difficult cases of treatment.

Materials and methods

A joint study was carried out by the experimental and clinical laboratory of pathophysiology and the Department of Pediatric Surgery of the Moscow Research and Development Institute named after M.V. M.F. Vladimirsky.

During 2006, 40 children from 3 to 11 years old were examined and treated.

Table 1

Distribution of surgical patients with a symptom of violation of the act of defecation by nosologies

Diagnosis	Number of patients	%
Functional constipation	18	45
Anus atresia, rectal-vaginal fistula	sixteen	40
Hirschsprung's disease	4	10
Payer's disease	2	five

The comparison group consisted of 20 patients with symptoms of defecation disorder who received only treatment in the department of pediatric surgery. The present study is a simple comparative randomized study.

The patients underwent traditional general clinical examinations: scatology of feces for dysbiosis, irigography, colonoscopy, acetylcholinesterase (AChE) activity of the rectal mucosa. Additionally, a study was carried out using the ART method, which was developed and compiled according to the principle of frequency similarity of various spectrum of nosologies, bacterial, fungal, parasitic and viral agents. The treatment was carried out with bioresonance therapy and the use of electronic copies homeopathic medicines, along with widespread methods used in pediatric surgery (HBO, vitamin therapy, siphon enemas, electrical stimulation of the pelvic floor muscles). It should be noted that the majority of the children under study included children who were difficult to conservative treatment and were repeatedly hospitalized with this nosology.

table 2

Clinical studies of a group of patients

Total number of patients		40 people
Age group		7 2.3 years
Dysbacteriosis		32 persons
	Dysbacteriosis of the 1st stage	2 people (5%)
	Dysbacteriosis II degree	10 people (25%)
	Dysbacteriosis III degree	20 people (50%)
Irigography		17 people (42.5%)
	Megarektum	8 people (20%)
	Megadolihosigma	28 people (70%)
Acetylcholinestera rectal mucosa		Only 7 children, of which only 2 have an excess of 1.5-3 times (18-40 µmol / min mg)
Muscle electromyography pelvic floor	Hyporeflexia	12 children (30%)
	Hyperreflexia	2 persons (five%)

Table 3

Diagnostics using the ART method before treatment

Total surveyed	40 people	%
Decreased adaptation reserves Stress / exhaustion of the immune system	38	95
Insufficiency of connective tissue Enzyme diseases	thirty	75
Mental stress	18	45
Food allergy	40	100
Intestinal mycoses	38	95
Pathogenic bacterial flora	40	100
Carriage of viruses	32	80
Helminthiasis	25	62.5
Dysbacteriosis of the small intestine	fifteen	37.5
Dysbacteriosis of the large intestine	38	95
Dysfunction of the gallbladder Signs of stomach inflammation	40	100
Pancreatopathy	25	62.5
Dysfunction of the pelvic plexus	18	45
Dysfunction of the external and internal sphincters of the anus	28	70
Vitamin deficiency (folic acid, biotin, B12)	25	62.5
	twenty	fifty
	40	100

Research results

ART was used as an additional diagnostic method. As a result of treatment, patients against the background of the surgical the department of basic measures (vitamin therapy, siphon enemas and myostimulation of the pelvic floor muscles) was treated with complex homeopathic preparations and BR-preparations for the main identified problems. So, as a result, patients in 90% of cases were discharged with positive clinical results, confirmed by objective examinations. So, in patients with long-term constipation, regular bowel movements were noted, in addition, in children with incontinence of intestinal contents, an increase in the tone of the muscles of the sphincters of the anus was noted, positive dynamics was confirmed by the results of electromyography, in 95% of clinically confirmed positive dynamics of correction of dysbacteriosis of the large and small intestine.

Conclusions: against the background of the combined use and methods of BR therapy, the effectiveness of therapy significantly increased, as well as the possibilities of diagnostics expanded.

Bibliography

1. Morozov V.I. Neurological factors in the development of constipation in children // Actual issues of pediatric coloproctology. Materials of the All-Russian Symposium of Pediatric Surgeons. - Nizhny Novgorod. - S. 77.
2. Dudaev V.A., Kirgizov I.V. Features of changes in hemostasis and acid alkaline status in decompensated form of chronic colonic stasis // Ibid. - Nizhny Novgorod. - S. 19-21.
3. Romashkina R.U. Violations of the blood aggregation state in children with chronic constipation // Ibid. - Nizhny Novgorod. - S. 78.
4. Komissarov I.A. Some questions of the pathogenesis of diagnosis and treatment chronic constipation in children // Ibid. - Nizhny Novgorod. - S. 73.
5. Laptev L.A., Pechkina L.A., Borovitskaya V.A. Motor-motor function colon in children with chronic constipation // Ibid. - Nizhny Novgorod. - S. 75.

N.V. Kartashova, E.N. Petrinskaya, E.Z. Druzyuk, M.Yu. Gotovsky Symptoms of violation of the act of defecation, chronic constipation and calorification in children in pediatric surgical departments // XIII