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ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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MODERN APPROACHES TO REHABILITATION OF CHILDREN WITH SECONDARY LACTASE DEFICIENCY AFTER ACUTE INTESTINAL INFECTION

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ABSTRACT

The problem of secondary lactase deficiency after acute intestinal infection in children is caused by the high prevalence of diseases of the gastrointestinal tract in childhood and the frequent development of disorders of the enzymatic function of the intestine. Untimely diagnosis and inadequate correction of this condition can lead to chronic digestive disorders, nutritional deficiencies, slower physical development and a decrease in the child's quality of life. The main focus is on functional disorders of the gastrointestinal tract in children who have had acute intestinal infections. Therefore, the purpose of our study is to use high-intensity magnetic therapy in the comprehensive rehabilitation of children with secondary lactase deficiency, aimed at correcting the clinical manifestations of the disease and improving the quality of life of children in the gastroenterology department of the Samarkand Regional Children's Multidisciplinary Medical Center. In addition to clinical and anamnestic data, it includes the determination of the microbiota of the gastrointestinal tract by various methods (study of the coprogram, determination of carbohydrates in feces). 74 patients participated in the study, then the patients were divided into 2 groups: Group I (n=31) described a severe course of secondary lactase deficiency after acute intestinal infection. In group II (n=43), patients with secondary lactase deficiency after moderate course of intestinal infection were described.

Key words: secondary lactase deficiency, rehabilitation, magnetic therapy, dysbiosis, microbiota, children.

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O'TKIR ICHAK INFEKTSIYASIDAN KEYIN IKKILAMCHI LAKTAZA ETISHMOVCHILIGI BO'LGAN BOLALARNI REABILITATSİYA QİLİSHNING ZAMONAVİY YONDASHUVLARI

ANNOTASIYA

Bolalarda o'tkir ichak infeksiyasidan keyin ikkilamchi laktaza etishmovchiligi muammosi bolalik davrida oshqozon-ichak trakti kasalliklarining yuqori tarqalishi va ichakning fermentativ funksiyasi buzilishining tez-tez rivojlanishi bilan bog'liq. Bolalarda o'tkir ichak infeksiyasidan keyin ikkilamchi laktaza etishmovchiligi muammosi bolalik davrida oshqozon-ichak trakti kasalliklarining yuqori tarqalishi va ichakning fermentativ funksiyasi buzilishining tez-tez rivojlanishi bilan bog'liq. Ushbu holatni o'z vaqtida tashxislash va etarli darajada tuzatish surunkali ovqat hazm qilish kasalliklariga, ozuqa moddalarining etishmasligiga, jismoniy rivojlanishning sekinlashishiga va bolaning hayot sifatining pasayishiga olib kelishi mumkin. Asosiy e'tibor o'tkir ichak infeksiyalari bo'lgan bolalarda oshqozon-ichak traktining funksional buzilishlariga qaratilgan. Binobarin, tadqiqotimizning maqsadi Samarqand viloyati bolalar ko'p tarmoqli tibbiyot markazi gastroenterologiya bo'limi bolalarining klinik ko'rinishlarini to'g'irlash va hayot sifatini oshirishga qaratilgan ikkilamchi laktaza yetishmovchiligi bo'lgan bolalarni kompleks reabilitatsiya qilishda yuqori intensiv magnetoterapiyadan foydalanish hisoblanadi. In, tadqiqotimizning maqsadi Samarqand viloyati bolalar ko'p tarmoqli tibbiyot markazi gastroenterologiya bo'limi bolalarining klinik ko'rinishlarini to'g'irlash va hayot sifatini oshirishga qaratilgan ikkilamchi laktaza yetishmovchiligi bo'lgan bolalarni kompleks reabilitatsiya qilishda yuqori intensiv magnitoterapiyadan foydalanish hisoblanadi. Klinik-anamnestik ma'lumotlardan tashqari, oshqozon-ichak trakti mikrobiotasini turli usullar bilan aniqlashni o'z ichiga oladi (koprogramma tadqiqotlari, najasdagi uglevodlarni aniqlash). Tadqiqotda 74 bemor ishtirok etdi, keyin bemorlar 2 guruhga bo'lindi: I guruhda-(n=31) o'tkir ichak infeksiyasidan keyin ikkilamchi laktaza etishmovchiligining og'ir darajasi tasvirlangan. II guruh (n=43) ichak infeksiyasidan so'ng o'rta darajali ikkilamchi laktaza etishmovchiligi bo'lgan bemorlarni tavsiflaydi.

Kalit so'zlar: ikkilamchi laktaza etishmovchiligi, reabilitatsiya, magnitoterapiya, disbiyoz, mikrobiota, bolalar.

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СОВРЕМЕННЫЕ ПОДХОДЫ К РЕАБИЛИТАЦИИ ДЕТЕЙ С ВТОРИЧНОЙ ЛАКТАЗНОЙ НЕДОСТАТОЧНОСТЬЮ ПОСЛЕ ПЕРЕНЕСЕННОЙ ОСТРОЙ КИШЕЧНОЙ ИНФЕКЦИИ

АННОТАЦИЯ

Проблема вторичной лактазной недостаточности после перенесённой острой кишечной инфекции у детей обусловлена высокой распространённостью заболеваний желудочно-кишечного тракта в детском возрасте и частым развитием нарушений ферментативной функции кишечника. Несвоевременная диагностика и неадекватная коррекция данного состояния могут приводить к хроническим расстройствам пищеварения, дефициту питательных веществ, замедлению физического развития и снижению качества жизни ребёнка. Основное внимание уделяется функциональным нарушениям желудочно-кишечного тракта у детей перенесших острые кишечные инфекции. Следовательно, целью нашего исследования является использование высокоинтенсивной магнитотерапии в комплексной реабилитации детей с вторичной лактазной недостаточностью, направленных на коррекцию клинических проявлений заболевания и повышение качества жизни детей гастроэнтерологического отделения Самаркандского областного детского многопрофильного медицинского центра. Помимо клиничко-анамнестических данных, включает определение микробиоты желудочно-кишечного тракта различными методами (исследование копрограммы, определение углеводов в кале. В исследовании приняли участие 74 больных, далее пациенты были разделены на 2 группы: В I группе (n=31) описаны тяжёлое течение вторичной лактазной недостаточности после перенесённой острой кишечной инфекции. Во II группе (n=43) описаны пациенты с вторичной лактазной недостаточностью после перенесённой острой кишечной инфекции средней степени тяжести.

Ключевые слова: вторичная лактазная недостаточность, реабилитация, магнитотерапия, дисбиоз, микробиота, дети

The relevance of the problem: secondary lactase deficiency (SLD), which develops in children after acute intestinal infection, is one of the urgent problems of modern pediatrics and pediatric gastroenterology. Acute intestinal infections (AII) have been taking the second place in the structure of infectious diseases in children for many years. The leading role belongs to the variety of etiological factors of AII (bacteria, viruses, fungi, protozoa, parasites), as well as the state of the macroorganism, primarily its gastrointestinal tract. AII acts as a trigger of secondary lactase deficiency in the outcome of the disease. It is especially common in acute respiratory viral infections, since impaired lactose hydrolysis is the main pathogenetic mechanism for the development of osmotic diarrhea. Lactase deficiency is clinically manifested by prolonged retention of liquid watery stools with sour odor, pronounced flatulence, and rumbling of the abdomen. The high prevalence of acute intestinal infections in childhood, especially among children of early years of life, is often accompanied by damage to the mucous membrane of the small intestine, a violation of the structure of enterocytes and a decrease in the activity of the enzyme lactase. This leads to the formation of transient, and in some cases prolonged, lactase deficiency, which complicates the period of convalescence and worsens the prognosis of the disease. Late diagnosis and insufficient rehabilitation of children with SLD contribute to the persistence of clinical manifestations of the disease, such as osmotic diarrhea, flatulence, abdominal pain and signs of malabsorption. Prolonged course of enzymatic deficiency leads to dysbiotic changes in the intestinal microbiota, impaired absorption of nutrients, deficiency of macro- and micronutrients, which negatively affects the physical development of the child and the quality of life. Despite the use of diet therapy and drug correction, standard rehabilitation approaches do not always ensure the full restoration of intestinal enzymatic function and microbiocenosis. In this regard, there is an increasing need to find and implement effective non-drug treatment methods. Of particular interest is high-intensity magnetic therapy, which has anti-inflammatory, trophostimulating and regenerative effects. The study of its effectiveness in the comprehensive rehabilitation of children with SLD is a promising area aimed at optimizing treatment programs, reducing recovery time and improving the quality of life of children.

The aim of the study: To evaluate the effectiveness of the inclusion of high-intensity magnetic therapy in complex rehabilitation in children with secondary lactase deficiency, which developed after an acute intestinal infection.

Materials and methods of research. To achieve this goal, the results of laboratory data and the clinical course of the disease of children from the department of gastroenterology of the Samarkand Regional Children's Multidisciplinary Medical Center aged from 8 months to 5 years who had suffered from AII were analyzed. A clinical

examination was conducted with the collection of medical history and complaints from the parents of the patients. In all children, this pathology manifested itself with severe and moderate severity, as well as individual body characteristics in children. In this age group, the main cause of diseases is the inclusion of dairy products and adapted mixtures in the diet of young children. The patients were divided into 2 groups I - the main group (n=31), the children received, in addition to standard therapy, an additional physiotherapy procedure: high-intensity magnetic therapy; control group II (n=43) received only standard therapy. All children received basic therapy, including lactose-restricted diet therapy. For group I patients with a prolonged course of SLD, the procedure was used as part of a complex of rehabilitation measures: high-intensity magnetic therapy, which was performed using a standard PhysioMG 825 device (ring application) in children with secondary lactase deficiency. High-intensity magnetic therapy was performed using a PhysioMG 825 apparatus using a ring inductor. This method was used for the purpose of comprehensive rehabilitation of children with secondary lactase deficiency after acute intestinal infection. The procedures were prescribed during the period of clinical stabilization of the child's condition, in the absence of contraindications to physiotherapy. Magnetic therapy was performed in the child's supine position. The areas of influence of the annular inductor above the projection of the ascending, transverse-colon and descending sections of the large intestine. A low-frequency pulsed magnetic mode was used. The intensity of the magnetic field was selected individually, taking into account the age of the child and the severity of clinical manifestations, and averaged 20-40% of the maximum power of the device. The impulse frequency is 7 Hz. The duration of one procedure is 10 minutes, the course of therapy is daily No. 8. The repeat course is carried out 3-6 months after the initial one.

The results of the study. To assess the effectiveness of the therapy, the following criteria were monitored: abdominal pain, flatulence, loose stools, rumbling in the abdomen. Also, laboratory data such as: a coprological study with the determination of carbohydrates in feces before and after magnetic therapy. The proposed method treated 31 children with LD. There were 12 girls (37%) and 19 boys (63%). Complete remission was in 5 (16.7%), incomplete in 26 (83.3%). We conducted a comparative analysis of the main clinical and laboratory manifestations of SLD after AII in patients upon admission (table. 1). The clinical manifestation was characterized by: Main group I (n=31) patients with severe SLD after AII. Osmotic diarrhea (in >40% of patients), which occurs 1-2 hours after drinking milk, is characteristic of this group. Abdominal pain that occurs after 1-1.5 hours (75%). Flatulence (in >80%). Rumbling in the stomach (55%). Control group II (n=43) SLD after moderate AII, moderate abdominal pain (33%), unstable stools (26%), and bloating (35%) are manifested.

Comparative analysis of data from the coprogram (carbohydrates in feces) of signs upon admission. Macroscopic examination

Table 1.

Indicator	I group	II group
Consistency	liquid	mushy
Colour	green	green
Mucus	+	+

Chemical research

Indicator	I group	II group
Ph	4,0–4,5	5,5-6,0
Carbohydrates	1,5-3,0%	0,5-1,0
Neutral fat	++	+
Fatty acids	++	+
White blood cells	2-3 in the f/v	0-2 in the f/v
Starch	traces	absent
Indigestible fiber	in norm	in norm
Muscle fibers	+	+
Soaps	+	a small amount
Red blood cells	absent	absent

We conducted a comparative analysis of the main clinical manifestations of the disease in patients of both groups after therapy (Table 2). As can be seen from the data in Table 2, patients receiving additional therapy in the form of high-intensity magnetic therapy showed a statistically significant difference in most indicators compared with patients in the control group. From the anamnestic data collected from the parents of 31 patients of group I with a prolonged course of

SLD after acute kidney injury, the general condition of patients improved dynamically after magnetic therapy: epigastric pain was observed (in 38%), flatulence (in 53%), diarrhea (in 48%), rumbling in the abdomen (15%). The breakdown of carbohydrates, as well as the indicated coprological data after additional therapy, significantly improved as indicated in Table 2.

Comparative analysis of coprogram data (carbohydrates in feces) of signs after therapy. Macroscopic examination

Table 2.

Indicator	I group	II group
Consistency	mushy	mushy
Color	green	green
Mucus	+	+

Chemical research

Indicator	I group	II group
Ph	6,0–6,5	5,5-6,0
Carbohydrates	1,5-1,5%	0,5-1,0%
Neutral fat	absent	+
Fatty acids	+	+
White blood cells	0-1 in the f/v	0-2 in the f/v
Starch	absent	absent
Indigestible fiber	in norm	in norm
Muscle fibers	absent	+
Soaps	a small amount	a small amount
Red blood cells	absent	absent

In dynamics, after the treatment, these indicators completely returned to normal in all children with SLD.

Conclusions: Thus, the positive dynamics of clinical and laboratory data in patients with secondary lactase deficiency indicates the high effectiveness of the effects of magnetic therapy in combination with diet

therapy and comprehensive treatment of children. Our proposed physiotherapy procedure improved the quality of life in 31 (71.3%) children with LV. There was no exacerbation of the disease in children within 7 months after the integrative therapy.

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