



PECULIARITIES OF INTESTINAL INTUSSUSCEPTION IN CHILDREN

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Received 22nd January 2020,
Accepted 20th February 2020,
Online 5th March 2020

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ABSTRACT: The intussusception is one of the causes of intestinal obstruction in children. Intussusception (in-tuh-suh-SEP-shun) is a serious condition in which part of the intestine slides into an adjacent part of the intestine. This "telescoping" often blocks food or fluid from passing through. Intussusception also cuts off the blood supply to the part of the intestine that's affected, which can lead to a tear in the bowel (perforation), infection and death of bowel tissue. Intussusception is the most common cause of intestinal obstruction in children younger than 3. The cause of most cases of intussusception in children is unknown. Though rare in adults, most cases of adult intussusception are the result of an underlying medical condition, such as a tumor. In children, the intestines can usually be pushed back into position with an X-ray procedure. In adults, surgery is often required to correct the problem.

KEYWORDS: intussusception, desintussusception, intestinal obstruction.

INTRODUCTION

Despite the fact that about this disease know a lot of complicated forms of the disease, and often ranked second among surgical pathology of abdominal cavity organs, after acute appendicitis.

Intestinal invagination is one of the causes of intestinal obstruction in children. Despite the fact that much is known about this disease, complicated forms of the disease are common and takes the second place among the surgical pathology of the abdominal organs after acute appendicitis.

THE PURPOSE OF THE STUDY

The study of the diagnostic and surgical approach for intestinal invagination in children.

MATERIAL AND RESEARCH METHODS

37 children with intestinal intussusception were examined, hospitalized from 2006 to 2010 in the children's surgical department of the Russian Center for Nuclear Medicine. Of these, boys were 24 (64.8%), girls - 13 (35.2%). The age of patients ranged from 0-1 years to 8 years. All patients underwent generally accepted standard research methods. 29 patients underwent surgery.

RESULTS AND DISCUSSION

The results of the study showed that out of 37 sick children aged 0 to 1 year, there were 21 (56, 8%), respectively, 1-3 years - 10 (27%), 3-7 years - 5 (13, 5%), over 7 years old - 1 (2.7%). As can be seen, from the above, most often intestinal invagination affects children aged 0 to 1 year, then in the age group of 1-3 years old, less at the age of over 7 years. A study of the duration of the disease showed that the department received up to 1 day from the onset of the disease (in the stage of a pronounced clinical picture) the largest number of patients - 15 (49.5%), then in the interval 1-3 days (at the stage of beginning complications) - 17 (46%), only 5 (13.5%) patients - more than 3 days (in the stage of severe complications). This suggests that in the stage of the initial signs of the disease, patients almost never enter, more often in the stage of beginning complications. Observation showed that intestinal invagination has no seasonality, i.e. 8 (21.6%) patients were admitted in winter, respectively -8 (21.6%) in spring, 10 (27%) in summer, and 11 (29.8%) in autumn.

A study of the ways of patients' admission revealed that 23 (62.2%) of the children arrived by gravity, 11 (29.7%) from the clinic and emergency medical care, and 3 (8.1%) patients were transferred from other clinics. Of the 37 patients, only 18 (48.7%) patients were hospitalized with a diagnosis of intestinal invagination, 14 (37.8%) with a diagnosis of acute intestinal obstruction, with other diagnoses (acute appendicitis, abdominal tumor, acute bronchitis - 5 (13.5%) patients, which suggests that early correct diagnosis of intestinal invagination suffers.

The study showed that intestinal invagination was diagnosed in 17 (46%) patients with palpation of the abdominal cavity, where a "sausage-like formation" was found, in the same number of patients, stools in the form of "raspberry jelly" were rectally found and in 12 (34.4%)) patients with X-ray and radiography detected multiple and single "thickets of Kloiber." All patients had leukocytosis in the peripheral blood.

In 30 (81%) patients without signs of peritonitis, a pneumo-irrigogram was performed for diagnostic and therapeutic purposes, which in 7 (19%) cases ended with disinvagination. Surgical disinvagination was performed in 29 (79%) cases. Independent disinvagination occurred in the 1st patient.

All 29 patients underwent laparotomy followed by disinvagination. Of these, in 17 (58.6%) cases, sanitation and drainage of the abdominal cavity with manual disinvagination was sufficient for disinvagination. Disinvagination with cecopexy with drainage was performed - 5 (17.2%) patients and without drainage of the abdominal cavity - 2 (6.8%). Disinvagination with appendectomy was performed with cecopexy in 5 (17.2%) and without cecopexy in 4 (6.8%) patients. Intraoperative disinvagination proceeded all the easier, the earlier - from the moment of illness - the operation was performed.

During surgical intervention, the following types of intestinal intussusception were found: ileo-ileum in the thick - 5 (17.2%), ileo-in the blind 15 (51.9%), blind in the ascending part of the colon - 6 (20, 7%) , small bowel - 2 (6.8%), large bowel - 1 (3.4%) cases. I.e. of this it follows that a complex type of colon intussusception is subject to surgical interventions.

CONCLUSIONS

- The highest incidence of intestinal invagination is observed in the age group from 0 to 1 year.
- Patients with intestinal intussusception often arrive at the stage of beginning complications.
- Intestinal invagination does not have seasonality.
- In the diagnosis of intestinal intussusception, the following diagnostic methods are of great importance: palpation of the abdomen, rectal examination and X-ray pneumo-irrigography.

- The most commonly detected ileo-crypto-intestinal type of intestinal intussusception.
- Patients with intestinal invagination mainly receive surgical treatment.
- Intraoperative disinvagination is easier than before - from the time of the disease - the operation was performed.
- Surgical interventions are subject to a complex type of colon intussusception.

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