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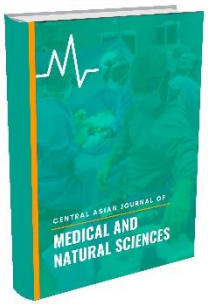

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CLINICAL MANIFESTATIONS OF GIAMBLIASIS IN CHILDREN

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ABSTRACT: Giardiasis is one of the most common parasitic infestations in the world. The clinical picture of giardiasis is varied, but there are lesions of the gastrointestinal tract, which is associated with the localization of parasites in the duodenum and jejunum. According to WHO, in Asia, Africa and Latin America, about 50 thousand people fall ill with giardiasis every year. There are both severe clinical manifestations of giardiasis and latent forms of the disease. Endoscopic and histological studies of biopsies of the intestinal mucosa revealed focal or widespread hyperemia, edema of the duodenal mucosa in more than 74% of the examined.

KEYWORDS: giardiasis, clinical forms, children, gastrointestinal tract, diagnostics.

INTRODUCTION

Giardiasis is one of the most common helminthic infestations in the world. According to WHO, in Asia, Africa and Latin America, about 50 thousand people fall ill with giardiasis every year. A very urgent problem of giardiasis in the Republic of Uzbekistan [1-7]. Clinical manifestations of giardiasis are varied, but lesions of the gastrointestinal tract prevail, which is associated with the localization of parasites in the duodenum and jejunum [10,15]. Along with severe clinical manifestations of giardiasis, latent forms of the disease are also described [8,11,13,16]. Histochemical examination of the mucous membrane of the small intestine, endoscopic and histological studies of biopsy specimens of the mucous membrane revealed focal or widespread hyperemia, edema of the duodenal mucosa in 74% of the examined [9,12,14].

PURPOSE OF THE RESEARCH

To study the variants of clinical manifestations of giardiasis in children.

MATERIAL AND METHODS OF RESEARCH

Under our supervision there were 36 children with latent, 78 children with subclinical and 62 with clinical form of giardiasis. Examination of children was carried out in the Samarkand Multidisciplinary Children's Medical Center. The age of the children ranged from 3 to 14 years. Diagnosis of giardiasis was based on

complaints, anamnesis, clinical manifestations of giardiasis, as well as on an extended coprogram, the determination of protozoa in the feces by formalin-ether enrichment. In addition, the method of approximate calculation of the intensity of Giardia excretion was used. The method of feces research was carried out by the traditional method.

RESULTS AND DISCUSSION

Based on the severity of clinical manifestations, we identified latent, subclinical and clinical forms of giardiasis. Among the various forms of giardia invasion, its asymptomatic form occupies a special place. We observed 36 children with a latent form at the age of 3 to 14 years. The physical development of patients corresponded to their age. In these children, cystic excretion ranged from 0.5 to 0.7 and averaged 0.6 cysts per field of view. In the subclinical form of giardiasis, to which we assigned 78 children aged 3 to 15 years, mild abdominal pain was most often observed (in 66 out of 78-84.6%), "intestinal" syndrome (in 52-66.7 %) and less often "gastric" (in 25-32.1%) dyspepsia. Such symptoms, in general, are typical for giardiasis and are explained by the fact that it leads to the development of duodenitis and enteritis. This is evidenced by the peculiarities of the localization of pain in the abdomen during palpation.

In the subclinical form of giardiasis, abdominal pain on palpation was mainly localized in the pyloroduodenal (35.8%) and pit of the stomach + pyloroduodenal zones (24.3%), which is typical of duodenitis. Less commonly, pain was noted near the navel (8.9%). In the children we observed, pain was late, occurred on an empty stomach or appeared 1-2 hours after eating. The pains are usually aching and dull. Only 3 children out of 78 (3.8%) had the Moinigan rhythm of pain (pain-eating-relief). Along with not sharply pronounced pain syndrome in children with a subclinical form, there were dyspeptic phenomena. The most frequently observed nausea in 11 children out of 78 (14.1%), which is characteristic of increased pressure in the duodenum with a simultaneous decrease in the pressure gradient between the stomach and duodenum. Belching was less common in 8 patients - 10.2%, in the genesis of which a certain importance is attached to an increase in pressure in the stomach cavity due to an increase in its tone or pyloric spasm. 2 patients had vomiting and 2 patients had heartburn. Only 2 patients showed a decrease in appetite. Along with the signs of the so-called "gastric" dyspepsia, symptoms of "intestinal" dyspepsia were observed twice as often. Among the latter, unstable stools were most often observed (in 38 out of 78 patients - 48.7%). In these children, loose stools were also more often noted, the feces were homogeneous, light yellow in color, without pathological impurities (blood and mucus). Only 6 (7.6%) patients suffered from flatulence, 6 (7.6%) had constipation, and 2 patients (2.5%) had rumbling in the abdomen. In 3 patients (3.8%), the lower edge of the liver protruded along the anterior axillary and midclavicular line by 4 cm and was slightly painful on palpation. Body weight in children with subclinical form of giardiasis was often average (in 64 out of 78-82%), and below average in 8 out of 78 (10.2%), above average in 4 out of 78 (5.1%) children. Pallor of the skin was noted only in one child (1.2%). The skeletal system, respiratory organs, cardiovascular system in patients with subclinical form of giardiasis were not changed. Two children complained of headaches, 4 patients complained of irritability. Cyst secretion in subclinical form ranged from 0.7 to 2.2, averaging 1.5 cysts per field of vision.

CONCLUSIONS

Giardiasis in children is clinically manifested by diversity - from pure giardia carriers to severe forms. It is clinically expedient to distinguish the latent, subclinical and clinical form of giardiasis, because along with a single anti-giardia drug therapy, diet therapy is required.

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