

ANALYSIS OF THE INCIDENCE OF CHILDREN WITH APPENDICITIS

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ANNOTATION

Appendicitis is the most common surgical disease of the gastrointestinal system and one of the most dangerous diseases. During life, a person has a very high probability of getting acute appendicitis. Appendicitis is an inflammation of the appendix, a worm-like tumor located in the lower part of the intestine. It starts from the cecum, gradually narrows and has no way out.

Key words. *Appendiks, Phlegmonosis, Catarrhal, Gangrenosis, Perforative.*

The function of the appendix is unclear. Previously, the appendix was considered a simple rudimentary organ, left over from the distant animal ancestors of humans who ate mainly plants and now considered unnecessary. Until now, there are reasons proving that it plays an important role in endocrine and immune processes, as well as in the formation of intestinal microflora. It was noted that a person who had his appendix removed had problems with a sufficient number of beneficial microorganisms in his intestine. However, the appendix is not among the vital organs for the body. Inflammation of the appendix is acute in nature. As a result of the disease, pus accumulates in the tumor, and due to the narrowness of the tumor, it cannot be easily removed. Then the appendix becomes enlarged and painful, and this causes the appendix wall to rupture and pus to leak into the abdominal cavity. This, in turn, causes acute peritonitis, sepsis or abscess in the abdomen, which can lead to death. The most serious injury is pylephlebitis, which causes liver damage and inflammation of the portal vein, and the mortality rate is high at this time. The disease passes very quickly and usually lasts from 2-4 days to 1 week. Acute appendicitis is divided into simple (catarrhal) and destructive forms with complications. As a result of improper treatment, catarrhal appendicitis almost always turns into a destructive appendix.

Stages of appendicitis development:

Catarrhal

Phlegmonosis

Gangrenosis

Perforative

Causes of appendicitis:

The causes of appendicitis in adults are still not fully understood. However, scientists emphasize that there is no single cause of appendicitis common to all patients. Each patient may have their own reasons. In some cases, appendicitis is caused by a blockage of the entrance to the appendix. The reasons for the blockage can be any number of things - stones or foreign objects entering the tube. Adhesions caused by compression of the upper part of the appendix due to cholecystitis or enteritis also cause it to close. Also, bacteria play an important role in appendicitis - Escherichia coli, enterococci, streptococci, staphylococci. Long-term preservation of the content inside the tumor leads to a decrease in its internal immunity and the creation of conditions for the penetration of pathogenic bacteria. In addition, the main cause of appendicitis is spasm of the blood vessel that supplies the tumor with blood. Another reason is an abdominal injury that causes the appendix to be damaged or displaced. There are also factors that cause the development of the disease. These include: frequent constipation, intestinal peristalsis disorders, lack of plant fibers in food, overeating, a number of infectious diseases of the gastrointestinal system, and the presence of parasites.

Signs and symptoms of appendicitis:

Severe abdominal pain

Temperature rise

Nausea

Return

One of the main symptoms of appendicitis is abdominal pain. In the catarrhal stage, the pain first spreads to the entire abdominal cavity or appears in its upper part (epigastric part). Then pain appears in the lower part of the abdomen, below the navel and slightly above the waist. The process of shifting the center of pain is called Kocher's sign and is one of the main symptoms of the disease. This symptom is not found in other diseases, only in appendicitis. This process appears a few hours after the onset of the disease. Over time, the nature of the pain changes, becomes stronger, throbbing and pinching. The pain increases when laughing and coughing, taking a deep breath, and slightly decreases when bending to the right side or bringing the legs closer to the stomach/Atypical forms of appendicitis Empyema. A slow-developing form of appendicitis, in this case there are no Kocher symptoms, and the pain suddenly appears below the navel. Retrocecal appendicitis. A weak symptom of peritonitis is represented by diarrhea. The pain is often felt in the lower back and then radiates down.

Left-sided appendicitis. It has a classic clinical presentation, but the pain is felt on the left side.

Pelvic appendicitis. Fever, dysuria, pain spread to the chest. The purpose of the study. To determine the frequency of acute appendicitis in Samarkand region, the causes of its origin and the ratio of peritonitis in boys and girls. Materials and styles. The study was conducted on 40 children aged 2 to 15 years who had acute appendicitis. 22 of them are boys, 18 are girls. Different localizations of appendicitis and forms of peritonitis were found in sick children. These are: local peritonitis in 13 cases, diffuse peritonitis in 25 cases, total (general) peritonitis in 2 cases. Clinical anamnestic data were obtained from the questionnaire of 40 mothers.

Clinical examinations:

Kocher's symptoms - pain that starts around the navel and moves to the right flank after 2-5 hours.

Rovsing's syndrome is an increase in pain in the right flank after touching the left flank with oscillating palpation.

Sitkowski's (Rosenstein) symptom - pain on the right side increases when the subject lies on his left side.

Special inspections:

Laboratory tests: general blood analysis, urine composition analysis;

Computed tomography;

Ultrasound examination;

Magnetic resonance imaging;

X-ray examination;

Research results. The diagnosis and laboratory indicators revealed the different causes of the disease in 40 patients with acute appendicitis studied in the study. In this case, 7 patients had acute appendicitis without detecting simple appendicitis in time, due to the severity of their family circumstances and 15 patients from remote districts. 23 of the 40 patients were school children, 9 of them were caused by falling on the hard ground and various strains. In the remaining 12 school-aged children, it was caused by a foreign body entering the entrance to the appendix. In 2 patients, it was caused by various infectious diseases of the gastrointestinal system. In 70-90% of patients with acute appendicitis, it was observed that leukocytes in the blood exceeded the norm.

Conclusion: As a result of our research, we found out that acute appendicitis is a dangerous disease that poses a great threat to human life. If urgent surgery is not performed, the patient may die. We have come to the conclusion that this disease is caused by the accumulation of various foreign bodies in the entrance of the appendix or by various bacteria and other factors.

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