

CURRENT VIEWS AND METHODS OF TREATMENT OF PEDIATRIC PERITONITIS

Allaev Mamasoli Yahoevich

Associate Professor, Department of Pediatric Surgery

Article history:		Abstract:	
Received:	3 rd February 2023	Peritonitis is an inflammation of the peritoneum, which can lead to various body	
Accepted:	3 rd March 2023	functions and also cause death. Inflammation is caused by bacterial infection of	
Published:	6 th March 2023	various kinds: E. coli, staphylococcus aureus, etc. Sometimes inflammation is	
		caused by microflora of a specific kind, such as Mycobacterium tuberculosis.	
Keywords: peritonitis children surgical treatment complications			

Keywords: peritonitis, children, surgical treatment, complications

INTRODUCTION. Peritonitis is a severe inflammatory disease that affects the inner wall of the abdominal cavity (parietal leaflet) and the surface of the organs (visceral leaflet). In children it progresses faster than in adults and often develops into widespread forms and provokes complications. Without proper treatment, it can lead to sepsis as early as three days later.

Three stages of peritonitis are distinguished. During the reactive period, which lasts about a day, there is manifestation of the disease, when the inflammatory process has a local character and is accompanied by local symptoms. The second stage - toxic - is associated with intoxication of the whole body and involvement of other organs due to the spread of infection through the bloodstream. At the third, terminal stage, which begins about 72 hours after the onset of the disease, sepsis and organ failure develop. For successful treatment of peritonitis, it is very important that the child be admitted to a pediatric surgery department in a timely manner and receive the necessary medical care.

CAUSES OF PERITONITIS IN CHILDREN:

Classification by:	Types of peritonitis
Nature of clinical manifestations	Acute
	Subacute
	Chronic
Degree of damage	Local (affects several parts of the peritoneum)
	widespread (more than 5 sections)
Type of exudate	serous
	fibrinous
	purulent
	bile
	fecal
	hemorrhagic

- Penetration of bacterial infection into the abdominal cavity through blood or lymph;

- Infection of the peritoneum as a complication of other diseases of internal organs (appendicitis, intestinal obstruction);

- Infection of the peritoneum after trauma or surgery;

- Congenital malformations of internal organs.

Most often, peritonitis develops as a complication of other diseases, in particular appendicitis perforation, hernia impingement, intestinal intussusception, necrotizing enterocolitis, tuberculosis and other pathologies. In these cases, we speak of secondary peritonitis.

Primary peritonitis develops when bacteria enter the peritoneum, such as through blood or lymph. In newborn children acute peritonitis can also be caused by congenital abnormalities of internal organs, but in more than 80% of cases the disease is caused by perforation of the wall of the digestive tract or necrotizing enterocolitis.

CLASSIFICATION OF THE DISEASE

In modern medicine there are many classifications of peritonitis according to different parameters. The main ones are: Regardless of the type of peritonitis, the patient's condition is almost always severe, and without timely treatment there is a high risk of death.

- Symptoms of peritonitis in children:
- Acute abdominal pain;
- Tension of the abdominal muscles (becomes hard);
- Nausea and frequent vomiting;
- Diarrhea (in exceptional cases, constipation);
- Suppression of peristalsis;
- Decreased urination;
- Increased temperature over 39 ° C;
- Increased heart rate;
- Decrease in blood pressure;
- Strong thirst;
- Pale skin;
- Cold sweat;
- Deterioration of general condition;
- Confusion of consciousness.

Peritonitis in children and adults causes severe abdominal pain. It is punctiform at first, but quickly spreads throughout the abdomen. Muscle spasm is manifested, and the pain increases with movement and straining of the abdomen. At a certain stage of the disease, the patient may feel better because the pain syndrome decreases. Such a condition is called "imagined well-being." In fact, it does not indicate recovery, but rather the progression of the pathology. High body temperature is also a characteristic symptom of acute purulent peritonitis. It can reach 39°C or higher. At the same time, the child's heart rate may increase, blood pressure may decrease, and the general well-being of the child may deteriorate.

Peritonitis is often accompanied by severe nausea and frequent vomiting, as well as dry tongue and thirst that cannot be quenched. Against this background, diuresis may be disturbed - the amount of daily urine may decrease.

With peritonitis the child's well-being deteriorates rapidly, so he should be taken as soon as possible to the clinic, where there is a surgical department. It should not be forgotten that similar symptoms can occur with other diseases, but to make an accurate diagnosis is still possible only in the hospital.

Complications of the disease

With peritonitis, it is very important that the diagnosis was made as early as possible and treatment was carried out urgently. This is a transient disease that quickly leads to the development of complications that threaten the life of the patient.

Consequences of purulent or other types of peritonitis may include:

- Formation of adhesions;
- Intestinal paresis;
- Disruption of the functions of the kidneys, liver, lungs and other organs;
- Toxic shock;
- Sepsis.

Diagnosis of peritonitis

Diagnosis of peritonitis in children and adults is carried out in several stages. First, the surgeon examines the patient and examines the medical history, asking the patient about the time of occurrence of symptoms, localization and nature of pain. Then the doctor performs a physical examination, and then sends the patient for examination.

- To confirm the diagnosis, they conduct:
- Laboratory blood tests;
- Ultrasound of the abdomen;
- X-rays;
- Puncture;
- Diagnostic laparoscopy.

Laparoscopy for diagnostic purposes is performed in complicated forms of the disease or inconsistencies in the results of other examinations.

Treatment methods for peritonitis

Treatment of peritonitis in adults and children of any age is carried out exclusively surgically. The operation is carried out in two stages. First, the cause that provoked the development of peritonitis is eliminated, for example, the appendix is removed. After that, the abdominal cavity is sanitized, that is, treated with an antiseptic solution. This eliminates the infection and stops the development of the inflammatory process.

After surgery, treatment of peritonitis continues with conservative methods. The child is prescribed medications and procedures to improve his condition and prevent complications and recurrence.

European Scholar Journal (ESJ)

BIBLIOGRAPHY

- Ashcraft K.He, Holder T.M. Detskaya surgery . K.He. 1996. https://kingmed.info/knigi/Hiryrgia/Detskaa_hiryrgia/book_929/Detskaya_hirurgiya_Tom_1-Ashkraft_KU_Holder_TM-1996
- 2. Rokisky M.R.Hirurgicheskie zabolevania U detey - L.Media 1988.
- 3. 3.Kozireva, N. O. K probleme aspirasii inorodnix Tel V dixatelnie Puti he detey. / N. O. Kozireva / / Fundamentalnie issledovaniya. 2011. № 9-3. S. 411-415 /
- 4. Kajina V. A. Klochko Compiled A. I. 2-Sergienko V.K. Omelchenko N.V. Sergienko E.I. Kajina P.V.Udalenie inorodnix Tel iz traxeobronxialnogo Dereva U detey grodnenskoy Oblast: 10-letny Opit rigidnoy bronxoskopii s videovisualizasiey J.№ 4 Grodnenskogo medisinskogo instituta 2015.
- 5. Abduvalieva Ch.M., Kasimov Z.N., Khalilov Sh.K., Kadirov K.Z., Akkoziev I.K. Sluchay pozdney diagnostic zastarelogo inorodnogo Tela bronxa U rebenka. Vestnik ekstrennoy media.2017 X(2) STR 90-91
- 6. Airway foreign bodies and brain abscesses: report of two cases and review of the literature / J. Roberts [et al] // Int. J. Pediatr. Otorhinolaryngol. 2008. Vol. 72, № 2. P.265-269
- 7. Airway foreign bodies in childhood. / F. Oğuz [et al] // Int. J. Pediatr. Otorhinolaryngol. 2000.Vol. 30, № 52. P.11
- 8. Airway foreign body removal by flexible bronchoscopy: experience with 1027 children during 2000-2008. / L.F. Tang [et al] // World J. Pediatr. 2009. Vol. 5, № 3. P.191
- 9. Anesthesia and periinterventional morbidity of rigid bronchoscopy for tracheobronchial foreign body diagnosis and removal. / M. Tomaske [et al] // Paediatr. Anaesth. 2006. Vol. 16, № 2. P.12
- 10. Aspirated tracheobronchial foreign bodies: a Jordanian experience. / T. Mahafza [et al] // Ear. Nose Throat. J. 2007. Vol. 86, № 2. P.107 7