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FUNCTIONAL GASTROINTESTINAL DISORDERS IN YOUNG CHILDREN. A MODERN VIEW OF THE PROBLEM

**ФУНКЦІОНАЛЬНІ ГАСТРОІНТЕСТИНАЛЬНІ РОЗЛАДИ
У ДІТЕЙ РАНЬОГО ВІКУ. СУЧАСНИЙ ПОГЛЯД
НА ПРОБЛЕМУ**

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Functional diseases are the most common pathology of the gastrointestinal tract (GI) in young children. As defined by the Rome Consensus IV, functional gastrointestinal disorders (FGIDs) are disorders of the «gut-brain interaction». [2, p. 1259]. According to the recommendations of the Rome Consensus IV, an important component of the gastrointestinal tract functional disorders' treatment is the identification and elimination of etiological factors and comorbid conditions underlying it in each specific case. Unfortunately, there is an opinion among parents that these disorders are not a serious problem. But it is not so. FGID in early childhood worsens the child's health and quality of life, quite often has long-term negative consequences, including

the formation of chronic organic pathology of the gastrointestinal tract, disorders of psycho-emotional status, pathology of the nervous system, and also negatively affect psychological comfort in the family and budget expenses, which determines the need to develop effective methods of treatment [8]. A high level of neuroticism, hypochondriacal reactions, «somatovegetative disorders», and depressive-anxiety states is often determined in patients with FGID in the future [7, p. 242].

Mechanisms of functional disorders' formation are diverse and determined not only by anatomical and physiological features, but also by disorders of vegetative and humoral regulation of the child's body. As before, functional disorders of the gastrointestinal tract in newborns and children are separately highlighted [1, p. 25].

According to the Rome IV criteria, the following functional disorders are distinguished in young children:

- G1. Infant Regurgitation.
- G2. Infant Rumination Syndrome.
- G3. Cyclic Vomiting Syndrome.
- G4. Infant Colic.
- G5. Functional Diarrhea.
- G6. Infant Dyschezia.
- G7. Functional Constipation

The prevalence of FD in the population among young children varies significantly. Regurgitation occurs most often in 23–50% of infants, intestinal colic in 20–40%, constipation in 15–20%, vomiting in 6–9%, diarrhea in 4–5% of infants. The difference in the frequency of FD in infants, according to the data of different authors, can be partly explained by the various diagnostic criteria that were used to make the diagnosis [4, p. 3].

The difficulty in working with FGID is that there are no biochemical markers or structural abnormalities that can be used to objectively diagnose or monitor the progression of these disorders. Diagnoses are based on medical history and physical examination [3, p. 21]. Unfortunately, the diagnosis of FGID often leads to a large number of unnecessary examinations. First of all, pediatricians should remember that these disorders are a diagnosis of exclusion. The doctor should pay special attention to the absence of so-called «red flags», the presence of which may indicate an organic pathology and may require the use of additional diagnostic methods and emergency therapy.

Treatment measures in the provision of medical care to infants with functional diseases of the gastrointestinal tract should be comprehensive and consistent, taking into account all etiopathogenetic mechanisms of their development. According to modern international recommendations, the first

stage of treatment of functional disorders in infants is psychological support of parents and explanatory work [9]. Numerous studies note a close connection between the psychological state of the mother and the reactions of the child. In anxious mothers during pregnancy, childbirth and the postpartum period, emotional problems and disturbances in the mother-child dyad are more common, children cry louder and longer. [5, p. 233; 6, p. 175]. It is necessary to inform parents about the essence of disease, the prognosis, which will further contribute to effectiveness of the therapeutic program and the improvement of psychosocial state. Pediatricians and general practitioners need to explain to parents that functional disorders pass after reaching a certain age and the leading role should be assigned to medical nutrition. There is mostly no need for drug treatment for FGID in young children.

Thus, the doctor's task is to determine the cause of FGID in young children and prescribe adequate treatment to prevent the transition of functional changes to organic ones.

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ADVANTAGES OF USING HYALURONIC ACID IN COMPLEX TREATMENT OF POLYPOSIS RHINOSINUSITIS IN CHILDREN

ПЕРЕВАГИ ВИКОРИСТАННЯ ГІАЛУРОНОВОЇ КИСЛОТИ В КОМПЛЕКСНОМУ ЛІКУВАННІ ПОЛІПОЗНОГО РИНОСІНУСІТУ У ДІТЕЙ

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Вступ: Питання адекватного лікування хронічного риносинуситу залишається на сьогоднішній день дуже актуальним, оскільки це захворювання є одним з найбільш поширених у всьому світі. Його діагностують приблизно у 15% населення Землі. В Україні в структурі захворювань ЛОР-органів займає 2 місце, з щорічним зростанням питомої ваги на 1.5 – 2%, що являє собою важливу соціальну проблему.