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PAYR'S SYNDROME AS ONE OF THE CAUSES OF CHRONIC CONSTIPATION IN CHILDREN

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Abstract
This article describes the analysis of the history of the disease of a sick child with chronic constipation, who was on inpatient treatment in the gastroenterological department of the regional children's multidisciplinary medical center in the city of Samarkand. Complaints and anamnesis of a sick child were collected and analyzed, clinical, laboratory and functional studies were carried out. Based on the collected data and radiopaque irrigography, the diagnosis was made: Dolichosigma. Payr's syndrome. Anemia II degree. Rickets, residual effects. At the moment, the treatment and condition of the child is under the supervision of doctors from the RCMMC. Describing this case in the article, we would like to once again draw the attention of doctors of all specialties to the problem of this disease,

Keywords: Payr's syndrome, dolichosigma, constipation, radiopaque irrigography.

Introduction

Chronic constipation is characterized by persistent or intermittent bowel dysfunction lasting more than 6 months, defecation less than 3 times a week, and forced straining.
In 1905, a German surgeon, professor of surgery at the University of Greifswald, Erwin Payer, described a characteristic set of symptoms caused by stenosis of the large intestine due to the formation of folds in the region of the curvature of the spleen. This symptom complex includes paroxysmal pains in the abdomen, a feeling of pressure or fullness in the left hypochondrium of the abdomen, pressing or burning pains in the heart, palpitations, shortness of breath, pain under the chest and in the abdomen. characterized by a feeling of fear, unilateral or bilateral pain in the shoulder.

Symptoms observed in Payr's syndrome

Abdominal pain. This is the most common symptom of Payr's syndrome. The pain usually spreads to the left hypochondrium. Sometimes widespread pain in the abdomen

resembles a heart attack, these pains can recur several times over several weeks and months. Increased pain during physical exertion and after a heavy meal is very characteristic. The intensity of pain decreases when the patient assumes a horizontal position.Patients, as a rule, indicate that with age, the pain becomes more intense and more painful. There is an opinion that abdominal pain is caused by spasm of certain sections of the intestine, a violation of the passage of intestinal contents and tension of the mesentery.

According to V. G. Tsuman, the pain is associated with the diaphragmatic-colonic ligament (Lig. phrenicocolicum sinistrum), which, when the intestines are full, pulls the diaphragm downward with irradiation of pain in the left hypochondrium. Payr's disease can mimic the symptoms of acute abdominal pain, mesoadenitis, colitis, gastritis, etc.Among other complaints, patients may experience a feeling of pressure, fullness in the upper left quadrant of the abdomen, decreased appetite, vomiting, nausea, dizziness, irritability, various pains in the left side of the chest, palpitations, shortness of breath, a feeling of fear, two or one-sided pain in upper limbs, pain in the interscapular region.

Constipation. Most patients noted stool retention and a feeling of fear during defecation. Obviously, the intensity of the pain syndrome depends on the duration of constipation. Violation of the passage of the contents of the large intestine due to sharp bends in the hepatic and splenic corners of the intestine, as well as impaired motility due to inflammation of its wall, stasis of stool occurs, which leads to inflammatory changes in the ileocecal valve. Ileocecal reflux. Due to excessive distension of the colon, the contents of the colon can flow back into the small intestine - ileocecal reflux. The mechanism of nausea and vomiting is caused reflexively. As a result of chronic intestinal intoxication, most patients experience decreased appetite, nausea and vomiting, headache, and irritability. Frequent headaches and nausea indicate chronic poisoning. In patients with Payr's syndrome, the ability to transport toxins from the liver is reduced. It is characteristic that the degree of decrease in the detoxification function of the liver directly depends on the duration of the disease and the duration of constipation. The time of onset of symptoms of the disease is determined by the reserve of compensatory capabilities of the transverse colon and the rate of development of the adhesive process in the tissues of the mesentery. In the compensatory stage, if the motor capabilities of the intestinal wall are sufficient to overcome obstruction in the splenic flexure, the child does not experience any discomfort. In the future, there is a decrease in intestinal contractions, a gradual expansion of the intestine and the accumulation of feces in it, which is the beginning of decompensation and constipation appears. mesentery tension, X-ray contrast irrigography is the main instrumental method for confirming the diagnosis of Payr's disease in children, which determines the violation of the anatomical ratio of segments in length, area and diameter. The proportion of the transverse colon increases, with a significant increase in the mobility of the transverse colon, a bend occurs in the region of the spleen.With Payr's syndrome, a prolapse of the transverse colon occurs, sometimes reaching the small pelvis.The distal colon is enlarged and deformed. A functional examination reveals a distinct hypotension of the colon and a

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violation of the evacuation function of the longitudinal and circular muscles, thickening of the intestinal wall. Patients with various types of chronic coloptosis suffering from constipation should begin treatment with complex conservative measures. the anomaly is uncomplicated, most pediatric surgeons adhere to conservative tactics in relation to such patients.

Goal of the work: Analysis of the medical history of a child with chronic constipation.

Material and Methods:

Child M.O., 3 years 3 months of 2019, was on inpatient treatment in the Department of Gastroenterology of the Regional Medical and Medical Center of Samarkand with a diagnosis of "Chronic constipation". According to the mother, the child was admitted with complaints of recurring pain in the abdominal cavity, pain localized in the left hypochondrium, nausea, sometimes vomiting, flatulence, and chronic constipation. According to the mother, the child has been ill for more than 2 years. The disease began with constipation at the age of 6 months. At the beginning, the act of defecation was noted every other day. After that every 3 days there was an act of defecation. For 2 years he was on outpatient treatment with doctors at the place of residence. I took Picolax tablets 2-3 days a month. The mother always used glycerin suppositories to defecate her baby. As the child grew and developed, constipation was observed more often and became more pronounced. Then attacks of pain in the abdomen were repeated at intervals of 3-4 times a year, and for the last six months, pain in the abdomen bothered every 2-3 weeks. In this regard, they turned to a doctor at the place of residence. Received anthelmintic treatment, which did not affect the occurrence and nature of pain. The child often had difficulty in defecation, straining, fear of defecation, prolonged difficulty in defecation, a feeling of incomplete emptying, pain in the abdomen and around the anus, and pathological changes in the stool (hard, "sheep") were observed. According to the mother, the child is from the 2nd pregnancy, from the 2nd birth. During pregnancy, the mother often had acute respiratory infections. She took antibiotics several times, during pregnancy the mother constantly had tingling and heat on her legs, she constantly took elevit and calcium preparations. The child was born at term with a weight of 3500, height 56 cm. Within 3 months. the child was breastfed. Then, from the age of 3 months, the mother began to give the child lactose-free milk mixtures "NAN", since the mother's milk was not enough for the growth and development of the child. After the child was 6 months old, he began to introduce complementary foods. According to the mother, in infancy, the child's sleep was restless, he constantly cried, and when he cried, he had trembling in the chin, fingers and toes. Such symptoms disappeared after taking Vita-calcium, Aquadetrim. he began to introduce complementary foods. According to the mother, in infancy, the child's sleep was restless, he constantly cried, and when he cried, he had trembling in the chin, fingers and toes. Such symptoms disappeared after taking Vita-calcium, Aquadetrim. he began to introduce complementary foods. According to the mother, in infancy, the

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child's sleep was restless, he constantly cried, and when he cried, he had trembling in the chin, fingers and toes. Such symptoms disappeared after taking Vita-calcium, Aquadetrim.

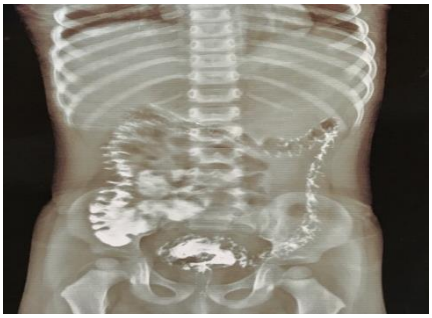
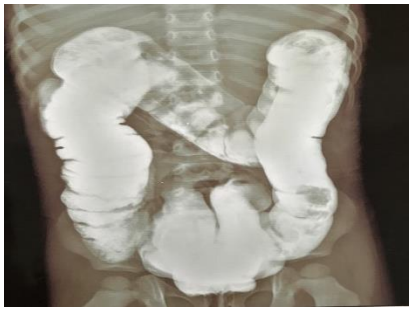
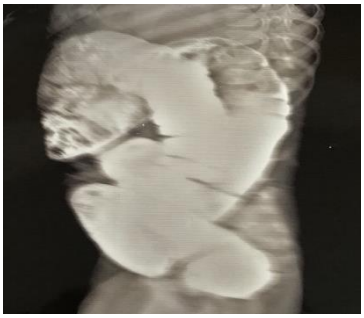
Objectively

Height 84 cm. Weight 14 kg. On examination, the general condition of the child is moderate. The child is capricious, restless, does not enter into communication. According to the mother, the child was given a cleansing enema and the intestinal contents were removed. The skin and visible mucous membranes are clean, pale. The elasticity and turgor of the skin are preserved. Peripheral lymph nodes are small, soft, painless. On the part of the musculoskeletal system, there is a deformation of the bones of the skull (the forehead of the child is protruded forward, the sternum is depressed inward, there are rickets in the ribs, the legs are slightly deformed. Breathing through the nose is free. In the lungs, vesicular breathing. The heart sounds are clear. The oral cavity is clean. Tongue lined with white coating.The abdomen is symmetrical, participates in the act of breathing.The abdomen is soft on palpation, sensitive in the epigastric region and in the left hypochondrium. Peristalsis is preserved. Percussion-tympanic sound. The liver and spleen are not enlarged. Feces - a tendency to constipation, diuresis is normal.

Results

Laboratory studies were carried out: (In the general blood test: hemoglobin 84.4 g / l, erythrocytes - 3.6x10 12 / l, color index - 0.8; platelets - 260x109 g / l, leukocytes - 8.0x109 g / l, stab-3%, segmented nucleus - 29%, eosinophils - 4%, monocytes - 9%, lymphocytes - 56%, ESR - 8 mm/h, calcium content in the biochemical blood test - 1.75 mmol/l). In the general analysis of urine and feces, no pathology was detected.

The results of irrigography are as follows: on the survey radiograph of the abdomen, moderate intestinal pneumatosis, additional loops in the projection of the sigmoid colon, haustration is preserved. Additional rings were also noted in the lateral projection and in the standing position, in the projection of the sigmoid colon. The transverse colon is lowered, twice turned over in the region of the sigmoid colon. X-ray conclusion: Dolichosigma. Payr's syndrome.

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The following therapeutic measures were taken in the department for the child: Dietary table No. 3; Capsule Cestal 1 tab 3 times after meals; Peristalide 5.0 ml 3 times drink after meals; Capsule Bifik 1/2 x 3 times; Physiotherapy (UHF, electrophoresis with prozerin, massage); Ultrasound in the rectum.

Conclusions

Based on the patient's complaints, as well as laboratory and instrumental studies, the following clinical diagnosis was made - "Payr's Syndrome. Dolichosigma. Anemia II degree. Rickets residual effects "

At the request of the parents, the patient was sent home with the following recommendations: Diet. Include easily digestible foods in the diet; inclusion in the diet of products (kefir, yogurt); drink plenty of vegetable and fruit juices (apricots, apricots, potatoes, carrots); peristalide 5.0 ml 3 times after meals; bificom 1/2x3 r per day; Biking; Crawling in the supine position.

Payr's disease (syndrome) is a malformation of the colon, characterized by the gradual appearance of the main symptoms in childhood, a progressive course and resistance to conservative methods of treatment. The main method of confirming the diagnosis of Payr's disease in children is X-ray irrigography with digital analysis of the colon image. Indications for the use of surgical intervention are the lack of effect of conservative treatment, the frequency and severity of pain. A feature of the case is the combination of Payr's syndrome with another pathology (dolichosigma, rickets, residual effects, anemia II degree), leading to aggravation of the constipation syndrome and requiring diagnosis and correction.

I would like to emphasize the importance of every doctor in this field to be more attentive to the patients they visit and to work hard on themselves.

Bibliography:

1. Бейлина Н.И., Поздняк А.О., Малышева Е.В. Синдром (болезнь) Пайра. Практическая медицина. 2018. Том 16, № 9, С. 152-154)
2. Цуман В.Г. Болезнь Пайра у детей. Рос. вестн. детской хирургии, анестезиологии и реаниматологии. 2015; 5 (3): 28
3. Исакова В.П., Кубасова Е.А. Болезнь Пайра у детей (литературный обзор). Электронный ресурс ИЦРОН (Инновационный центр развития образования и науки). 2016: 56
4. Холикова Г. А. Распространенность и особенности запоров у детей в различные возрастные группы. International Conferenceon Research in Humanities, Applied Sciences and EducationHosted from Berlin, Germanyhttps://conferencea.orgJune 5th2022. Ст 164-168.
5. Xoliqova Gulnoz Asatovna.Bolalarda surunkali qabziyat. Payr sindromi. (klinik kuzatuv) Журнал гепато-гастроэнтерологических исследований.том 3. Специальный выпуск. №SI | 2023. Стр 74-76.

Journal Zone Publishing, Ilford, United Kingdom

6. Kholikova Gulnoz Asatovna. Kodirova Markhabo Miyassarovna. Frequency of functional constipation in children of different ages. Журнал гепато-гастроэнтерологических исследований.том 3. №3 2022-08-01. Стр 38-40.
7. М.М Кодирова, Г.А Холикова. Samarqand xududida bolalarda miokarditning asosiy klinik simptomlarini uchrashi. Журнал гепато-гастроэнтерологических исследований.том 3.. №3 2022-08-01. Стр 57-60.
8. Ibatova, S. M., Mamatkulova, F. K., Kholikova, G. A., & Mamatkulova, D. K. (2022). Some indicators of lipid and phosphorus-calcium metabolism in children with rickitis receiving conventional treatment.International Journal of Health Sciences,6 (S4), 3628–3638.
9. Korzhavov Sherali Oblakulovich, Gulnoza Asatovna Kholikova. Improvement of treatment of patients with sphenoiditis in children. ACADEMICIA: An International Multidisciplinary Research Journal. ISSN: 2249-7137 Vol. 12, Issue 05, May 2022 SJIF 2022 = 8.252. A peer reviewed journal.
10. Bazarova Nigina Sobirzhonovna. Mamatkulov Bakhrom Bosimovich. Khalikova Gulnoza Asadovna. Comparative Evaluation of MMP and Cystatin C in Chronic Nephritic Syndrome in Children. Eurasian Medical Research Periodical Volume 8| May 2022. Page 122-124
11. Холикова Гулноз Асатовна. Кодирова Мархабо Мияссаровна. ХРОНИЧЕСКИЙ ЗАПОР У ДЕТЕЙ. Евразийский журнал медицинских и естественных наук. Том 3.№3. стр 104-109.
12. Холикова Гулноз Асатовна. Кодирова Мархабо Мияссаровна. Main clinical signs of non-reumatic myocarditis in children of samarkand region Евразийский журнал медицинских и естественных наук. Том 3.№3. стр 110-113.
13. Kholikova Gulnoz Asatovna. Occurrence of functional constipation in children of different age. British Journal of Global Ecology and Sustainable Development. Volume-17, June, 2023. Стр 32-38.
14. Холикова Гулноз Асатовна, Бахриева Дилноза Вахобиддиновна. Частота функциональных запоров среди детей различного возраста. Евразийский журнал академических исследований. Том 3. № 5 Part 4 (2023) стр 257–261.

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