

Epidemiology of Gastroduodenitis in 18-Year-Old Children in Bukhara Region

Tursunova Matluba Akhrorovna
Bukhara State Medical Institute

Abstract: In this article, the epidemiology of gastroduodenitis in children under the age of 18 years is analyzed from the 5-year data of the Bukhara Regional Children's Multidisciplinary Medical Center. According to the results of the analysis, it was found that the occurrence of gastroduodenitis in children under 18 years of age is increasing year by year.

Keywords: gastroduodenitis, epidemiology, children, diagnosis, analysis

Relevance. In the structure of gastrointestinal tract diseases in children, the share of chronic gastroduodenitis ranges from 58% to 90% [11]. Chronic gastroduodenitis is a polyetiologically, genetically and pathogenetically heterogeneous disease. Of the variety of factors in the occurrence of chronic inflammatory diseases of the upper digestive tract, infectious factors currently occupy the leading place [11, 12]. The discovery of *H. pylori* by Australian gastroenterologists predetermined a revolution in gastroenterology [4, 9, 12]. Since the leading role of bacteria in the development of most forms of chronic gastroduodenitis, duodenal and gastric ulcers in adults and children has been proven [13, 17, 21]. Recently, much attention has been paid directly to the process of interaction between *Helicobacter pylori* and the macroorganism. After all, the bacterium and the macroorganism form a finely tuned equilibrium system, as a result of changes in which a specific disease with certain clinical manifestations and outcome is formed. Thus, relationships have been identified between the particular constitution of the systemic organ level (shape of the abdomen) and the frequency of detection of *Helicobacter pylori*. According to the results of the study, some constitutional features of *Helicobacter pylori* contamination were noted: a disease associated with *Helicobacter pylori* infection is more often detected in people with a belly shape that expands downward, less often an ovoid shape and an abdomen that expands upward [6]. However, the presence of *H. pylori* does not exhaust the etiology and pathogenesis of chronic gastroduodenitis [16, 18, 19]. As before, the leading role in the pathogenesis is played by an imbalance between the factors of acid-peptic aggression of the gastric contents and the elements of protection of the mucous membrane of the stomach and duodenum.

Strengthening aggressive factors or weakening protective factors lead to disruption of this balance.

From a global point of view, all life processes occurring in the body have a single goal - maintaining a constant internal environment, called homeostasis. It is this that includes mechanisms associated with the flow of biological rhythms, such as compensatory reactions, self-regulation of physiological functions, as well as mechanisms of interaction between nervous, humoral and other regulatory processes [2, 10, 15]. The normal state of organs, their structure and functional integrity depend on the constancy of the chemical composition and biological properties of their internal environment [15]. The state of homeostasis is not a state of stationarity. After all, physiological systems continuously change the level of functioning [2], since homeostasis reactions are initiated by extreme influences of external and internal order [17]. Therefore, an integral part of the human constitution is undoubtedly the type of response of adaptive mechanisms [16-18]. The digestive system, which has direct contact with the external environment, is also an integral part of the body's unified homeostatic system. In the gastrointestinal tract, regulatory mechanisms occur mainly in two ways and their combinations: nervous and humoral. For normal regulation of the functioning of organs, even in pathological

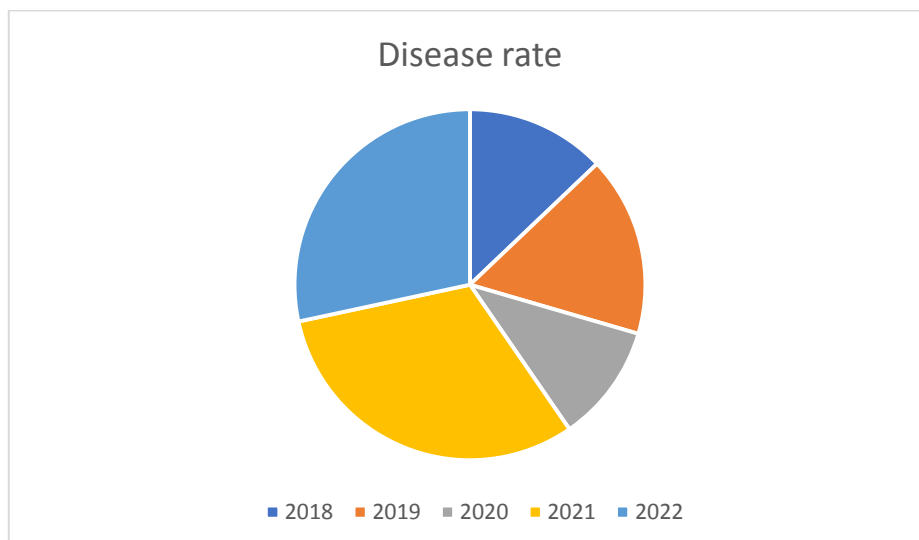
conditions, the latter must undergo constant nonspecific changes. An important role in the development of inflammatory changes in the gastric mucosa is played by prolonged exposure to duodenal contents, which contain bile acids, their salts, lysolecithins, and pancreatic enzymes. They cause damage to the gastric mucosa and support the inflammatory response. Impaired regeneration of the mucous membrane and the appearance of dystrophic, erosive and ulcerative changes occur against the background of depletion of compensatory mechanisms [10, 19]. Psychogenic and neurogenic factors have a negative effect on motor, evacuation, and secretory functions, disrupt the mucous-bicarbonate barrier of the gastroduodenal zone, and change gastrointestinal blood flow [18, 20]. Being the central axis of the psycho-vegetative organization, the autonomic nervous system perceives the stress of all life processes and is therefore subject to constant overload [17, 21]. When studying the role of emotional stress in the development of psychosomatic pathology, two types of its effects are distinguished: trigger (the role of a trigger) and modulating (influence on the course of the disease). In other words, emotional disturbances precede the disease, accompany it and often persist after the elimination of the clinical manifestations of its exacerbation, that is, they are more persistent than the clinical and morphological dynamics of the process. If they persist, they create the preconditions for the development of repeated exacerbations of the disease. It should be noted that the three main somatotypes correspond to 3 variants of a person's mental constitution, which determine the type of response to the disease: 1) endomorph (hypersthenic) corresponds to relaxation in posture and movements, slow reactions, socialization of nutritional needs, sociophilia; 2) mesomorph (normosthenic) corresponds to confidence in posture and movements, love of physical activity and adventure, energy, need for movement; 3) ectomorph (asthenic) corresponds to restraint of manners and movements, excessive physiological activity, anxiety, tendency to mental stress, secrecy of feelings, emotional restraint.

The **purpose** of this article is to analyze the epidemiology of gastroduodenitis in children under 18 years of age.

Research materials and methods. Research materials The epidemiology of gastroduodenitis in 18-year-old children was analyzed based on 5-year data of the Bukhara regional children's multidisciplinary medical center.

Research results. Based on the 5-year data analysis, gastroduodenitis was diagnosed in 45 children aged 18 in 2018, 58 in 2019, 38 in 2020, 109 in 2021, and 112 in 2022. (Table 1)

	Years				
	2018	2019	2020	2021	2022
Absolute Number of Patients (n)	45	58	38	109	112



Summary. Based on the results of this study, we can see the tendency of gastroduodenitis in 18-year-old children to increase from year to year. The prerequisites for the frequent manifestation of chronic gastroduodenitis in this particular age category are multifactorial and include a complex of physiological and psychological changes inherent in adolescents, namely: hormonal changes associated with the process of puberty, completion of the main stages of phenotype formation, changes in emotional and semantic dominants, increased academic workload, especially during the examination period, as well as eating disorders (lack of adequate hot meals in educational institutions, quick snacks), and the emergence of bad habits.

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