PARTICULARITĂŢILE CLINICE A ULCERULUI GASTRIC ŞI DUODENAL ASOCIAT INFECŢIEI HELICOBACTER PYLORI LA COPII

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Introducere. Importanţa infecţiei cu Helicobacter pylori (HP) în etiologia ulcerului gastric (UG) şi ulcerului duodenal (UD) este cunoscută, simptomatologia fiind destul de variată.

Scop. Evaluarea particularităţilor clinice în UG şi UD asociat HP la copii.

Material şi metode. Au fost analizate 100 foi de observaţii clinice a bolnavilor cu UG şi UD în acutizare, spitalizaţii în secţia de gastroenterologie a IMşiC pe parcursul anului 2013. Diagnosticul s-a realizat pe baza anamnezei, examenului clinic, endoscopic şi a prezenţei HP.

Rezultate. Ca şi localizare în 13% cazuri ulcerul avea sediul gastric, 79% duodenal şi 8% mixt. Toţi pacienţii au prezentat sindromul alagic ş dispeptic (100%), iar sindromul astenovegetativ a fost prezent la 70 copii (70%). În UG sindromul alagic avea localizare în epigastriul superior (13%), în cel duodenal – epigastriul superior şi zona periumbilicală dreaptă (60%). De asemenea, în UD s-a manifestat durerea postprandială precoce (70%), iar în UD – durere postprandială tardivă (80%). S-a determinat prezenţa HP ca factor etiologic, depistat în 96 cazuri (dintre care – 12% la cei cu UG, 76% – la cei cu UD şi 8% – la cei cu GDU), fiind absent doar în 4% de cazuri.

Concluzii. Tabloul clinic în UG si UD s-a manifestat prin sindromul alagic, dispeptic și astenovegetativ. La copii cu UG si UD agentul cauzal al maladiei a fost HP.

Cuvinte cheie. Ulcer, helicobacter pylori

CLINICAL FEATURES OF THE GASTRIC AND DUODENAL ULCER ASSOCIATED WITH THE HELICOBACTER PYLORI INFECTION IN CHILDREN

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Introduction. The importance of the infection with Helicobacter pylori (HP) in the etiology of the gastric ulcer (GU) and duodenal ulcer (DU) is known, the symptoms are quite various.

Purpose. The evaluation of the clinical features in GU and DU associated with HP at children.

Material and methods. We analyzed 100 medical records of GU and DU patients in critical conditions, hospitalized in the Gastroenterology Department of the Mother and Child Institute during the year 2013. The diagnosis was based on the case history, clinical and endoscopic examination and on the presence of HP. In 13% of cases, the ulcer was located in the gastric environment, 79% – in the duodenal one and 8% was mixed.

Results. In 13% of cases, the ulcer was located in the gastric environment, 79% – in the duodenal one and 8% was mixed. All the patients have shown pain and dyspeptic syndrome (100%), but the astheno-vegetative syndrome was present at 70% of the children. In GU, the pain syndrome was located in the upper epigastrium (13%), but in DU – in the upper epigastrium and in the right umbilicus area (60%). Also, the early postprandial pain occurs in GU (70%), while in DU – the late postprandial pain (80%).

The presence of HP was determined as an etiological factor, found in 96 cases (including 12% at GU, 76% – at DU and 8% in those with GDU), being absent only in 4% of the cases.

Conclusions. The clinical picture og GU and DU was shown by the pain, dyspeptic and astheno-vegetative syndrome. At children with GU and DU the causative agent of the maladare was HP.

Key words. Ulcer, helicobacter pylori