

MEGACOLON SYNDROME OIN CHILDREN

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In children suffering from chronic constipation, regular or occasional abdominal rest may be observed. When an X-ray image is obtained by sending contrast agents, it can be seen that the colon distal parts expand to different degrees. This syndrome usually manifests itself in an anomaly of the development of the anorectal sphere, a whitish atresia of the rectum, as well as mechanical barriers (scars, tumors) acquired in life; as an independent nosological unit of Girshprung's disease.

There are a number of borderline cases in which the clinical and Radiological scenes are ambiguous, which also give similar signs. It is wrong to operationalize such patients with diagnoses of "idiopathic megacolon", "functional megacolon", "Megadolixosigma", "dolichocolon". It is advisable to thoroughly study such patients in specialized departments in every possible way. Proctological diseases in children are often accompanied by a violation of the function of other organs. The decrease in the respiratory surface of the lungs caused by regular resting of the abdomen and incomplete emptying of the intestine leads to a violation of the respiratory organs and function. This causes a bruising attack in young children and a chronic lack of oxygen in older ones, causing complications such as recurrent bronchitis, pneumonia. Strongly expressed megacolon syndrome often causes subcompensated respiratory failure. In this case, air exchange in the alveoli decreases with increased overall lung respiration. Based on these changes, it lies in the weakening of the diaphragm mobility under the pressure of the enlarged intestinal eyelids.

Thus, in such children, anemia, dysproteinemia, height growth and lagging behind equinoxes in body weight can be observed, and chronic poisoning from garbage, combined developmental defects are the cause of a lack of a cardiovascular structure at a quick opportunity.



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