

## CLINICAL CHARACTERISTICS OF FORMATION OF HERBAL DEPOSIT IN CHILDREN

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**Abstract.** *Recently, there has been an increase in the incidence of cholelithiasis in adolescents and children. Gallbladder disease in children is increasing in frequency (a rare disease) among diseases of the digestive system and has taken one of the leading positions. Gallstone disease is more common in school-aged children*

**Keywords:** *gallbladder disease, dyspepsia of the biliary system, gallstones, chronic cholecystitis.*

**Introduction.** The urgency of the problem is that the rate of the general meeting of the population of grass sedimentation is 1.7 - 4%. Among the complaints of patients with diseases of the gastro-intestinal system (OIT), 7.5% and among patients with complaints typical of dyspepsia of the biliary system, the rate of OCD reaches 24-55%. In some cases, gallstones disappear, but they can reappear, and gallstones form in 8-20% of patients.

Most children develop bilirubin stones before puberty, and cholesterol stones in adulthood and adolescence. This condition is explained by the increase of estrogen hormone in girls at puberty, and estrogen hormone increases cholesterol synthesis in the liver. As a result, girls may develop gallstones due to obesity and cholesterol saturation. In the last 10 years, not only the rate of occurrence of this disease has increased tenfold, but it is also distinguished by its apparent rejuvenation. In general, the prevalence of gallstones in the biliary system is 1.7-4%.

**The purpose of the study:** Identification of patients with biliary dyskinesia and cholecystitis in children with chronic cholecystitis.

**Materials and styles.** A study was conducted among 134 children aged 3 to 16 years with diseases of the biliary tract and 40 comparison groups. In addition to traditional clinical and laboratory studies, ultrasound examination of the abdominal organs, in particular the liver, gall bladder and pancreas, and radiological examination of the gall bladder were performed.

**The results obtained.** In children suffering from biliary dyskinesia and chronic cholecystitis, biliary sedimentation was performed during ultrasound examination (UTT). In our study, changes in the shape of a thick heterogeneous gall ball before the formation of a gall deposit, as well as three forms of gall deposit according to the stages of development, were taken into account. At the initial stage of CKD, when biochemical changes similar to gallstones occur in the gallbladder, the substance that shows the common mechanisms of gallstone formation and cholelithiasis is called gallstones.

The main method of diagnosis of HF is ultrasound examination (UTT), the method's sensitivity to the process is 13–65%, and its specificity is 96%. In ultrasonography, microlithiasis is a dot, single or multiple, replaceable, that does not give an acoustic shadow, which is detected after a change in the state of the patient's body during the examination. hyperechoic mixtures is an accumulation of particles in the form of

Smear gallstones are non-homogeneous bile fluid, echogenically similar to liver parenchyma, moved or stuck to the wall of the gallbladder, have a clear contour, do not give an

acoustic shadow, or in rare cases, have the effect of a weak gallstone effect. Suffering from dyskinesia of bile ducts and chronic cholecystitis. in the ultrasound examination of children, in about half of the disease cases listed in Table 1, signs of cholestasis of the biliary tract were detected to varying degrees.

**Table 1**

***Incidence of cholestasis in children with biliary diseases***

Children under surveillance	Total number	without burning		herbaceous		total	
	Abs	abs	%	Abs	%	abs	%
Biliary dyskinesia	67	36	54%	31	46%	67	100%
Chronic cholecystitis	71	32	45%	39	55%	71	100%
Control group	40	36	90%	4	10%	40	100%

In the comparison group (healthy children), 4 children (2.25%) showed changes in the form of a dark heterogeneous mixture (1.1%) and smear-like bile lump (1.1%); they came from a group of healthy children. At the time of clinical examination, these children had signs of functional disorders of bile secretion, and they were included in the group of children with dyskinesia, followed by treatment and observation.

According to the results of investigations, gallstones are more common in the female population than in males. Analysis of the rate of detection of gallstones showed that the incidence of gallstones in preschool children was independent of gender, but in older age gallstones were detected more often in girls, as can be seen from the data presented in Table 2.

***Age and gender distribution of children diagnosed with cholestasis***

**Table 2**

Sex	Age						Total	
	3-6 years old		7-11 years old		12 - 16 years old		abs.	%
	abs.	%	abs.	%	abs.	%		
A boy	7	50%	12	46%	12	35%	31	42%
A girl child	7	50%	14	54%	22	65%	43	58%
Total	14	19%	26	35%	34	46%	74	100%

During ultrasound examination of children with functional disorders of the biliary tract and chronic cholecystitis, in 50% of cases, signs of biliary sedimentation in the form of a dark heterogeneous mixture were detected in the form of echographic changes. Also, 43 girls and 31 boys had symptoms of cholelithiasis. Among children under 7 years of age, boys are 2 times more sick than girls, and at the age of 7-9, there are almost no differences in the incidence of the disease. But at the age of 10-12, girls got sick twice as often as boys.

**Summary.** Thus, when we determine the violation of bile formation, it was found that it is necessary to take into account not only the stages and nature of changes, but also the age and gender of children. The prevalence of this disease is relatively high among girls during adolescence. Our dynamically conducted research observations showed that during the treatment of cholestasis in children, an individual approach is required, i.e., correction of the treatment, paying attention to clinical and instrumental (ultrasound), as well as biochemical blood tests. There were no cases of recurrence of sedimentation and development of gallstone disease.

Children with signs of cholestasis should be monitored and dynamic ultrasound examinations should be performed every 6 months, but at least once a year after the elimination of sedimentation symptoms is recommended.

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