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**CLINICAL FEATURES OF THE COURSE OF**

**INTESTINAL**

**INFECTIONS IN CHILDREN IN THE BACKGROUND OF H.**

**PYLORI INFECTION**

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**Actuality.**

Helicobacter pylori (H. pylori) is one of the most common chronic bacterial

infections worldwide that is acquired early in life (almost always before the age of

10 years), and in the absence of antibiotic therapy, it generally persists for life. Numerous epidemiological studies indicate a high prevalence of Helicobacter pylori infection in children. The role of H. Pylori influence on the development and progression of a number of gastrointestinal diseases has also been demonstrated.

**Aim.**

To study the clinical course of intestinal infections, depending on the association

with Helicobacter pylori infection.

**Materials and Methods.**

A retrospective analysis of 103 case histories of young children with intestinal

Infections were analyzed to determine the clinical features of their course

depending on the association with Helicobacter pylori infection. Salmonellosis was diagnosed in 49.5%, esсherichiosis and shigellosis in 31.8% and 18.7%, respectively. There were 2 groups of observations: 37patients with background infection were pooled in the first group, 66 patients who had no background infection were pooled in the second group. The diagnosis was verified by conventional research methods. There were no differences in the comparison groups by gender and age.

**Results.**

In winter, 22.4% of cases were reported, in spring, summer and autumn –

34.5%, 24.5% and 18.6%, respectively. Thus at patients of the first group was observed some increase in the number of cases of morbidity from November to March -60.5%, while such an indicator -62, 4%-was found in patients with the second group in the period April-October. Premorbid background burden was found in 78% of patients. Among the aggravating factors, attention was paid to the pathology of the gastroduodenal zone in parents (especially mothers), family members, close relatives and caregivers, etc. In the first group, gastroenteritis and gastroenterocolitis predominated as variants of the course of intestinal infection (<Р 0.05) and in the second group, enteritis and enterocolitis were registered more often. Severe forms of intestinal infection were more common in the Pylori infected group (<Р 0.05) than in the uninfected. Among the clinical course features, long-term persistent persistence of vomiting syndrome was observed in the first group of patients. The course of the disease in this group of observations (duration of symptoms, complications) was more unfavorable (<Р 0.05).

**Conclusions.**

Intestinal infections in children infected with H. рylori have their clinical-anamnestic features, which include the high frequency of registration of clinical forms with gastric inflammation, the severity and adverse course, inherent seasonality and significant role of aggravating factors.

**References:**

1. Brawner, K .M., Kumar, R. & Serrano, C. A.(2017). Helicobacter pylori infection is associated with an altered gastric microbiota in children. Mucosal Immunology (10). 1169–1177.
2. Tang, Z., Shi, J., Ji, M., Shi, P., Huang, Z. & Huang, Y. (2018)/The characteristics of 83 giant peptic ulcers in Chinese children: evaluation and follow-up. Saudi J Gastroenterology(24). 360.
3. Zhang, S, Zhong, B, Chao, K, Xiao, Y, Cui, Y, Gao, X, Chen, B, He, Y, Hu, P & Chen, M. (2011). Role of Helicobacter species in Chinese patients with inflammatory bowel disease. Clin Microbiology(49).1987–1989
4. Roka, K, Roma, E, Stefanaki, K, Panayotou, I, Kopsidas, G & Chouliaras G.(2013). The value of focally enhanced gastritis in the diagnosis of pediatric inflammatory bowel diseases. Crohns Colitis.(7).797–802.