

Topic: AS01 GASTROENTEROLOGY / AS01*i* Inflammatory bowel disease

SCREENING FOR ACTIVITY OF INFLAMMATORY DISEASES OF THE INTESTINE IN CHILDREN UNDER WAR CONDITIONS

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Objectives and Study: A comparative analysis of fecal screening with endoscopic and histological markers of the inflammatory process to confirm the activity of IBD in children under war conditions.

Methods: 40 children aged 6–18 years with complaints and clinical manifestations characteristic of intestinal pathology were examined. All children at the prehospital and primary stages of medical care were screened for the diagnosis of fecal markers of intestinal inflammation CITO TEST Calprotectin-Lactoferrin. At the stage of specialized care, the diagnosis was verified endoscopically and histologically.

Results: With predominantly catarrhal changes in the intestinal mucosa, the indicators of fecal Calprotectin-Lactoferrin were positive in 75% ($p<0.05$) of patients, and with erosive and ulcerative changes in 100% ($p<0.001$). With endoscopically unchanged mucosa, the test results were significantly more often negative ($p<0.05$). Comparison of the results of endoscopic and histological studies with the results of determining fecal markers of intestinal inflammation indicates a significant degree of coincidence (95%, $p<0.05$) of positive results of Calprotectin-Lactoferrin with endoscopic and histological signs of an inflammatory process in the large intestine. In children with previously diagnosed IBD, positive results of fecal screening in 100% of cases coincided with the activation of the process clinically, endoscopically and histologically.

Conclusions: The method for determining fecal markers of intestinal inflammation as a diagnostic screening has sufficient sensitivity and can be used at the prehospital and primary diagnostic stages, especially in war conditions in the absence of instrumental diagnostics. A positive test result indicates the activity of the process in patients with IBD and the need for correction of therapy.

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