

Conclusion: Rituximab demonstrated clinical efficacy in managing SSNS, achieving long-term remission in most cases. Despite the positive outcomes, potential risks such as allergic reactions and infections require cautious use. Further studies are needed to assess the long-term safety and cost-effectiveness of RTX in pediatric nephrotic syndrome.

BOLALARDA O'TKIR BITISHMALI ICHAK TUTILISHI: TASHXIS, DAVOLASH VA PROFILAKTIKA USULLARI

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Farg'ona viloyat ko'p tarmoqli bolalar shifoxonasi, Farg'ona, O'zbekiston

Kalit so'zlar: bitishmali ichak tutilishi, bolalar, kech tashxis, konservativ davo, laparoskopik jarrohlik, ichak bitishmalari

Dolzarbli O'tkir bitishmali ichak tutilishi (BIT) bolalar orasida qorindagi operatsiyalardan keyingi jiddiy asorat sifatida uchray turadi. Uning rivojlanish sabablari orasida o'tkir appenditsit, ichak teshilishi, rivojlanish anomaliyalari asosiy o'rin tutadi. Kasallik qorin parda va ichaklar o'rtasida bitishmalar hosil bo'lishi bilan bog'liq bo'lib, bu ichak o'tkazuvchanligining buzilishiga olib keladi. Tashxis qo'yishda qiyinchiliklar mavjud bo'lib, Davolashning samarali usullarini ishlab chiqish dolzarb hisoblanadi.

Maqsad BIT bo'lgan Bolalarda jarrohlik yondashuvlarini optimallashtirish va profilaktika usullarini takomillashtirish orqali davolash samaradorligini oshirish.

Material va usullar 2019–2024 yillarda RShTYoIMF va Farg'ona viloyat ko'p tarmoqli bolalar shifoxonasida BIT tashxisi bilan davolangan 162 nafar bemor bola tahlil qilindi. Tekshiruvda umumklinik, nur tashxisi, endoskopik va instrumental usullardan foydalanildi. Bemorlar asosiy va nazorat guruhlariga ajratildi, ularda davolash taktikasi taqqoslab o'rganildi.

Natijalar

Kech tashxis holatlari nazorat guruhida 37,9%, asosiy guruhda 34,5% bemorlarda qayd etildi. Konservativ davolash nazorat guruhida 43,2%, asosiy guruhda 62,7% hollarda muvaffaqiyatli qo'llanildi. Operativ davolash nazorat guruhida 56,8%, asosiy guruhda 37,2% holatda amalga oshirildi.

Nazorat guruhida 21,6% bemorda ochiq jarrohlik, 15,7% holatda laparoskopik aralashuv qo'llanilgan. Asosiy guruhda esa konservativ yondashuvning ulushi oshgan (36,1% dan 52,6% gacha, $P < 0,001$), operatsiyalarning 11,3% i laparoskopik usulda amalga oshirilgan.

Xulosa

Ichak tutilishining bolalar shoshilinch xirurgiyasi tuzilmasidagi ulushi 2,4% ni, abdominal patologiyalar orasida esa 3,1% ni tashkil etadi. Bitishmali ichak

tutilishining ulushi 61,6% bo‘lib, ularning 57,2% ida jarrohlik aralashuvi o‘tkazilgan. Operatsiyadan keyingi o‘lim ko‘rsatkichi umumiy guruhda 1,63%, BITga xos hollarda esa 1,83% ni tashkil etdi. Tahlillar asosiy guruhda konservativ davo ulushining oshganligini va profilaktika usullarining samarali qo‘llanilishini ko‘rsatdi.

Acute Adhesive Intestinal Obstruction in Children: Diagnosis, Treatment, and Prevention Strategies

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Keywords:

adhesive intestinal obstruction, children, delayed diagnosis, conservative therapy, laparoscopy, surgical treatment, abdominal pathology

Abstract:

Acute adhesive intestinal obstruction (AIO) in children is a serious postoperative complication often arising from previous abdominal surgeries, including those for appendicitis, perforated intestines, and congenital anomalies. The disease is caused by fibrous adhesions that disrupt bowel motility. Accurate and timely diagnosis is often difficult, making the development of effective treatment strategies critically important.

This study evaluated 162 pediatric patients diagnosed with AIO between 2019 and 2024 at the Republican Scientific Emergency Care Center and the Fergana Regional Children's Hospital. A combination of clinical, radiological, and endoscopic techniques was used. Patients were divided into control and main groups to assess treatment approaches.

Delayed diagnosis was found in 37.9% of the control group and 34.5% of the main group. Conservative treatment was successful in 43.2% (control) vs 62.7% (main), while surgical intervention was required in 56.8% vs 37.2% respectively. Open surgery dominated in the control group (21.6%), whereas laparoscopic intervention was used in 15.7% of cases.

Conclusion:

Adhesive intestinal obstruction represents 61.6% of all intestinal obstructions in children, with surgery needed in 57.2% of cases. The overall mortality was 1.63% among all patients, and 1.83% for AIO cases. The use of conservative management increased significantly in the main group, indicating the importance of optimized early diagnosis and minimally invasive approaches to reduce complications and improve outcomes.