

EARLY DIAGNOSIS AND TREATMENT OF CHILDREN WEEPING NAVEL
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РАННЯЯ ДИАГНОСТИКА И ЛЕЧЕНИЕ МОКНУЩЕГО ПУПКА У ДЕТЕЙ
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Abstract: it was noticed, on a basis examination of the case records of patients being under our examination, that “wet umbilicus” of the newborns are dangerous for life and leaves severe complications like sepsis septicopiemia and also subhepatic form of portal hypertension. During the period of examination all the 87 newborns have received corresponding treatment. The 8 newborns with the full fistula of channel bile urahus have received surgical intervention with good results.

Аннотация: на основании анализа историй болезней больных, находившихся под нашим наблюдением, отметили, что мокнущий пупок у новорожденных опасен для жизни детей и оставляет после себя тяжелые осложнения, такие как сепсис, септикопиемия, а также подпеченочную форму портальной гипертензии у детей. За период наблюдения все 87 новорожденных получили соответствующее лечение. У 8 больных с полным свищем желточного протока и урахуса после операции получен хороший результат.

Keywords: newborn; weeping navel; urahusa; vitelline duct; fistula; complications of sepsis; pyosepticemia.

Ключевые слова: новорожденные, мокнущий пупок, урахус, желточный проток, свищ, осложнения сепсис, септикопиемия.

Background: In recent years, there is applying in hospitals new methods tying the umbilical cord. In the literature, there is no data on the benefits and convenience of the new method over the old, but still has not been resolved subsequent complications (sepsis, pyosepticemia) [1, p. 252]. According to the literature neonatal sepsis occurs in 25.4% of cases [3, p. 216]. Clinic and the duration depends on the moist navel infection. At the beginning of the navel stands yellowish liquid, later released contaminated and purulent discharge. Around the umbilical fosse Redness (maceration), swelling, and pain. On palpation the skin around the belly button is hard, painful, the vessels are stretched, compacted, bleeding (28 infants).

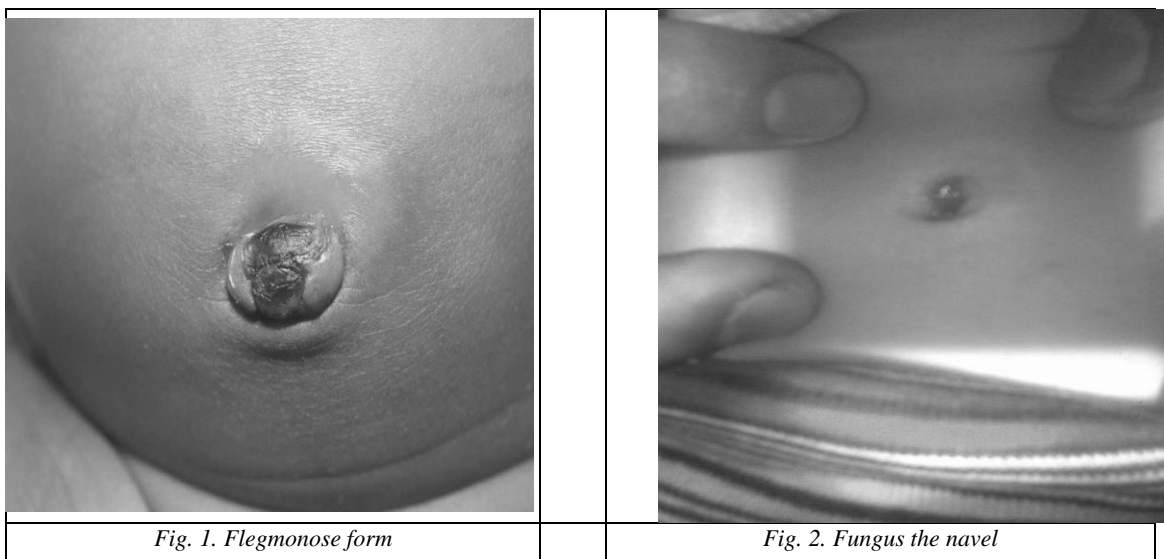
Objective: Identify causes oozing navel in children, early diagnosis and implementation of efficient methods of treatment, prevention of complications.

Materials and Methods: To put into practice the goals TashPMI the clinic in the past 5 years, where 102 patients were examined in the hospital and outpatient diagnosed with weeping umbilicus and Fungus the navel (umbilical-intestinal fistula, urachus, omphalitis). For the period 2011 - 2016, in the clinic provided outpatient and inpatient care for 22 infants in age 4-6 days, 43 at the age of 10 to 15 days, 17 age 25-30 days, and 20 children of different ages (total 102 patients). The main complaints were: soak the navel noted in the days following the cord prolapse, following redness around the navel, body temperature in subfebrile figures, in some cases, diarrhea. All patients have been treat on an outpatient basis, but the effect not observed. 32 children umbilical cord tied surgical silk thread, 28 clips and 42 put newborn umbilical cord tied by the new method, rubber taken from the system. They found that 21 of them dropped out navel in 2-4 days, 56 - for 5-6 days, 25 umbilical residue that been dropped after 10 days. In 52 infants revealed catarrhal omphalitis, 30 - Fungus navel in 3 flegmonose omphalitis, 7 - full umbilical-intestinal fistula, 6 - part umbilical fistula in 4 - urachus fistula. Most newborns who soak navel lasted for 6 days, there was a lack of appetite, diarrhea, and fever to sub febrile digits. 7 patients diagnosed with umbilical-enteric fistula established based fistulogrammm.

Results: Early detection and timely execution of the necessary measures in moist navel dirty, bleeding, inflammation of the umbilical cord after loss balance improves outcomes. Researched results of the influence of different surgical ligation of the umbilical cord threads, clamps applied recently rubber taken from the system to inflammation of the surrounding tissues in the balance falling umbilical stump with not losing that results soak the navel. After tying the umbilical cord completely overgrown (epithelialised) and no precipitates were observed. If the loss balance cord within 6-8 days observed discharge from the navel, in this case, you can think of a simple catarrhal omphalitis. If the process have been delay, soak in the umbilical fosse, become infected and form purulent wound. Later purulent inflammation spreads to the surrounding tissue, subcutaneous fat, and the result is a cellulites. Violation epithelialization navel is the result of complete, incomplete fistula vitelline duct

and in obliteration of urachus. Cause of sepsis is not only complete, incomplete fistula vitelline duct and in obliteration of urachus but umbilical blood vessels: two arteries and veins. The clinical picture of inflammation may be different, depending on the period of epithelialization umbilical fosse. When joining infection discharge is purulent. In the purulent infiltration, growing tissue extends beyond the umbilical fosse. Granulation tissue red color, filled with blood vessels, inflamed, bleed when touched. This disease process called Fungus navel. In the study of medical records of patients treated for omphalitis, found that 60.2% were girls, 39.8% - boys. Although the literature and the results of our observations regarding the occurrence of omphalitis differed slightly, effective provision of specialist care and treatment activities in the field differed sharply. The majority of patients who did not receive the necessary treatment measures, there were cases of complications (sepsis, pyosepticemia). The main part of applied newborns received outpatient treatment. Only 4% of mothers directly addressed themselves to us for 6-8 days of life of the child. : Newborns treated for natal sepsis.

Allocate 3 degrees omphalitis: simple (catarrhal) flegmonose, necrotic. Weeping belly button, a simple form of omphalitis observed in 42 children, in general, the newborns visible changes noted. flegmonose form was observed in 10 patients, inflammation spread to the surrounding tissue is profound, general heavy, the body temperature of 38.0 and above, the sleep is disturbed, no appetite. When observed (Status locales): umbilical fosse, the blood vessels surrounding tissue marked redness, swelling, increased local temperature palpation pain and marked fluctuation.



When necrotizing form around the umbilical ring, a large area of the anterior abdominal wall is marked purple and change process spread to the peritoneum, with necrotic tissue showing signs of paresis of the intestine and peritonitis. In view of the outpatient, local therapeutic measures, patients were under our supervision necrotic form not noted.

When moist navel main diagnostic method is physical examination, type of discharge (color, odor), takes into account the changes of the surrounding tissues and their duration. At this time, use the simplest method of determining the pH environment with litmus strips, if separated from the intestine - environment is alkaline, if the bladder distinguish acidic secretions. Inflamed stomach processed within 2-3 days with an antiseptic solution, conducted physiotherapy. The next step with bellied probe conducted additional research in the direction and depth of the relationship judged fistula with bowel or bladder. For the final diagnosis using a catheter № 0,6 - 1,0 in the fistula is injected contrast and x-rays. 6 patients diagnosed with this method, a complete fistula vitelline duct. 2 patients with a color sample of methylene-urocystic diagnosed umbilical fistula (fistula urachus)

All patients with signs of omphalitis need to conduct laboratory research. The general analysis of blood, urine, feces, blood chemistry, bacterial inoculation of pus from the wound. Defined flora and its sensitivity to antibiotics. When flegmonose omphalitis in general blood tests patients have leukocytosis (8h109 - 20h109), increased erythrocyte sedimentation rate, anemia (HB 80-90g / l). The general analysis of urine and feces were determined significant changes.

Therapeutic measures selected depending on their clinical needs, period of the disease. In the initial stages of the disease there is no need for early surgical intervention is active, you need to use the local emergency treatment. Treatment of catarrhal omphalitis start with the local surgical treatment: washing with 3% solution of hydrogen peroxide, furacilinium. The next step is burning umbilical stump 2-5% solution of iodine or lapis, or its re-ligation. When phlegmonous form omphalitis along with local surgical treatment carried out jointly

antibiotics, infusion and immunostimulatory therapy. If there are fluctuations in this area up to the level of healthy tissue to make multiple incisions (0.5 - 1.0 cm), after washing with antiseptic solutions, are inserted into the wound rubber graduates applied aseptic bandage with 25% magnesia or hypertonic saline (changing bandages 2 - 3 times a day). After partial purification of pus umbilical fosse and surrounding tissue assigned a short-term physiotherapy (UVR, UHF, № 3-5). Radical surgery carried out after the complete elimination of signs of local inflammation.

Complete fistula vitelline duct and urachus treated conservatively for 2-3 days after the diagnosis, and then the operation conducted in a planned manner. The method of operation chosen depending on the width of a fistula in the intestinal wall.

With incomplete fistula, treatment begins with conservative measures: burning 2-5% solution of iodine or lapis. After the elimination of inflammation (hyperemia, edema) navel and surrounding tissue, umbilical fosse cautiously opened blunt stump of the umbilical cord clamp and cauterized. When failure cauterization stump again tied. If that does not help, fistula eliminated surgically.

In the early period of 6-8 days of life, approached by 12 mothers of newborns. These patients within 3 days produced navel washing with antiseptic solutions, spent 3 sessions UFO by 30s, Umbilical fosse dripped 70% alcohol and imposed aseptic bandage. Inflammation and stopped on the 5th day was complete recovery. 8 newborns navel in 3-4 days washed with 3% solution of hydrogen peroxide, furacilinium, was burning 5% iodine solution, lapis. 12 newborn navel washed by the abovementioned method, and then Capron or catgut № 4-5, the results are good. Stitches in 5 patients disappeared HA2 day, 7 patients for 3-4 days after ligation. All patients were ambulatory and hospital re-examined 3 times in 1 month. In 9 patients with incomplete fistula conservative treatment (burning 5% iodine solution) was effective in 3 patients after 1 month. , surgical treatment.

Held elective surgery 6 patients with complete fistula flow yolk and 2 patients with fistulas urachus.

Conclusions. The results of the study of medical records and our observations showed that if the notes soak navel in newborns and in the days marked changes of the surrounding tissues, the parents should immediately seek professional to obtain the necessary advice and treatment. Given the clinical picture of the disease, its possible complications, umbilical fosse is often necessary to clean and treat with antiseptic solutions. Without waiting for complications (sepsis, pyosepticemia, portal hypertension, and disability), you need to identify the appropriate indications for conservative or surgical treatment. At full fistulas defined indications and timing of surgical intervention.

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