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## **ACUTE ABDOMEN IN PEDIATRIC PRACTICE**

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**Abstract.** The patient's fate often depends on the doctor's ability to correctly interpret abdominal pain. The article provides a detailed analysis of the pathogenesis of abdominal pain and systematizes the main causes of "acute abdomen" in children. Particular attention is paid to the differential diagnosis of acute surgical diseases of the abdominal organs in children. The structure of the "acute abdomen" syndrome in children over 1 year old in the emergency surgery clinic is analyzed.

**Keywords:** children, acute abdomen, pain, abdominal pain, causes, diagnostics, differential diagnosis, acute appendicitis.

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### **INTRODUCTION**

Acute abdomen is one of the most common and multifaceted syndromes that cannot be precisely defined. The constant reference to the topic of "acute abdomen" can have only one explanation: there is no problem that unites a surgeon and a pediatrician more than abdominal pain. When faced with complaints from patients and their parents about abdominal pain, each of us, first of all, decides: to a surgeon or a pediatrician? Traditionally, the term "acute abdomen" is associated with the need for emergency surgical intervention. The doctor who is the first to examine the patient must make a fairly quick decision. The task of primary diagnosis is to recognize a dangerous situation and the need for urgent surgical treatment. And very often the burden of responsibility falls on the shoulders of the pediatrician: his decision determines how quickly a patient with a surgical problem gets to a specialist. From this position, the situation of "acute abdomen" is always surgical, accordingly, at the slightest suspicion of "acute abdomen", the pediatrician should refer the patient for consultation with a surgeon.

### **MATERIALS AND METHODS**

By "acute abdomen" in the broad sense of the word we mean a disease characterized by sudden severe abdominal pain requiring surgical treatment. However, not all patients referred to the emergency room are hospitalized, and no more than 1/4 of patients hospitalized in the abdominal surgery department for acute abdominal pain require surgical treatment. So what is hidden under the term "acute abdomen"? The causes of abdominal pain are numerous. Most manuals for doctors provide a long list of diseases that occur with abdominal pain syndrome. Moreover, in childhood, given the dysfunction of regulatory systems, the tendency of children to generalized reactions and the inability to clearly localize pain, this list is almost endless. But for a practicing physician, knowledge of all possible exotic causes of acute abdomen is hardly extremely necessary and useful. It is very important to differentiate between surgical diseases of the abdominal organs and somatic pathology, and also to remember, in cases where it is not obvious, about abdominal trauma. In general, numerous diseases accompanied by abdominal pain can be reduced to several etiological factors [1].

### **RESULTS AND DISCUSSION**

The main clinical symptoms of acute abdomen are: pain, vomiting, intestinal dysfunction, and urinary dysfunction. Pain is the main distinguishing symptom of "acute abdomen". It is observed in almost all cases and may be the only symptom, especially at an early stage of the disease. Pain is a subjective human sensation, so its assessment can be difficult and depends on the doctor's experience. The ability to adequately interpret pain is one of the main requirements for a doctor, especially a pediatrician. Young children are not able to characterize pain, since they are not able to assess their well-being and do not localize pain well enough [2]. Determining the nature of pain in

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newborns is especially difficult. It is important to remember that babies convey a state of discomfort and pain through their behavior, which in young children is manifested by anxiety. Anxiety can be manifested by intense crying, "twisting" and pulling the legs up to the stomach, and refusal to eat. If the child can speak, it is very important not to limit yourself to the parents' story: children over 3 years old can quite clearly tell what and where it hurts.

There are several types of abdominal pain: visceral, parietal (somatic), reflex, psychogenic. The most significant for acute abdomen are visceral and somatic pain, the differences between which are important to know for successful diagnosis of pain syndrome. Pain impulses originating in the abdominal cavity are transmitted both through autonomic nerve fibers and through the anterior and lateral spinothalamic tracts. Pain impulses that are conducted through the spinothalamic tracts are characterized by clear localization. These pains (parietal, somatic) occur when the nerve endings of the parietal peritoneum, the root of the mesentery, the retroperitoneal space, layers of the abdominal wall are irritated, as a rule, as a result of the spread of an intra-abdominal inflammatory process or injury. Somatic pain is quite strong, localized strictly in the area of the pathological process, intensifies with coughing and movement, is accompanied by limitation of chest excursion; is associated with tension (rigidity) of the corresponding muscles of the anterior abdominal wall. This pain is characteristic of ulcerative-destructive processes with perforation of a hollow organ and for inflammatory diseases of the gastrointestinal tract in case of transmural damage to the organ wall (appendicitis, cholecystitis, perforated gastric ulcer, peritonitis, etc.), as well as for traumatic injury. Somatic pain is constant, gradually increasing [3].

Visceral pain occurs as a result of irritation of the ascending vegetative fibers that go with the celiac plexus and vegetative fibers of the spinal nerves. It is caused by ischemic damage when the blood supply to the internal organs of the abdomen is disrupted or by an increase in pressure in the lumen of a hollow organ when it is stretched or contracted. Visceral pain is diffuse in nature: as a rule, a child is not able to describe its clear localization. Most often, visceral pain is localized in the periumbilical region and epigastrium. This pain is dull in nature, appears much later than the pathological focus (the mucous membrane of the gastrointestinal tract and visceral peritoneum are not sensitive to pain); gradually increasing, it acquires a cramping character, since painful sensations occur only when the muscle layer containing sympathetic nerve fibers is stretched. The intensity of visceral pain is also determined by the patient's visceral sensitivity threshold, which has significant fluctuations. Inflammation of the organ leads to a decrease in the pain sensitivity threshold. Thus, in patients with irritable bowel syndrome, pain occurs in response to subthreshold stimuli. Visceral abdominal pain is usually accompanied by autonomic disorders - vomiting, tachycardia, pale skin, and anxiety in the child.

## CONCLUSION

Thus, acute abdomen is a serious, not fully diagnosed abdominal pathology that requires immediate, usually surgical, treatment. Despite the fact that the list of the main surgical causes of acute abdomen is actually not that long, each child requires an individual approach and extensive experience of both the pediatrician and the surgeon to avoid all the pitfalls on the way to the correct diagnosis.

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