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**MODERN DIAGNOSIS AND THERAPY OF NOCTURNAL ENURESIS
DISEASE IN YOUNG CHILDREN**

Resume: Treatment of bedwetting is a complex and still not fully resolved problem. Its relevance is associated with the rather high prevalence of this pathology and its social significance.

The incidence of bedwetting in childhood, according to different authors, ranges from 2.5 to 30%. This scatter of data is explained by the difficulty of obtaining reliable information and the different frequency of pathology by age (it decreases with age - from 20% at 4-5 years to 1-1.5% in children over 15 years old).

The social significance of this disease is determined by a sharp decrease in the quality of life of a child, a negative impact on the formation of personality and character, which complicates the adaptation of patients in society.

Key words: enuresis, preschool age, treatment.

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**СОВРЕМЕННАЯ ДИАГНОСТИКА И ТЕРАПИЯ НОЧНОГО
ЭНУРЕЗА У ДЕТЕЙ РАННЕГО ВОЗРАСТА**

Резюме: Лечение энуреза — сложная и по-прежнему до конца не решенная проблема. Актуальность ее связана с достаточно большой распространенностью данной патологии и ее социальной значимостью.

Частота энуреза в детском возрасте, по данным разных авторов, колеблется от 2,5 до 30 %. Такой разброс данных объясняется трудностью получения достоверной информации и различной частотой патологии по возрастам (снижается с возрастом — от 20 % в 4—5 лет до 1 — 1,5 % у детей старше 15 лет).

Социальная значимость этого заболевания определяется резким снижением качества жизни ребенка, отрицательным влиянием на формирование личности и характера, что затрудняет адаптацию больных в обществе.

Ключевые слова: энурез, дошкольный возраст, лечения.

Relevance. The problem of modern diagnosis of the causes and treatment of enuresis in children is one of the most important social and medical aspects. The International Classification of Diseases X revision (1995) defines enuresis of inorganic nature as persistent involuntary urination during the day and (or) at night, which does not correspond to the psychological age of the child. According to the definition of the International Society for Urinary Incontinence (International Continence Society - ICS), enuresis is urinary incontinence at night. Any case of urination in bed in people older than 5 years is considered enuresis [4]. With primary (persistent) enuresis, there is no prior control over the emptying of the bladder.

Secondary (acquired, recurrent) enuresis, which occurred after a period of stable control of urination (at least 6 months), most often indicates the influence of additional pathological factors (urological, neurological)[1].

The prevalence of enuresis in children aged 4-15 years, according to various authors, ranges from 2.3 to 30%. In 8-10% of children with nocturnal urinary incontinence in adolescence and adulthood, urination disorders persist during the day, which often leads to the development of psychopathological disorders, a significant decrease in the quality of life and requires long-term

treatment. The following figures indicate the social significance of enuresis: 61% of parents consider urination in bed to be a serious problem, and 1/3 of them punish children for it[3].

The results of numerous domestic and foreign studies have determined the polyetiological nature of nocturnal enuresis and the impossibility in most cases of identifying the obvious cause [2,5].

The purpose of the study. To clarify the etiological factors of secondary enuresis in children and to develop an algorithm for pathogenetic treatment of various clinical forms of the disease.

Materials and methods of research. 110 children with enuresis aged 3 to 5 years (80 boys and 30 girls) were under observation, who underwent stage-by-stage differentiated treatment taking into account various etiological factors of the disease.

The results of the study. The results of treatment in all 110 children with enuresis were evaluated according to the following criteria. A complete cure for enuresis was considered to be cases when, after the completion of the next course of staged treatment, enuresis was noted either once (by accident), or not at all during the subsequent (untreated) 3 months. When registering two or more episodes of enuresis for 3 months without treatment, another course of staged treatment was prescribed again.

Thus, the implemented described algorithm for the treatment of urinary incontinence in children, taking into account various etiological and pathogenetic mechanisms of the disease, made it possible to achieve a complete cure of enuresis in all 110 patients. In 85 children (77.3%), this result was achieved after two courses of therapy and in 25 children (22.7%) — after three courses.

Urinary incontinence in children is a polyethological disease and requires a comprehensive paraclinical diagnosis with the participation of children's

doctors of various specializations (uronephrologists, neuropathologists, endocrinologists and child psychologists, first of all).

Currently, taking into account the analysis of the etiological factors of the disease, along with primary and secondary enuresis, it is also necessary to distinguish a mixed form of enuresis, which should be reflected in the currently existing clinical classification of this disease.

Pathogenetic treatment of enuresis in children should be carried out differentially, taking into account the clinical form of the disease, in stages, every 3 months, until full recovery.

Children with secondary and mixed forms of enuresis should be treated optimally in a day hospital. Treatment of the primary form of enuresis is possible on an outpatient basis with the participation of a district pediatrician, uronephrologist or neuropathologist of the polyclinic.

Driptan (oxybutynin) and Minirin (desmopressin) they are basic pharmacological agents for the treatment of enuresis and concomitant urination disorders. The maximum effectiveness of the action of oxybutynin is in complete syndrome of imperative urination, and desmopressin is in the presence of nocturnal polyuria.

The use of Cortexin and Pantocalcin drugs in the complex therapy of overactive bladder and concomitant neuropsychiatric disorders restores the functions of the bladder and improves the quality of life of patients. 5. Complex therapy of enuresis, taking into account the etiopathogenesis of the disease, significantly increases the effectiveness of treatment.

Conclusion. Enuresis is one of the symptoms of urination disorders observed in a wide range of manifestations – from isolated involuntary urination during a night's sleep to its combination with complete or incomplete imperative urination syndrome. Bladder dysfunctions and enuresis in children are formed under the influence of unfavorable factors of the perinatal period and early childhood, being the most striking manifestations of the symptom complex of

disorders of the autonomic nervous system. Secondary enuresis is the result of decompensation of the residual organic background with impaired adaptation under increased loads, which determines the unity of diagnosis and therapy of enuresis of primary and secondary origin.

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