

PRINCIPLES OF DIFFERENTIAL THERAPY OF PANCREATITIS AT CHILDREN'S AGE

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Key words: children, pancreatitis, differential treatment, Quercetin, Digestin

Introduction

At the present stage of the disease pancreatobiliary zone in childhood and adolescence occurring vaguely, with periods of remission fragile and prone to relapse [1, 2, 3]. All this leads to the search for new approaches to individualized pharmacotherapy pancreatitis using herbal remedies that will minimize iatrogenic effects on the functional state of the pancreas and allied digestive tract [4, 5].

Aim of investigation is to conduct a comparative assessment of pain therapy and dyspeptic syndromes pancreatitis in childhood.

Material and methods of investigation

The study involved 170 children aged 2 to 17 years who were hospitalized in the Ivano-Frankivsk Regional Pediatric Hospital in 2009–2011. For the purpose of examination of 53 children assigned therapeutic range Quercetin + enzyme (Digestin), 42 children Quercetin + spazmolityn (Tribudat), 30 patients suggested monotherapy Quercetin. 45 children of the same age who received only basic therapy, group comparisons were.

Because oxidative stress plays a key role in the genesis of diseases of the pancreas in childhood, based on our proposed therapy was bioflavonoid "Quercetin" (producer ZAO NPC "Borshchahivskiy Pharmaceutical Plant" Ukraine, state registration UA/0119/01/01) at a dose of 1 g x 2 times a day for a month. This mullion has antioxidant, cytoprotective and antisecretory properties [5, 6].

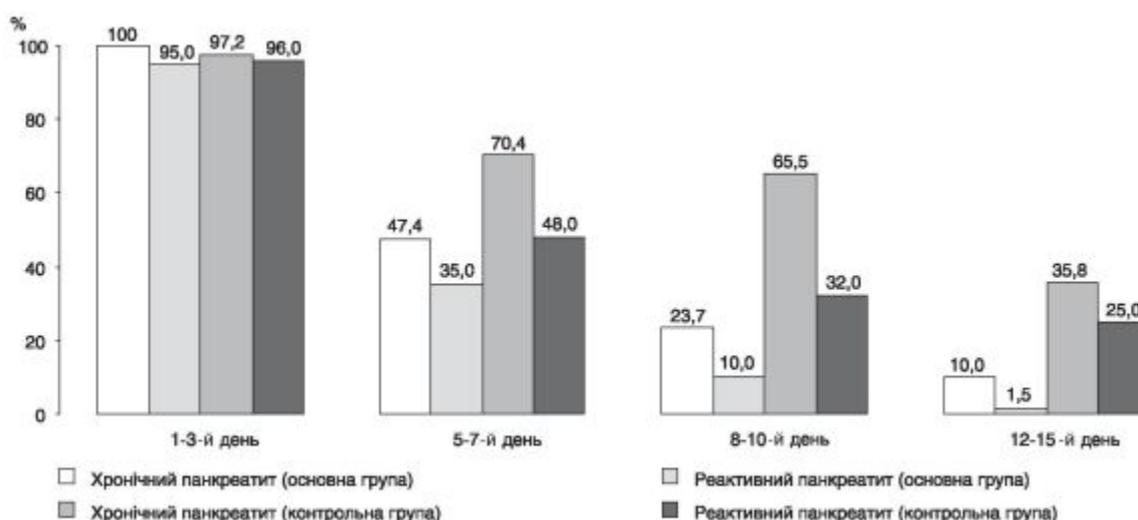
Choosing the means Digestin enzyme (production Pharco, state registration of UA/5564/01/01 15.12.06.r.) is dictated primarily by the fact that its composition is unique to a specific food plant enzymes (papain), animal (pepzym) and fungal origin (solizym 2000). Also referred enzymatic mullion virtually no effect on the process of

hydrolysis of proteins, which was crucial in our study [4]. Dose of Digestin was 1ch.l. x 3 times a day orally before meals for 14 days course.

Inclusion in the treatment of pancreatitis comprehensive product Tribudat (trimebutin maleate) (state registration number UA/9496/02/02) due to its effect on the state of neuro-humoral regulation and motor-evacuation function of the digestive tract, contributing to a more efficient removal of abdominal pain [6]. Tribudat administered at the rate of 100 mg x 3 times a day (for children under 14 years), and 200 mg x 3 times a day orally, for 30 minutes before meal (for children after 14 years). The course of treatment was 14 days. Basic therapy consistent with current protocols approved by the Ministry of Health of Ukraine.

Results and discussion

Having spastic abdominal pain found in 40.5% of patients dystenziynoho in 32.4% of patients and manifestations allodynia in 27.0% of patients. Feature of spastic abdominal pain was paroxysmal in nature, lasting from several hours to days. Distenzial abdominal pain, aching and more tedious, lasting from 30 minutes to 3 hours, respectively. Manifestation of allodynia was a little specific and did not correlate with the severity of the condition. The prevalence of dyspeptic symptoms, including nausea and reflection sour and/or bitter stated in 85.0% of cases. A positive dynamic expression of pain in children with pancreatitis influenced by treatment is stated (Fig. 1).



As can be seen from the above data, pain intensity, influenced by Quercetin and Tribudat, decreased 3-5th day of therapy. Abdominal pain completely disappeared after 8-10th day of hospitalization, along with the regression of edema of the pancreas.

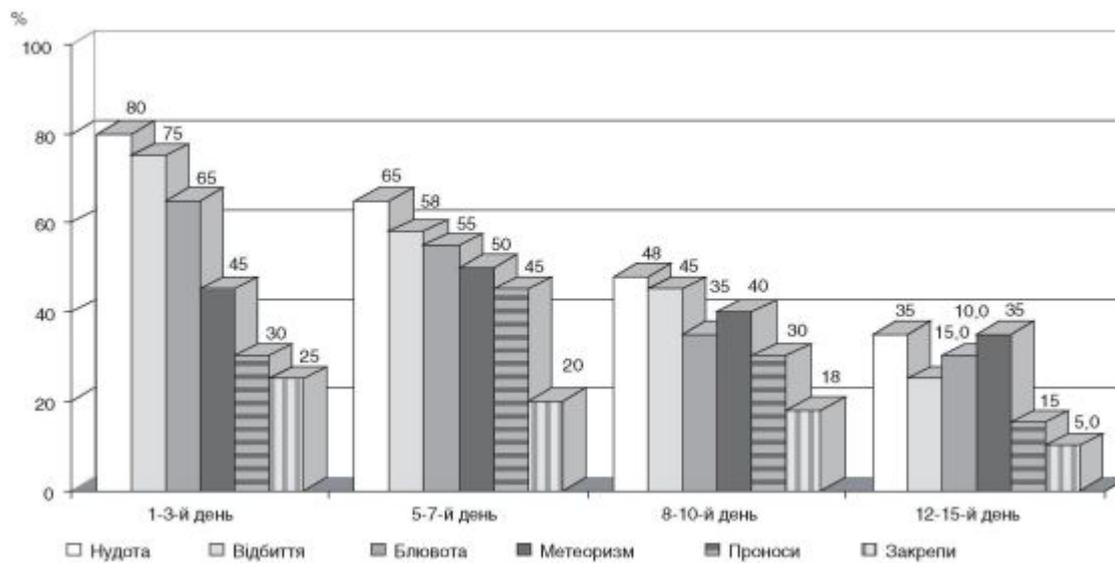
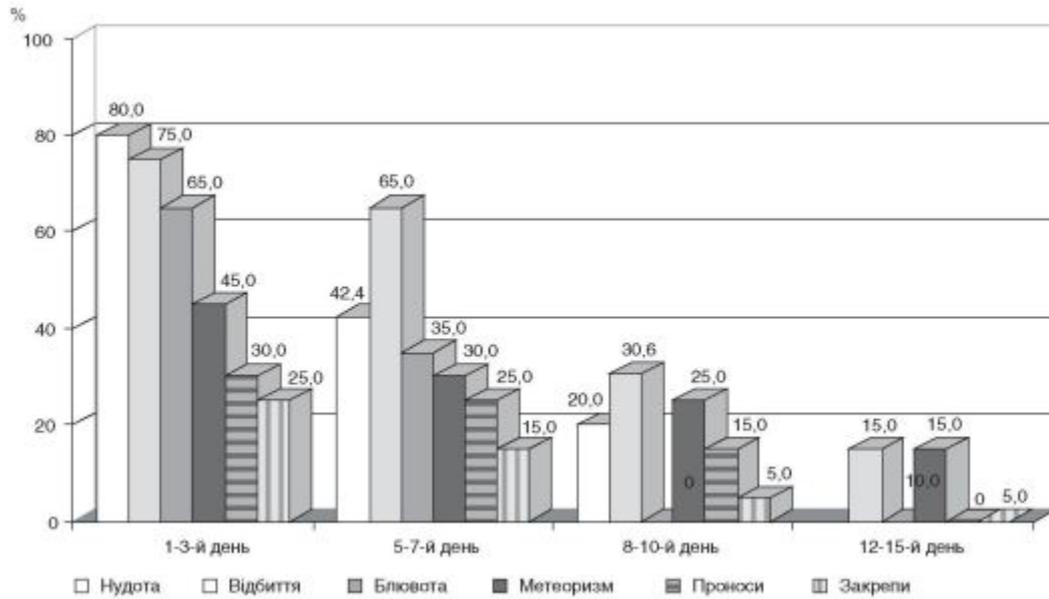
Most children with chronic pancreatitis treated with the proposed treatment poorly defined symptoms of abdominal pain held within the first 8-10-day treatment. One-third of children controls pain in the epigastric and left upper quadrant were recorded for another 12-15th day of treatment.

We explored the dynamics of types of abdominal pain syndrome, depending on the disease under the influence of differential therapeutic systems.

Thus, children who received Quercetin and Digestin, significantly higher expression disappeared distenzial pain and allodynia. Instead, said the therapeutic range did not significantly affect the dynamics of spastic abdominal pain.

Under the influence of Quercetin and Tribudat abdominal pain is not defined in any surveys and distenzial detected in 1.6 times less than before treatment. Manifestations of allodynia decreased under the influence of that therapy only 1.0% of the patients. The use of Quercetin as monotherapy significantly contributed to rapid regression of symptoms distenzial allodynia and abdominal pain. Instead, crampy abdominal pain decreased only in one third of cases for the duration of hospital stay.

The children of the control group, influenced by basic treatment, symptoms of spastic abdominal pain were found even after 10-14th day therapy shows no sufficient clinical efficacy of standard therapy. Analysis of dyspeptic symptoms during treatment in children with pancreatitis is presented in Figure 2 and 3.



In assessing the data, we concluded that the main group of children with reactive pancreatitis treated with Quercetin + Digestin, nausea, vomiting and reflectance, decreased in the first days of therapy, and patients with chronic pancreatitis to 8-10th day of treatment accordingly. Normalization of bowel movements took place more frequently in patients of the main group of the reactive changes of the pancreas.

Analysis of Figure 3 shows that in the control group decrease of dyspeptic syndrome occurred in 12-15th day of in-patient clinic.

After treatment, we determined the following performance criteria: remission (complete disappearance of symptoms), improvement (elimination of symptoms to 50.0%), lack of positive dynamics or deterioration.

It is established that the application of complex therapeutic Quercetin + Tribudat, improvement occurred in 80.0% of cases, and under the influence of complex therapeutic Quercetin + Digestin in 72.0% of cases. Monotherapy by Quercetin contributed remission in 85.0% of patients with reactive pancreatitis. Improvements in the control group of children with chronic pancreatitis met in 65.0% of cases, and remission, only 35.0% of cases.

Note that deterioration, the presence of side effects we have not been observed in any surveys that we received suggested treatment.

Conclusions

1. The use of drug combinations Quercetin + Digestin appropriate correction of distenzial abdominal pain and dyspeptic symptoms of pancreatitis.
2. The therapeutic range of Quercetin + Tribudat contributes to the successful elimination of spastic type of abdominal pain and Quercetin monotherapy is effective in allodynia.
3. We proposed the differential treatment was more effective in prolongation of remission, improving overall than traditional therapeutic range.

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Principles of differential therapy of pancreatitis at children's age

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In this article new approaches to therapy of pancreatitis at children's age are described. 170 children (2–17 aged) with pancreatitis were examined. Among them 53 children were given antioxidant Quercetin and enzyme (Digestin), 42 children — antioxidant Quercetin and spasmolytic (Tribudat), 30 children — only Quercetin. 45 children were included in a control group with exceptionally traditional treatment. Proposed therapy was more effective concerning regress of clinical symptoms of pancreatitis, onset of complete remission or improvement of general state of patients.