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CHRONIC DIARRHEA IN INFANTS AND CHILDREN

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Background and aim: The aim of this study is to determine the causes of chronic diarrhea and the prevalence of Parasitosis-Giardiasis, Coeliac disease (CD), Cystic fibrosis, Sugar malabsorption, Inflammatory bowel disease, Toddler's diarrhea in our unit.

Methods: The study includes 116 patients with chronic diarrhea, defined as more than 3 loose or liquid bowel movements a day for at least 4 weeks. Physical examination focuses on overall appearance and signs of dehydration, growth parameters and abdominal findings. Tests include electrolyte levels, sweat Cl and Na levels for cystic fibrosis; stool microbiology for viruses, bacteria or parasites when infection appears to be present, and stool pH for disaccharide intolerance. Levels of certain antibodies including anti-gliadin antibody (AGA) transglutaminase (TTG); Albumin, markers of inflammation (ESR; CRP thrombocytosis), endoscopy, biopsies.

Results: Parasitosis (mostly giardiasis) was considered to be the cause of diarrhea in 30 (25.8%) patients, Cystic fibrosis 15 (12.93%), Food intolerance-coeliac disease 21 (18.1%), Sugar malabsorption 17 (14.6%), Inflammatory bowel disease 4 (3.44%), Toddler's disease 18 (15.5%), Others 10 (8.6%).

Diarrhea stopped in the 85 patient after specific treatment.

Conclusions: Causes of the chronic diarrhea are multiple. In most cases there is an organic cause that justifies diarrhea.

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RELATIONSHIP BETWEEN PARALYTIC ILEUS AND ACUTE DIARRHEA

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Background: Authors have studied the relationship between paralytic ileus and acute diarrhea in children in Kosovo.

Material and methodology: The study is retrospective and covers the period of one year. All children, aged 0 - 5 yrs, hospitalized due to their acute gastroenteritis at the Department of Pediatric Gastroenterology of the University Clinical Center of Kosovo in Prishtina. Children with metabolic disease were excluded. Data on the laboratory work up and plain abdominal x-ray were obtained from the patients history.

Results: 992 children with acute diarrhea were included. 17 were diagnosed with paralytic ileus. All ileuses were radiologically confirmed. All children has abdominal pain and distension. Only one had no vomiting (1/17 or 5.88%). The mean value for sodium was 136 and of potassium 3.59 with variations between 128 and 167 for sodium and 2.1 and 6.3 for potassium. In one child dehydration was hypernatremic. The mean value for blood urea was 3.30 and 71.33 for creatinine, with maximum values in the severely dehydrated children of 6.5 for urea and 270 for creatinine. pH in patients was between 7.25 and 7.44 with mean value of 7.34.

Conclusion: The onset of abdominal pain, distension and vomiting in children with acute diarrhea should prompt for exclusion of the paralytic ileus.

Key words: Gastroenteritis, acute, paralytic ileus

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PORTAL VENOUS GAS DETECTED BY ABDOMINAL ULTRASOUND IN THE DIAGNOSIS OF SUSPECTED NECROTIZING ENTEROCOLITIS

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Aim: To prospectively assess the validity of detecting portal venous gas on abdominal ultrasound (PVG-US) in the diagnosis of suspected NEC.

Methods: We conducted a prospective cohort study over a three-month period commencing in January 2010. We recruited 6 babies that presented with symptoms and signs suggestive of NEC as defined by the Walsh and Kliegman² staging criteria. All babies had a plain abdominal x-ray performed at presentation. We followed standard protocols for the management of NEC. All babies had an abdominal ultrasound to detect portal venous gas within 48 hours of presentation using a Siemens Sonoline G60 ultrasound machine with a C-80 curvilinear