

## **Symptoms of Dysentery in Children and Basic Treatment Guidelines for this Disease**

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In conditions of poor personal hygiene and low immunity, children are very susceptible to intestinal infections through various viruses and bacteria. Among young school-age children, the disease dysentery is very common. It is important to recognize the specific symptoms of the disease in order not to confuse it with other similar pathologies and to start treatment in a timely manner. Dysentery - causes of the disease There are two main types of infectious lesions that can be observed: shigellosis and amoebiasis. In the first case, dysentery is caused by bacteria of the *Shigella* genus, which are Gram-negative rod-shaped microorganisms. Amoebiasis occurs less frequently and is mainly called by the parasitic microorganism *Entamoeba histolytica*, which is common in tropical and exotic countries. Dysentery spreads through several methods: it occurs in children after contact with an infected person or carriers of the pathogen. Other methods of infection include: using contaminated products; filtering water in reservoirs, reservoirs for bacteria and protozoa; drinking contaminated water; contact with contaminated household items.

Signs of dysentery in children vary for each individual. The characteristic symptoms of dysentery in a child depend on several factors: the type of pathogen, the state of the immune system, the severity of the course of the disease, the seriousness of the manifestations, the extent of damage to the gastrointestinal tract, the age of the child, and the presence of other digestive disorders. Education innovation and integration Dysentery - incubation period. The development of the disease continues during the latent period, which is characterized by the presence of microorganisms located in the gastrointestinal tract of the carrier. Shigellosis dysentery manifests quickly - the incubation period lasts from several hours to a week, usually changing within 2-3 days. Amoebiasis takes a longer latent period, and this type of pathology can develop over a period of 2-3 months. Before diagnosing other types of diseases, a preliminary diagnosis of dysentery is made - symptoms in children are observed for up to a year after exposure to the infection, especially if *Shigella* enters the body at a certain point in time. The acute form of the disease is characterized by specific symptoms that come and go, which is why parents sometimes do not notice the development of the pathology. The initial signs of dysentery in a child become apparent in the early clinical stage of the disease. Dysentery in children starts with fever, with body temperature rising from 37.5 to 40 degrees Celsius. The child experiences frequent bowel movements, often with 1-2 episodes of diarrhea. The child feels significant weakness and fatigue, sleeplessness, loss of appetite, and a decrease in activity during play. Due to weakened immunity and the presence of other concomitant diseases, dysentery can be severe - symptoms in children include: lack of appetite, severe headache, muscle pain, strong abdominal pain (cramping, twisting), bloating. Education innovation and integration. In dysentery, fever is

detected during the acute phase of the disease. The child's body temperature is maintained at 38.5-39 degrees Celsius for 3-5 days, after which it gradually returns to normal. In children up to one year old, dysentery can occur with alternating fever and normal temperature. Subfebrile fever (37-38.5 degrees Celsius) persists for approximately 10-15 days, making it difficult to determine the duration of the disease in carriers. The presence of Najas disorders (abnormal stools) is a distinctive symptom of this pathology. In children at the age of 12 months, dysentery is characterized by frequent bowel movements (up to 25 times a day), loose stools, admixtures of mucus, blood, and greenish substances in the stool, straining during bowel movements, tenderness in the abdominal area, and odorless stool with Turpish later on. Diagnosing dysentery in children under one year old is challenging, as symptoms may include: fussiness, typical signs of diarrhea, traces of blood, greenish foreign matter, and mucus in the stool.

What should be done if a child has dysentery? If parents suspect a serious illness, they should immediately consult a doctor and have the child assessed promptly. It's crucial to determine how severe dysentery is in a child, based on the initial symptoms and to identify and develop a treatment plan. Otherwise, the disease may lead to serious consequences and irreversible complications. For effective treatment, a comprehensive approach is necessary, including: bed rest, medication, and a controlled diet.

#### Treatment of dysentery at home

Infectious diseases are best managed by a healthcare professional, even if the illness appears to be mild. Dysentery in children requires specific treatment that can only be provided by a specialist. Various groups of medicines are prescribed as symptomatic treatment:

1. Rehydration solutions. These help replenish lost fluids and maintain electrolyte balance. Examples include Hydrovit, Regidron, and Tour. In severe cases, rehydration may be administered through intravenous infusion.
2. Antispasmodics. These help alleviate abdominal pain and cramping. Examples include Drotaverine, Spasmalgon, and Papaverine.
3. Enzymes. Pancreatin, Creon, and Festal are essential for restoring digestive functions.
4. Probiotics and prebiotics. Biform, Lactofiltrum, and Bifidumbacterin help restore intestinal microflora and normalize bowel function.
5. Sorbents. Recommended to stop toxin absorption. Examples include Atoxil, Enterosgel, and Smecta.

#### Antibiotics for dysentery in children

Antimicrobial and intestinal antiseptic drugs should only be prescribed by a doctor. The choice of the most effective agent for dysentery in children is determined by the results of laboratory tests and the sensitivity of isolated pathogens. The most commonly used drugs from the nitrofurantoin group are: Furazolidone, Nifuroxazide, Furazidin, Nitrofurantoin, Nifuratel, and others.

Severe cases of dysentery in children, characterized by rapid progression of symptoms, may require cessation of various types of antibiotics. The use of Polyvalent Bacteriophage is recommended in combination with antibiotics such as Monomycin, Ampicillin, Polymyxin M, Gentamicin, Terramycin, Streptomycin, Erythromycin, Amoxicillin, and their analogs.

Herbal treatment is used as a supportive measure for rehydration. However, relying solely on phytotherapy without the use of effective medications can lead to unfavorable outcomes. There are no plants that act similarly to antibiotics and can quickly eliminate bacterial colonies in the intestines.

#### Dehydration prevention drink

Ingredients:

- Chamomile flowers - 10 g
- Water - 200 ml
- Apple - 1 piece
- Honey - 0.5 tsp

Preparation and use:

1. Pour boiling water over the chamomile flowers.
2. Add finely chopped apple, cover, and let it infuse for 30 minutes.
3. Strain and mix with honey or sugar-free jam.
4. Give the child 30-50 ml of the infusion every 1-3 hours or as needed.

What to feed children with dysentery?

After stopping meat consumption, it is necessary to feed the child promptly. For breastfeeding infants, it is recommended to continue breastfeeding. In artificial feeding, it is good to purchase live fermented milk bacteria.

Diet for dysentery in children over one year old includes:

- Pureed vegetables and soups.
- Porridges made from semolina, rice, and oats.
- Vegetable purees.
- Steam-cooked meat dishes (beef, chicken, turkey).
- Kissels.
- Boiled dishes.
- Soups.
- Non-acidic fruit compotes, jellies, and fruit drinks.
- Weak tea, including herbal teas.

Dysentery complications

With timely and adequate treatment, the identified pathology is completely treatable. Negative outcomes are associated with severe symptoms in children due to weakened immune systems, the presence of other concurrent diseases, and the extent of damage to the gastrointestinal tract. Sometimes, the progression of the disease may lead to a delay in diagnosis and treatment due to non-compliance with the recommended dietary guidelines for 2-3 months. This can lead to worsening of the disease.

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