

PERSISTENT DIARRHEA IN CHILDREN

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Z.U. Jumatova, SH.Z. Otajanov, O.U. Matyakubova, Sh.S. Masharipova

Urgench State Medical Institute

Annotation

Diarrhea continues to be a leading cause of illness and mortality in children [1]. While most episodes are acute, infection-related, and resolve on their own, diarrhea that persists for more than four weeks (classified as chronic) can indicate more serious conditions requiring specific diagnosis and treatment to prevent severe outcomes. This timely symposium gathers expert contributions to address the complexities of chronic diarrhea (CD) in children. Tripathi and Srivastava provide a foundational guide for clinicians, outlining a practical approach to diagnosing a child with CD—a process that is often challenging [2]. Their work presents diagnostic and treatment algorithms tailored to factors such as stool characteristics, patient age, and the underlying physiological cause. A key focus is the selective use of tests, from routine to specialized (including serology, imaging, endoscopy, and histopathology), with particular emphasis on the growing role of genetic testing for conditions like congenital diarrheas, monogenic inflammatory bowel disease (IBD), and immunodeficiencies. The authors also stress that effective care requires not only prompt diagnosis but also comprehensive management involving nutritional support and therapies targeted to the specific cause.

Key words

Diarrhea, CD, immunodeficiency, bowel disease.

Introduction. Celiac disease is an immune-mediated systemic disease triggered by intake of gluten in genetically susceptible individuals. The prevalence of celiac disease in the general population is estimated to be 1% in the world. Its prevalence differs depending on geographical and ethnic variations. The prevalence of celiac disease has increased significantly in the last 30 years due to the increased knowledge and awareness of physicians and the widespread use of highly sensitive and specific diagnostic tests for celiac disease. Despite increased awareness and knowledge about celiac disease, up to 95% of celiac patients still remain undiagnosed. The presentations of celiac disease have significantly changed in the last few decades. Classical symptoms of celiac disease occur in a minority of celiac patients, while older children have either minimal or atypical symptoms.

Serologic tests for celiac disease should be done in patients with unexplained chronic or intermittent diarrhea, failure to thrive, weight loss, delayed puberty, short stature, amenorrhea, iron deficiency anemia, nausea, vomiting, chronic abdominal pain, abdominal distension, chronic constipation, recurrent aphthous stomatitis, and abnormal liver enzyme elevation, and in children who belong to specific groups at risk. Early diagnosis of celiac disease is very important to prevent long-term complications. Currently, the only effective treatment is a lifelong gluten-free diet. In this review, we will discuss the epidemiology, clinical findings, diagnostic tests, and treatment of celiac disease in the light of the latest literature.

This comprehensive review examines the diverse causes and management of chronic diarrhea (CD) in children. Celiac disease, a leading global cause, is often underdiagnosed and mismanaged, despite its straightforward gluten-free dietary treatment. The presentation is now frequently non-classical, and while diagnosis traditionally relies on serology and endoscopy, a non-biopsy approach is possible in select cases. Emerging pharmacological aids aim to improve dietary compliance.

Inflammatory bowel disease (IBD), another immune-mediated condition with rising incidence, requires differentiation from chronic infections like intestinal tuberculosis. Its management is now highly standardized, utilizing advanced classification and treatment algorithms centered on immunosuppressive therapies, including novel biologics. A multidisciplinary team approach is ideal for achieving sustained remission and endoscopic healing.

Cow's milk protein allergy, a common and treatable cause, underscores the need for clinical acumen due to a lack of definitive diagnostic tests. Careful history and examination are crucial, as is the judicious use of elimination diets to avoid nutritional compromise, with rechallenges to confirm the diagnosis.

Functional diarrhea, a disorder of gut-brain interaction, is increasingly recognized across age groups. Its pathophysiology and optimal treatment remain unclear, necessitating differentiation from more serious conditions and further research into its mechanisms.

Beyond these, the role of diet is complex. Advances in understanding congenital diarrheas and enteropathies (CODEs)—rare genetic disorders like microvillus inclusion disease and congenital chloride diarrhea—highlight the critical need for early diagnosis and specific dietary or nutritional support, sometimes requiring intestinal transplantation. While diet therapies are valuable in many chronic diseases, the review cautions against the blanket use of exclusion diets due to risks of nutritional deficiencies and maladaptive eating.

Other challenging causes of CD include immunodeficiencies, intestinal lymphangiectasia, secretory tumors, endocrinopathies, and increasingly recognized

entities like eosinophilic gastrointestinal diseases and drug-induced diarrhea. Early recognition is vital as these conditions can be severe and life-threatening.

In summary, CD arises from a vast spectrum of conditions, from congenital to immune-mediated. A structured diagnostic approach is essential, prioritizing early recognition and tailored therapy, especially for life-threatening disorders. Nutritional optimization is a universal cornerstone of management. For complex or unresolved cases, referral to expert centers for advanced investigation—including histopathology and genetics—is indicated. Future progress depends on enhancing our understanding of pathophysiology, improving diagnostic timeliness, and developing more targeted treatments.

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