

CLINICAL FEATURES OF COMBINED DIARRHEAL COURSE IN CHILDREN WITH GIARDIASIS

Samarkand State Medical University

Department of Infectious Diseases

Mustaeva Guliston Buribaevna, Assistant of the Department

Giardiasis is a parasitic disease closely associated with intestinal infections, caused by protozoa rather than helminths. The etiological agent of giardiasis is *Lambliia intestinalis*, which inhabits the lumen of the human small intestine. In international literature, the parasite is more commonly referred to as *Giardia lamblia*. Infection typically occurs when cysts enter the gastrointestinal tract of the child. The most common transmission routes include fecal-oral, waterborne, and foodborne pathways. Additionally, person-to-person transmission is possible through direct contact. Children with habits such as finger sucking, nail biting, or chewing on objects (e.g., pens, pencils) are particularly susceptible, making this group more vulnerable to infection.

Keywords: giardiasis, cyst, chronic diarrhea.

Considering the high resistance of *Giardia* cysts to environmental factors, especially in conditions of poor hygiene, the likelihood of infection increases significantly among family members and in groups of preschool children [2-4,7]. After ingestion, cysts pass through the acidic environment of the stomach without significant alteration and reach the proximal part of the small intestine, where digestion and absorption processes are most active. In this region, nutrients such as carbohydrates, proteins, fats, vitamins, and minerals are primarily absorbed [9]. Under the influence of the alkaline intestinal environment, the cyst оболка dissolves, releasing trophozoites, which actively multiply through longitudinal binary fission.

Objective of the study. To analyze the clinical characteristics of diarrheal syndrome in children with concomitant giardiasis.

Materials and methods. A total of 36 children aged 3 to 7 years presenting with diarrhea and confirmed giardiasis were examined. A control group consisted of 34 children with diarrhea but without giardiasis. All patients underwent comprehensive clinical and laboratory examinations, including stool history analysis, bacteriological and coprological investigations. The diagnosis of giardiasis was established by detecting cysts and vegetative forms of the pathogen in stool samples using the formalin-ether concentration technique.

Results and discussion. Analysis of the medical history in children with combined giardiasis and diarrhea revealed the presence of dyspeptic syndrome, including decreased appetite (28/77.7%), nausea (18/50%), and occasional vomiting (7/18.4%). Additionally, manifestations of asthenoneurotic syndrome were observed, such as irritability (21/58.2%), headache (10/27.7%), and tearfulness (7/19.4%).

The study of the clinical course demonstrated that in the majority of cases (27/75%), the onset of disease was gradual, compared to patients in the control group (12/35.2%). Vomiting was significantly more frequent in children with giardiasis-associated diarrhea (24/66.66%) than in those without giardiasis (16/47.05%). Abdominal pain of varying nature and intensity was observed in 32/88.8% of patients in the study group, whereas in the control group it was noted only in 12/35 (approximately 35.2%) cases.

Furthermore, pronounced dyspeptic symptoms such as excessive gas formation, bloating, and intestinal distension were identified in 29 (80.05%) children with combined pathology.

Assessment of disease severity showed that 17 (47.2%) patients had severe and 19 (52.8%) had moderately severe forms of diarrhea. In the control group, the distribution was 14 (41.2%) severe, 18 (52.9%) moderate, and 2 (5.8%) mild cases.

Coprological findings indicated that in all patients (100%), stool had an enteritic character-liquid, watery, foul-smelling, without mucus or blood admixtures. Notably, in all children with giardiasis, diarrhea persisted for a prolonged period (more than two weeks), even after resolution of intoxication symptoms.

Extraintestinal manifestations were also observed: 21 (58.3%) children exhibited skin manifestations such as maculopapular and urticarial rashes.

Conclusion. The study of combined giardiasis and diarrhea in children demonstrated that dyspeptic and asthenoneurotic syndromes are more frequently observed in this group. The diarrheal syndrome, predominantly of enteritic type, is characterized by a gradual onset, accompanied by vomiting, abdominal pain of varying localization and intensity, and significant gas formation. This combination contributes to a more prolonged and severe course of diarrhea. A distinctive clinical feature of giardiasis-associated diarrhea in children is the presence of extraintestinal manifestations, particularly maculopapular and urticarial skin rashes. Comprehensive diagnostic approaches, including identification of *Giardia* invasion, allow for more accurate diagnosis and contribute to improved treatment outcomes.

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