

ESOPHAGEAL BURNS IN CHILDREN: RELEVANCE OF THE PROBLEM AND RESEARCH

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Esophageal burns in children are a serious medical problem that requires an integrated approach and specialized treatment. This article discusses the relevance of the problem, the purpose of the study, materials and methods, results and conclusions based on an extensive literature revision. The study included data analysis using Google Scholar, Scopus and other specialized sources. The main risk factors for esophageal burns in children are identified, methods of diagnosis and treatment are described, and the effectiveness of therapeutic strategies is analyzed. The findings of the study highlight the need for early diagnosis and adequate treatment to reduce the risk of complications and improve the prognosis in patients.

Keywords. Esophageal burns, children, medical emergence, burn treatment, burn diagnosis, burn complications, integrated approach.

Introduction

Esophageal burns in children are a serious medical problem that requires immediate intervention and an integrated approach. The occurrence of esophageal burns in children is most often associated with accidents, such as accidental ingestion of hot liquids or food objects into the mouth. These injuries can have serious consequences, including esophageal stenosis, perforation, and long-term rehabilitation.

The purpose of this study is to systematize the existing data on the causes, diagnosis, treatment and consequences of esophageal burns in children. The study is based on the analysis of current literature, including data from Google Scholar, Scopus, and other specialized sources.

Understanding risk factors, choosing optimal diagnostic and therapeutic approaches is a key aspect to improving treatment outcomes and preventing possible complications in patients.

Materials and methods

To conduct this study, an extensive literature audit was carried out using various sources of information, including Google Scholar, Scopus and specialized medical databases. Both early and current studies regarding esophageal burns in children were analyzed in order to identify the main aspects of the problem, effective diagnostic methods and optimal treatment strategies.

The focus is on identifying risk factors that can lead to the development of

esophageal burns in children, such as accidental ingestion of hot liquids or solid objects into the mouth. Case reports, clinical studies, meta-analyses, and review articles covering a wide range of aspects of the problem were used for the analysis.

The diagnostic methods studied in the work include both standard clinical approaches and the latest technologies aimed at early detection and assessment of the severity of esophageal burns. Both non-invasive techniques (e.g., endoscopy) and more invasive procedures (e.g., CT scans) were considered to determine the nature and extent of the damage.

In terms of therapeutic approaches, the study covered a variety of treatments for esophageal burns, including conservative methods, surgery, and rehabilitation measures. The effectiveness of each approach was evaluated depending on the clinical manifestations and characteristics of each patient.

All the collected data and analysis allow us to draw conclusions about the most optimal strategies for the diagnosis and treatment of esophageal burns in children, which is a key aspect for improving treatment outcomes and reducing the risk of complications.

Results

The results of our study confirmed that esophageal burns in children represent a serious medical condition with potentially significant complications. The main clinical manifestations of burns vary depending on the severity of the injury and may include tenderness when swallowing, vomiting, hemoptysis, and other symptoms suggestive of esophageal involvement.

Diagnosis of esophageal burns is based on a combination of clinical examination, instrumental methods and laboratory tests. Endoscopic examination is a key method for visualizing and assessing the extent of damage to the esophageal mucosa. X-rays and computed tomography are used to further assess and detect complications such as stenoses and perforations.

Our study also evaluated the effectiveness of different therapeutic approaches. Conservative treatment, including the prescription of anti-inflammatory and anti-pain drugs, antibiotics for infection, is often used in mild cases. However, in cases of significant damage or complications, surgical intervention such as endoscopic dilatation of stenosis or reconstructive surgery may be required.

An individual approach to each patient is necessary for optimal case management, taking into account age, general condition and severity of injury. This includes regular monitoring of the patient's condition, adjustment of therapy and evaluation of treatment results on a long-term basis.

В заключение, наши выводы подчеркивают важность разработки и применения стандартов диагностики и лечения ожогов пищевода у детей для улучшения клинических результатов, снижения осложнений и повышения

качества жизни маленьких пациентов, подвергшихся такому виду травмы.

Conclusions

The findings of our study highlight not only the difficulty of diagnosing and treating esophageal burns in children, but also the need for a systematic approach to managing these cases. Esophageal burns in children can have a variety of clinical manifestations, ranging from discomfort when swallowing to serious complications such as stenosis and perforation, which significantly worsen the quality of life of young patients.

The study confirms that successful treatment of esophageal burns requires not only a quick and accurate diagnosis, but also an individual approach to each patient. A variety of diagnostic methods, from standard clinical assessment to modern instrumental studies, allows medical specialists to choose the best strategies depending on the characteristics of each case.

Therapeutic approaches, such as conservative treatment and surgical interventions, should be carefully selected depending on the severity of esophageal damage. In addition, follow-up monitoring and rehabilitation aimed at minimizing complications and restoring the normal function of the digestive system are no less important.

The findings of our study highlight the need for continuous improvement of clinical protocols and therapeutic approaches to optimize the results of treatment of esophageal burns in children. This includes the development of new diagnostic methods, the improvement of surgical techniques and the improvement of patient rehabilitation, which will help improve the prognosis and quality of life of patients facing this type of injury at an early age.

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