

CLINICAL AND LABORATORY MANIFESTATIONS OF BILIARY ATRESIA IN CHILDREN OF DIFFERENT AGES

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Introduction. In newborns and children of the first months of life, biliary atresia occupies a leading place in the structure of liver and bile duct diseases. Biliary atresia was first described more than a century ago, but even now, issues of its timely diagnosis cause difficulties. At the same time, the effectiveness of surgical treatment depends on the age of the patient, which determines the exceptional importance of early diagnosis. There is no research method on the basis of which the diagnosis can be verified. Biliary atresia is established on the basis of characteristic clinical and laboratory manifestations, which change depending on the age of the child, as well as when excluding other diseases of the hepatobiliary system.

Purpose of the study. Study of clinical and laboratory manifestations of biliary atresia in different age periods.

Material and methods of research. A total of 70 children aged 10 days to 6.5 months with biliary atresia were examined. Anamnestic, clinical, laboratory and instrumental manifestations of the disease were analyzed. Most children were born full-term with anthropometric indices corresponding to the norm. Jaundice appeared on the 2nd-4th day of life, 52% of patients had a "light interval" in the course of jaundice. The earliest clinical sign of the disease was discolored stool, the appearance of which in most cases (94%) was preceded by the passage of meconium. Absence of hepatomegaly at birth with subsequent gradual increase in liver size by the end of the 1st month of life was characteristic of all children. Clinical and laboratory manifestations of cholestasis and transaminase indices increased in children after 1 month of life. By this age, hemorrhagic syndrome was manifested in 5 (7%) patients. The indicators of the liver synthetic function remained normal up to 3.5-4 months of life. According to the ultrasound examination data, the gallbladder was visualized as a "cord" (77%) or was not visualized (23%). Without surgical treatment, signs of biliary cirrhosis formation appeared by 5-6 months of life.

The results obtained and their discussion. All children had jaundice, the maximum severity of which was noted at the age of 5.0 ± 0.5 months and older. Up to 2 weeks of life, the liver size was within the normal range in most children, in other age groups its size was increased.

At the same time, the degree of increase was proportional to the age of patients, which is also explained mainly by postnatal liver damage in children with biliary atresia. In all age groups, the level of total bilirubin was increased due to the direct fraction, and at the age of 1 to 2.5 months it was lower compared to that in children up to 2 weeks of life. In children over 2.5 months, the

bilirubin level gradually increased in direct proportion to age. The level of the enzyme γ -glutamine transferase, which was increased in all groups, is indicative. At the age of 2.0 ± 0.5 months, the maximum indicator was noted, which was significantly different from that in children younger than 1.5 months and older than 5 months. We believe that the relatively low level of the enzyme in children under 1 month of life is associated with a minimal degree of liver damage. In turn, in patients older than 5 months, a decrease in the indicator is a reflection of developing liver cirrhosis.

Conclusion. Thus, the conducted studies showed that in the majority of cases (90%), children with biliary atresia were born full-term with anthropometric indices corresponding to the physiological norm. In all children, jaundice appeared on the 2nd-4th day of life, i.e., in the usual time for physiological jaundice. More than half (52%) of patients had a "light interval" in the course of jaundice. The earliest clinical sign of the disease was discolored stool, the appearance of which in most (94%) patients was preceded by the passage of meconium.

