

GASTROESOPHAGIAN REFLUX IN CHILDREN WITH CHRONIC BRONCHOPULMONARY DISEASES

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Background. Gastroesophageal reflux disease (GERD) is a malady that can be pathogenically involved in the progression of bronchopulmonary disease (BPD). **Objective of the study.** Evaluation of gastroesophageal reflux (GER) in children with BPD. **Material and Methods.** The study included 41 children from the IMC Pneumology Clinic with GERD, mean age 8.1 ± 0.8 years (variations 1-17 years), divided into 4 age groups: 0-3 years, 4-6 years, 7- 11 years, 12-18 years. The diagnosis of GERD is confirmed by fibroesophagogastroduodenoscopy (FEGDS). **Results.** Insufficiency of the lower esophageal sphincter was detected in 7 children (17.1%: 95% CI 7.2-32.1), hyperemia of the esophageal mucosa in 87.8%. Gastric contents in the lumen of the esophagus were detected in all patients. Every fourth child suffers from duodeno-gastric reflux-26.8%, which proves that GERD can be not only acidic, but also alkaline, biliary. BPD were diagnosed in 34 children-83%, the highest rate due to recurrent pneumonia-48.8% and diseases with recurrent bronchoobstructive syndrome - 56.1%. Thus, asthma was in 26.9%, bronchopulmonary dysplasia in 7.3% of children. 36.6% of patients have a chronic cough with a mean duration of 7.2 ± 1.6 weeks. **Conclusion.** GERD in children often presents with extradiigestivebroncho-pulmonary clinical syndromes manifested by recurrent and chronic diseases, which pathogenically interact and influence the evolution of these nosological entities.

Keywords: gastroesophagealreflux, bronchopulmonarydisease, children.

REFLUXUL GASTROESOFAGIAN LA COPII CU MALADII BRONHOPULMONARE CRONICE

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Introducere. Boala de reflux gastroesofagian (BRGE) este o afecţiune, care poate fi implicată patogenic în evoluţia maladiilor bronhopulmonare (MBP). **Scopul lucrării.** Evaluarea refluxului gastroesofagian (RGE) la copiii cu MBP. **Material şi metode.** Studiul a inclus 41 de copii cu BRGE, din Clinica Pneumologie IMC, cu vârsta medie de $8,1 \pm 0,8$ ani (variaţii 1-17 ani), repartizaţi în 4 loturi corespunzător vârstelor: 0-3 ani, 4-6 ani, 7-11 ani şi 12-18 ani, diagnosticul BRGE fiind confirmat prin fibroesofagogastroduodenoscopie (FEGDS). **Rezultate.** Insuficienţa sfincterului esofagian inferior a fost depistată la 7 copii (17.1%: 95%CI 7.2-32.1), hiperemia mucoasei esofagului la 87,8%. La toţi pacienţii a fost depistat conţinutul gastric în lumenul esofagului. Fiecare al patrulea copil suferă de reflux duodeno-gastric - 26.8%, fapt care demonstrează că, RGE poate fi nu doar acid, dar şi alcalin, biliar. MBP au fost diagnosticat la 34 copii - 83%, cea mai mare rată revenid pneumoniei recurente – 48.8% şi maladiilor cu sindrom bronhoobstructiv recurent – 56.1%. Astfel, astmul bronşic era la 26.9% dintre copii, displazia bronhopulmonară la 7.3% copii, 36.6% din pacienţi manifestând tusea cronică, cu durata medie de $7,2 \pm 1,6$ săptămâni. **Concluzii.** BRGE la copii se prezintă deseori cu sindroame clinice extradiigestive bronho-pulmonare, manifestate prin maladii cu caracter recurent şi cronic, care patogenice interacţionează şi influenţează evoluţia acestor entităţi nosologice.

Cuvinte-cheie: reflux gastroesofagian, maladii bronhopulmonare, copii.