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Commentary

Acute Diarrhea in Children

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DESCRIPTION

Acute Diarrhea (AD) is the most common gastrointestinal illness and is the leading cause of dehydration. As a child it is characterized by sudden onset of watery or mild diarrhea more than 3 times a day. The period is 7 to 10 days, up to 14 days. It mainly occurs in children up to 5 years old especially for newborns in the second half and children up to 3 years old. Its primary Causes are gastrointestinal infections, viral and bacterial, and rarely gastrointestinal poisoning, and other factors. It is clear because dehydration and negative nutritional balance are the main complications of AD. Replenishing lost fluids and proper nutrition form the basis of treatment for children. Others like High fever antipyretic, treatment except anthelmintic for intestinal giardiasis, Anti-amoebiasis and probiotics are rarely needed. This is especially true for non-critical use of antibiotics.

Acute diarrhea is the most frequent gastrointestinal disorder and the main cause of dehydration in childhood. It is characterized by a sudden occurrence of three or more watery or loose stools daily .In addition, the initial phase of the disease is often accompanied by anorexia, vomiting, abdominal pain and elevated body temperature. Acute diarrhea primarily occurs in children during the first five years after birth, and particularly in the second half year and in small children. Although it is present worldwide, the highest incidence is recorded in the developing countries. Excluding newborns Pathological condition and pneumonia, acute Diarrhea is mainly due to dehydration around the world. That is, hypovolemia, electrolyte imbalance and acidosis, and recurrent cases and generations. General malnutrition is the main cause of death Children up to 5 years. The most common causes of acute diarrhea are gastrointestinal infections, viral and bacterial, Parasites are rare. Infection is fecal-orally transmitted. Transmission, that is contaminated food and water either direct or indirect contact with the infected individually. Prevalence of Certain intestinal bacteria is age dependent it also depends on the level of Children's environment.

Probiotics, Lasecadotril, Diosmectite favor Impact of the disease on the clinical course. Combination of probiotics and prebiotics greatly contributes to salvation reduces disease progression during racecadotril and diosmectite reduce the loss of water and electrolytes in the stool. Microencapsulated probiotics and prebiotics, deadlines for their higher stability and resistance to stomach acid Biliary pancreatic activity is more favorable than normal. The main complication of diarrhea is dehydration. This is common in infants and children with weakened immunity. Dehydration can be mild, moderate, or severe. Mild dehydration is a loss of water. Moderate or severe dehydration puts a strain on the heart and lungs. In the worst cases it can lead to shock, which is life threatening.

Diarrhea develops suddenly and can last for less than 2 weeks (acute) or persistent (chronic). This is about acute diarrhea, which is common in children. In most cases, diarrhea subsides and resolves within a few days, but it can last longer. The main risk is fluid deficiency (dehydration). The main remedy is to give the child plenty of drinks. This can be done by giving a special hydration drink. Also, once dehydration is treated with a drink, encourage your child to eat as normally as possible. Seek medical attention if the child is suspected of having dehydration. Blood tests are generally not needed for mild or moderate dehydration, as the results do not affect treatment. It is not possible to reliably distinguish between viral and bacterial causes based on inflammatory parameters such as reactive proteins and erythrocyte sedimentation rate. Blood tests are indicated for patients who are severely dehydrated and who are undergoing intravenous rehydration. These should include complete blood count, acid base status, glucose, electrolytes, and blood urea nitrogen.

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