



## CLINICAL AND NEUROLOGICAL FEATURES OF ENUREZIS IN CHILDREN

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Enuresis is a pathological condition associated with a violation of the control over the function of the bladder during the day or night. It should be noted that enuresis is a condition that requires a mandatory multidisciplinary approach with the participation of not only a pediatrician and a neurologist, but also a urologist, surgeon and psychiatrist. Enuresis is the cause of insecurity and inferiority in children and their parents, neurosis-like disorders and the development of secondary disorders, such as a microbial-inflammatory process in the urogenital tract. As an independent nosology, enuresis is considered after 4 years, since it is during this period that the child develops and establishes signs of neatness. Much attention is paid to a decrease in the quality of life in children with enuresis, since enuresis contributes to the formation of social, emotional and behavioral maladaptation, is accompanied by low school performance, due to the morphofunctional immaturity of the cerebral cortex and supraspinal structures. Some authors argue that the diagnosis of enuresis should be made after 5 years in girls and after 6 years in boys, the diagnosis is associated with a number of features - the sex of the child, the frequency of enuresis, the attitude of parents to this problem.

In normally developing children, signs of neatness are formed by the age of 3-4 years, and after 5 years, regular urination is abnormal.

It should be noted that in this case, it is still debatable to consider that the child has been cured provided that there are no episodes of urinary incontinence during sleep or the acquisition of the skill of urination control remains debatable. Based on this, many schemes and algorithms for the management of children with enuresis are proposed, but there are a lot of reasons for enuresis and the lack of clarity in the pathogenetic mechanisms of the onset of enuresis often leads to the return of symptoms of the disease after treatment after a certain period of time. Very often, enuresis is accompanied by comorbid, anxiety disorders, which also contributes to school and social maladaptation in children suffering from this disease. In practical neurology, neurotic and neurosis-like enuresis are distinguished, cases of the epileptic form of enuresis are distinguished. It should be noted that nocturnal enuresis can be the cause of diabetes mellitus.

According to the literature, enuresis occurs on average in 15-20% of children aged 5-6 years, mainly in boys, decreases with age to 1-2% and in 0.5-1% of adolescents. In the International Classification of Diseases (ICD 10), enuresis is represented by

Urinary incontinence may occur 1 time or more per night. Distinguish between primary and secondary urinary incontinence. PE in the general population occurs in 15-20% of children aged 5-6 years, mainly in boys, is hereditary (75-88%), the mode of inheritance is autosomal dominant, but in 25-40% of cases it is considered sporadic. According to the researchers: primary and secondary types of involuntary nocturnal urination are genetically



based pathologies, "... during which there is a delay in the conscious control of bladder emptying in the presence of primary enuresis, it is also worth noting the presence of psychosocial problems in this category of persons, as a result of which a secondary type of enuresis develops. It is worth noting that this pathology takes place with the only symptom, which is ADH deficiency.

Polysymptomatic enuresis is characterized by a combination of nocturnal urinary incontinence with somatic disorders of the urological, neurological, mental, endocrinological nature. The most widespread is primary polysymptomatic enuresis.

The frequency of enuresis in preschool age occurs up to 10%, at school age - up to 4,5-5%, in puberty and in adults - up to 0,5% , occurs more often in boys - up to 12%, in girls - up to 7%.

In order to determine the age limit when urinary incontinence is a disease, it is necessary to consider the stages of the formation of the act of urination. Urine excretion by a reflex mechanism, by the mechanism of a spinal reflex, is noted only in persons of newborn age up to 6-8 months. When the bladder is full, its sphincters remain closed, while during the period of exile they are open. Newborns do not have the ability to accumulate urine, the bladder capacity is 10-20 ml, and the number of urination reaches 20-30 per day. With age, there is a decrease in urination episodes, which is associated with an increase in the volume of the bladder. By the end of the first year of life, the conditioned reflex nature of the act of urination is formed, with the inclusion of subcortical centers, cortical centers in the reflex chain, with the manifestation of the ability to restrain detrusor contraction.

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