

Treatment of Urinary Incontinence in Late Adolescence

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Annotation: The state we have observed associated with anxiety urination in adolescents 15-19 years old today much globally limits the range of activities and ways of self-development of this contingent. The difficulty of a psycho-emotional state, embarrassment from a concomitant illness and restriction of oneself from favorite sports weaken the young man's interest in life. The cause of urgent urinary incontinence is hyperactivity or uncontrolled bladder contractions. This bladder condition can be caused by neurogenic causes (diseases and injuries of the brain and/or spinal cord), urinary tract infection (cystitis, prostatitis), bladder tumors, urinary outflow difficulties in men caused by the development of adenoma or prostate cancer. Sometimes the obvious causes of urinary incontinence cannot be identified.

Keywords: acute incontinence, trospia chloride, adolescence.

INTRODUCTION. Urinary incontinence in adolescents is a pathological condition characterized by a fairly large prevalence (from 5 to 28%) among children of various age groups [1.5.6]. This condition for a long period of time was mainly the subject of research by neuropathologists and psychiatrists, who considered its origin in connection with disruption of the maturation processes of higher centers for the regulation of vegetative functions [2.3]. Despite the fact that involuntary urination has the same history as the person himself, and an abundance of literature on this problem, it continues to be relevant. [7]. It is a common and distressing problem, which may have a large impact on quality of life. It has been identified as an important issue in geriatric health care. The term enuresis is often used to refer to urinary incontinence primarily in children, such as nocturnal enuresis (bed wetting). [4.8].

THE PURPOSE of the work was to substantiate the tactics of complex treatment for involuntary urination in children of older age.

MATERIAL AND METHODS. Under our supervision from 2019 to 2021, there were 76 children with urinary incontinence aged 13 to 17 years. There were 51 boys (67.1%), 25 girls (32.9%). All subjects were pre-examined by a neuropathologist and psychologist to assess neurological status and to exclude the presence of lesions of the nervous system. comprehensive examination of patients, including: cysto manometry, cystoscopy, determination of residual urine, electromyography of anal sphincter and pelvic floor muscles in standing and lying positions, cystography, myctic cystourethrography, excretory urography, US scanning of kidneys and urinary tract.

RESULTS AND DISCUSSION. During the examination of patients, various types of urological pathology were identified (urethral stricture, posterior valve of the urethra, hypertrophy of the seminal tubule, cystitis, chronic pyelonephritis). The findings suggest that all children suffering from enuresis or at least having restless urinary acts in the interest of early diagnosis of urological diseases should be subjected to a preliminary examination by a urologist and neuropathologist in specialized hospitals. In most cases, involuntary urination during sleep has been observed since early childhood. The frequency of involuntary urination was different, in 27.1% of patients it was observed every night 1-2 or 3 times at different sleep times, in 63 (82.9%) cases of incontinence, it

was combined with enuresis during waking, and in 13 (11.9%) patients involuntary urination occurred during increased physical activity.

The main symptoms that prompted parents to see a doctor were dysuric events (initially difficult, painful urination, night and day incontinence with residual urine phenomena) and persistent leukocyturia. All this was an indication for an additional examination taking into account laboratory analyses. In 19 children with cervical obstruction, in all patients with valves and narrows of the posterior urethra, tumor-like formation over the moon (atonic bladder) was already observed from breast age.

With the decompensated phase of bladder neck sclerosis, with the preservation of excess residual urine, bladder sphincters overextend, which is manifested by the constant release of urine by drops from the urethra. Chronic urine retention in the atonic bladder causes insufficient emptying of the lochs and ureters, resulting in the development of hydrourethra and hydronephrotic transformation. First, kidney function suffers, and then gross morphological changes occur as a result of the death of their parenchyma. With a mixing cystourethrogram with urethra valves, an expansion of the posterior part of the urethra was noted, abruptly interrupting above the obstacle, below which it is of ordinary size. Bladder neck sclerosis manifested itself as an ocular constriction or filling defect in the neck region. The neck of the bladder always responds to urethral obstruction, so you should talk about the pathology of the neck only in the absence of urethral pathology. All children had pronounced secondary changes in the overlying parts of the urinary system: trabecularity and pseudodiverticles of the walls of the bladder, dilatation of the upper urinary tract in the presence of bladder-ureter reflux on the cystogram. To treat enuresis, we used combinations of different methods. Of the drugs, 15 mg of spasmex was preferred. Prescribed according to the scheme: 3 times a day for 1 tablet covered with a shell or in the morning 2 tablets and in the evening 1 tablet. As a rule, the first course of treatment was combined with physical methods - electrophoresis was prescribed with prozerin on the suprapubic region. The latter in some cases alternated with diathermia on the sacral-coccyx region. In the absence of a pronounced effect from such treatment in patients with atonia, the cervix of the bladder resorted to precervical novocaine blockages with prozerin solutions. To eliminate obstruction, patients underwent the following surgical interventions: dissection of the anterior semi-circle of the neck with plastic in 11 patients; partial wedge-shaped resection of the urinary bladder neck - in 3; dissection of the posterior lip of the mucosa - in 2; excision of valves - in 8; excision of the diverticle of the urethra - in 2; removal of bladder stone with bladder neck plastic - in 9; antireflux surgery with the plastic of the bubble-urethral segment was performed in 10. All patients received antisclerotic, desensitizing, antibacterial treatment and vitamin therapy.

CONCLUSIONS. The findings of the present study confirm the need for a detailed examination of the genitourinary system in children with any form of acute incontinence and enuresis in a urological hospital setting.

Thus, incontinence in children can be due to various etiological factors and their combination, which dictates the need for an integrated approach to treatment. Complex and long (2-3 months) use of the above methods allows to achieve cure of involuntary urination in sleep in overwhelming number of patients. Anatomical normalization of the urinary tract contributes to the partial restoration of their functional ability, the normalization of urodynamics and makes antibacterial therapy, the subsidence of pyelonephritis and the normalization of urination more effective.

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