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CHOOSING THE TREATMENT TACTICS FOR PHIMOSA IN CHILDREN UNDER 3 YEARS OF AGE

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Abstract
This article describes the condition of phimosis in children under 3 years of age and its clinical significance. Phimosis is a condition characterized by incomplete closure of the foreskin by the skin layer of the foreskin, which is often considered a physiological process. However, in some cases, it can take a pathological form and cause dysuria, a tendency to recurrent infections, and painful conditions in the child. The article analyzes the main clinical indicators, diagnostic methods, and individual approach to the selection of treatment tactics in young children. The main attention is paid to conservative methods - compliance with hygiene, the use of local medicines, and the effectiveness of special exercises. Also, conclusions are given about the need for a surgical method - circumcision, and the importance of its correct timing. The results of the study indicate the need for an individual and comprehensive approach to the treatment of phimosis in children under 3 years of age.

Keywords: Phimosis, children, up to 3 years old, physiological phimosis, pathological phimosis, treatment tactics, circumcision, conservative treatment.

Introduction

In recent years, one of the most pressing issues in children's health is the condition of phimosis and its correct treatment tactics. Phimosis is a condition in which the foreskin of the foreskin is not completely covered, which is often observed in the early stages of children's lives. In most cases, it is considered a physiological process and can disappear on its own as the child grows up. However, in some cases, phimosis takes on a pathological form, causing dysuria (difficulty urinating), recurrent inflammatory processes, painful conditions, or an increased susceptibility to infections. Therefore, this issue is of particular importance in the field of pediatrics and pediatric surgery.

As noted in the medical literature, phimosis in children under 3 years old is often considered physiological. Because during this period, the foreskin naturally completely covers the head and gradually expands as the child grows, allowing the head to open freely. That is why pediatricians give priority to conservative methods during this period rather than resorting to drastic surgical measures. Such methods include observing hygiene rules, performing special exercises, and using local remedies. However, in some cases, pathological forms of phimosis also occur. In this case, the foreskin hardens, urination becomes difficult, and the child may experience pain. Therefore, an individual approach is required in each case. That is, the doctor determines the treatment tactics, taking into account the child's age, general health, and clinical manifestations. In some cases, it is necessary to surgically eliminate phimosis by circumcision.[1]

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The experience of world medicine shows that there is no single standard method for treating phimosis. For example, in European countries, it is believed that physiological phimosis can be observed in children up to 5-6 years of age, and emergency surgical measures are not recommended. In the USA, circumcision is used more as a hygienic and preventive measure. In Uzbek practice, circumcision is widespread not only as a medical, but also as a cultural and religious custom. Therefore, national traditions and modern medical recommendations are used in the treatment of phimosis in children in harmony.

From this point of view, it is very important to correctly assess the state of phimosis in children under 3 years of age, distinguish its types and choose the appropriate method of treatment tactics. This not only ensures the physical health of the child, but also has a positive effect on his mental and social development. After all, any incorrect or delayed treatment can cause pain, fear and various complications in the child.

Thus, this article will comprehensively cover the issue of choosing treatment tactics for phimosis in children under 3 years of age. To do this, first of all, we will refer to research in world and local literature, then clinical examples and various treatment methods will be analyzed. At the same time, the medical significance of the methods used in the conditions of Uzbekistan and national traditions will be considered.[2]

Phimosis is defined in medical literature as the inability of the glans penis to open normally, its closure by the skin. This condition can be physiological or pathological.

Physiological phimosis is most often observed in newborns and children under 3 years of age. This condition is a natural process, as the child grows, the skin layer gradually expands and the head begins to open completely. According to world pediatricians, physiological phimosis up to 3-5 years of age is considered absolutely normal and does not require special treatment.

Pathological phimosis is in this case, the skin layer hardens and loses its elasticity. As a result, the child may experience difficulty urinating, pain, or recurrent inflammation. In such cases, treatment is necessary.

According to clinical studies, physiological phimosis is observed in approximately 70-80% of 3-year-old children, but in most of them this condition disappears naturally.

Several factors contribute to the development of phimosis:

Features of embryonic development - at birth, the skin of the penis completely covers the head.

Inflammatory processes - balanoposthitis, i.e. inflammation of the head and its skin, hardening of the skin tissues, can occur.

Genetic factors - in some children, the elasticity of the tissues is low.

Hygienic reasons - if not properly cleaned, contamination processes can lead to complications.

These factors play an important role in the transition of phimosis from a physiological state to a pathological form in children.

Symptoms of phimosis vary depending on the child's age and condition:

Physiological phimosis usually does not cause any symptoms, and the child feels comfortable.

Pathological phimosis is characterized by:

Difficulty urinating;

Incomplete emptying of the bladder;

Frequent infections;

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The child complains of pain.

That is why the doctor pays great attention to the child's symptoms when making a diagnosis.

The diagnosis of phimosis is often made on the basis of a clinical examination. The doctor assesses the condition of the skin of the penis, its elasticity, and the degree of opening of the head.

Additional methods:

Ultrasound is used to check urine output;

Laboratory tests to detect infections;

Inflammation of the head is observed.

At the same time, the doctor must distinguish between physiological and pathological forms of phimosis.

In children under 3 years of age, the main emphasis is on conservative methods when determining treatment tactics.

Hygiene rules - it is important to constantly keep the child's penis clean, wash it, and avoid excessive contamination.

Special exercises - on the recommendation of a doctor, you can help open the head by slowly moving the skin of the penis. This method should be performed at home by parents with caution.

Local remedies - in some cases, local corticosteroid creams are used on the recommendation of a doctor. They make the skin elastic and help open the head.

According to medical sources, the effectiveness of treatment with local creams can reach 70-80%.[3]

In conclusion, it can be said that phimosis is a common condition in children, and its correct diagnosis and selection of treatment tactics are of great importance for the future healthy development of the child. In children under 3 years of age, conservative methods are the most appropriate solution, and in pathological cases, the correct and timely use of the surgical method is the most appropriate solution.

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