# REGURGITATION AND VOMITING IN INFANTS

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**Abstract:** *On the causes of saliva secretion in the oral cavity in young children more often than usual, and on adverse complications arising from the influence of saliva secretion for a child.*

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Burping and vomiting in a child are a frequent reason to consult a doctor.Regurgitation and vomiting is a reflex action that occurs when receptors located in various anatomical zones are irritated, including in the stomach, esophagus, pharynx, oral cavity. The signal is transmitted to the vomiting center, which is located in the medulla oblongata and a gag reflex occurs.What is the difference between regurgitation and vomiting? The difference lies in the volume and kinetics (movement) of the gastric contents ejected outward. During regurgitation, leakage occurs without the participation of the diaphragm and abdominal muscles, i.e. passively. There are few contents, up to about 10-15 ml. If the child does not swallow it, it quietly flows out of the mouth. When vomiting occurs, a wave-like bending of the upper half of the trunk occurs as a result of contraction of the muscles of the diaphragm and the anterior wall of the abdomen, the volume of vomit is larger, and they erupt with pressure from the oral cavity with an ejection trajectory of up to 50 cm. In children of the first year of life, this is defined by the term "fountain vomiting". Regurgitation is observed only in children of the first year of life and, mostly, up to 6 months. Anatomical and physiological features of the baby's esophagus and stomach contribute to this. Their esophagus is short and wide, the angle of connection of the esophagus with the stomach is less pronounced, and its locking function is weak. These regurgitations are physiological. They can be after each feeding, up to 15 ml in volume, do not affect the well-being and weight gain of the baby. They can also be caused by excessive volume of feeding, aerophagia (ingestion of air when sucking), straining with intestinal colic. The frequency and volume of such regurgitations decrease with the growth of the child. With the introduction of complementary foods, and this is a thicker food, regurgitation stops or becomes much less frequent. If regurgitation persists in a child older than 1

year, then this is a sign of a pathological process. Vomiting, unlike regurgitation, is accompanied by vegetative symptoms — increased salivation, pallor of the skin, palpitations. This is due to the fact that next to the vomiting center there are additional centers of autonomic regulation, which are reflexively excited, and active biological substances such as serotonin, dopamine, histamine and others are released into the blood. Regurgitation and vomiting, from the moment of eating, can occur during feeding, after feeding for the first 20-30 minutes or delayed, sometimes after several hours. Regurgitation and vomiting that occur immediately after feeding with unchanged breast milk or formula may be a consequence of narrowing of the esophagus. If they persist until the next feeding, and the milk / mixture is frozen, has a sour or musty smell, then this is the result of prolonged standing of food in the stomach. The reason for this may be a low tone of the muscular layer of the stomach and, as a result, its peristalsis or narrowing of the outlet due to an Gastroesophageal reflux is a common cause of regurgitation in children of the first year of life. There is probably a complex problem here, starting with the immaturity of the gastrointestinal tract and disorders of the central nervous system. Perinatal damage to the central nervous system accompanies every second child.abnormality of development or high tone of the sphincter of the lower stomach. With narrowing of the duodenum, bile is present in the regurgitated masses. Their manifestations are diverse. Regurgitation and vomiting can be facilitated by increased intracranial pressure, disorders in the segment of the cervical spine, and so on. Therefore, quite often, during rehabilitation measures for neurological dysfunction, a positive effect is manifested in the form of a decrease or cessation of regurgitation. A hernia of the esophageal orifice of the diaphragm will also manifest itself in a similar way.We must not forget about allergic gastrointestinal reactions in the form of regurgitation and vomiting. The most common cause of this is cow's milk protein. If you are intolerant to cow's milk protein, inflammation of the mucous membrane of the esophagus, stomach and intestines occurs. And, as a result, regurgitation and vomiting, pain and increased gas formation, diarrhea or constipation. Rare endocrine disorders (adrenogenital syndrome) are manifested by vomiting in children from the first weeks of life. In such cases, vomiting is frequent, there may be an admixture of bile, the child loses weight due to loss of fluid and nutrients, severe metabolic disorders develop. The cause of vomiting may also be an intestinal infection. Viral gastroenteritis is currently widespread. It must be remembered that the younger the child, the more severe the disease. Within a few hours, the child's condition can go from satisfactory to extremely serious. As you can see, the causes of regurgitation and vomiting in children of the first year of life are quite diverse, but most often these are transient conditions that pass with the growth of the child. Prevention of regurgitation in children of the first months of life is quite simple. Do not overfeed the child. If he cries, it does not always mean that he is hungry. Excessive feeding leads to increased gas formation and colic, during which the child worries, strains, thereby increasing the

likelihood of regurgitation. After feeding, hold the baby more vertically so that he can regurgitate the swallowed air. This will take 15-20 minutes. If the child is on artificial feeding, do not change his formula without the recommendation of a pediatrician. If the child has frequent regurgitation and vomiting, then it is necessary to consult a pediatrician or gastroenterologist to diagnose the cause. To make a diagnosis, it is sometimes enough to carry out simple and affordable diagnostic methods in a polyclinic. These include ultrasound of the stomach and, if necessary, stool tests. However, the approach is individual in each case. Examination and treatment will be assigned to your baby in envy of the established diagnosis. Perhaps it will be preventive measures or a certain milk formula, perhaps drug therapy. Rarely, but it happens that it is necessary to examine a child in a hospital and surgical treatment.

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