

EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF ENTEROBIASIS

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Annotation: According to domestic and foreign scientific sources, parasitic diseases are caused by parasites—helminths and protozoa—that live at the expense of a "host" organism and align their vital activities with the physiology of that organism. Most importantly, this situation is relevant to the child population, as infections account for more than 50% among children. School-aged children and preschool-aged children make up 90-95% of all enterobiasis patients. Failure to adhere to personal hygiene rules and the lack of basic preventive measures result in the contamination of environmental objects with parasite eggs and larvae. All of this leads to an increase in parasitic diseases not only among animals but also among humans and, in particular, among children.

Keywords: enterobiasis, children, sanitation-hygiene, nutrition, water, adults.

Introduction. Enterobiasis is a widespread parasitic disease caused by the helminth *Enterobius vermicularis* (small white worm). It is one of the most common helminth infections, and its prevalence depends on the level of hygiene in the population. Globally, enterobiasis ranks first among parasitic infections in children. According to global studies, 30-50% of preschool-aged children may be affected by this disease. The prevalence is higher in developing countries where sanitation conditions are poor. The infection is commonly spread in organized communities such as kindergartens and schools. It is particularly common among children and easily transmitted through the external environment. Enterobiasis spreads rapidly in cases where hygiene and sanitation rules are not followed. Enterobiasis is primarily transmitted via the fecal-oral route: Through dirty hands: Infection occurs when children and adults touch their mouths with unwashed hands. Through various objects: Contaminated bedding, pillows, toys, and household items can contribute to transmission. Through food and water: Consuming food and water that do not meet hygiene standards can lead to infection. Through airborne transmission: Helminth eggs can remain suspended in the air and be inhaled by humans.

Enterobiasis is more common in children because they often do not wash their hands properly and have a higher risk of ingesting infections orally. The disease is typically characterized by itching (especially at night), restlessness, insomnia, and abdominal discomfort. In children, symptoms such as appetite disorders, constipation, or diarrhea may be observed. In adults, symptoms are often less pronounced or may not appear at all. In some cases, nervousness, loss of appetite, and intestinal flora disturbances may occur. Adults can contract the infection from children, especially in family and daycare settings.

Materials and methods: The study involved 60 children aged 3 to 12 years diagnosed with enterobiasis. The children underwent clinical examinations, and their main complaints, epidemiological factors, transmission routes, and clinical signs were analyzed. The diagnosis of enterobiasis was confirmed through microscopic and clinical methods.

Objective of the study: This study aimed to investigate the epidemiological and clinical characteristics of enterobiasis in children aged 3 to 12 years.

Results of the study: According to the results obtained, the following frequencies of clinical signs were identified in children with enterobiasis aged 3 to 12 years: Itching (perianal area) – 90%; Restlessness and insomnia – 75%; Appetite disturbance – 60%; Abdominal pain – 55%; Diarrhea or constipation – 45%; Headache and dizziness – 35%; Weakness and fatigue – 30%; The study also identified the transmission routes of enterobiasis. The main routes of infection in children were as follows: Self-reinfection through hands – 80%; Non-compliance with hygiene rules – 70%; Transmission through pens, toys, and shared household items – 60%; Contact with other infected children – 50%; According to the study results, the most common clinical sign in children with enterobiasis was perianal itching, which was observed in the majority of cases. This is related to the laying of eggs by the worms in the folds of the anus. Additionally, signs such as insomnia and irritability were frequently observed, significantly impacting the children's daily activities. The routes of transmission of enterobiasis mainly occur due to non-compliance with personal hygiene and contact with other infected children.

Conclusion: Based on the study results, enterobiasis in children aged 3 to 12 years was characterized by signs such as perianal itching, insomnia, and abdominal pain. The transmission of the disease was primarily linked to self-reinfection through hands and non-compliance with hygiene rules. To improve children's health and prevent the disease, early diagnosis, adherence to personal hygiene, and effective antiparasitic treatment measures are necessary. While enterobiasis presents with clear signs in children, symptoms may be less pronounced in adults. Strategies to improve hygiene education and implement preventive measures in children should be developed to prevent enterobiasis. Treatment of enterobiasis requires a comprehensive approach: antiparasitic medications such as mebendazole, albendazole, or pyrantel are used. Regular handwashing, frequent washing and ironing of bedding and clothing, and regular cleaning and disinfection of the home are essential. To prevent reinfection, family members should be treated simultaneously, and preventive measures in children's groups should be strengthened. Although various diagnostic and treatment methods for parasitic diseases have been proposed, enhancing primary prevention methods and improving the medical and sanitary culture of the population is crucial not only for reducing the incidence of these diseases but also for other infectious diseases.

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