Rezultati: Med 138 otroki je bilo 61 dečkov (44,2 %) in 77 deklic (55,8 %). Največ otrok je bilo starih 5–10 let. Povprečna starost je bila 9,09 leta, vrednost standardnega odklona (SD) pa 3,543. Kar 93 (67,4 %) otrok je bilo primerno prehranjenih (skupina 0), 29 (21,0 %) prekomerno prehranjenih (skupina 1) in 16 (11,6 %) debelih (skupina 2) (p >0,05).
Zaključek: Pri otrocih in mladostnikih s PME nismo ugotovili statistično značilno pogostejšega pojavljanja prekomerne prehranjenosti in debelosti. Verjetno bi bil delež višji pri večjem vzorcu otrok in ob vključitvi otrok s pridruženimi dnevnimi mikcijskimi težavami (z nemonosimptomatsko enurezo). Etiološka povezava med enurezo in debelostjo ni znana, pogosta pa je sopojavnost z drugimi boleznimi. Zaradi možnih resnih neugodnih fizioloških in psiholoških posledic ju moramo aktivno iskati in zdraviti že v otroškem obdobju.
Ključne besede: enureza, prekomerna prehranjenost, debelost, motnje mikcije.

HIRSCHPRUNG' S DISEASE – A CASE REPORT

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ABSTRACT

Case report: We present a male infant, aged three years and two months, born vaginaly. In the second day of life he started to vomit bilious contents, became febrile and was not passing stool. After consulting with a pediatric surgeon, an abdominal X-ray was performed along with an enema, which resulted in meagre stool. An irigography was performed due to worsening of the child's condition, where a rupture of the colon was diagnosed. Due to this diagnosis an emergency surgery had to be performed: Laparathomia supraumbilicalis transversalis; Resectio colonis part pp rupturae N II; Colostomia sec Penna. The resected biopsy specimen was given for pathohistological analysis, which showed an aganglionic colon segment. After this discovery, an ileostomy in the terminal part of the ileum (5 cm from the ileocaecal valve) was performed. The infant had irregular stools and poor weight and height gain. 20 days after the surgical procedure, the infant was transfered to UDK Belgrade for further treatment as the parameters of infection increased. The following medical procedure was performed: Relaparatomio transfersalis supraumbilicalis; Adhesiolysis. and after an enterotomy was performed, a membrane was discovered at the proximate jejunum which was obstructing the lumen, and was therefore removed. At the age of 2.5 a planned laparotomy was performed due to the gradual closing of the ileostoma. The following procedures were done: Adhesiolysis, colectomiasubtotalis, ileostomia terminalis ileo-ano TT anastomosis. In two months time, the closing of the ileostome is planned which would conclude the treatment.
Conclusion: A rare case of agangliosis totalis was shown – Hirschprung' s disease combined with a congenital membrane on the jejunum.
Key words: megacolon, ileus, infant.