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Diagnosis and Treatment of Peptic Ulcer of the Stomach and Duodenum in the Elderly

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RESUME. The article presents the results of endoscopic studies of the stomach and duodenum in patients with surgical peptic ulcer. The authors of the article discuss in detail the mechanisms of the pathogenesis of the disease, the role of H.pylori infection, the requirements for performing a rapid urease test, the principles of classification of the disease by domestic and foreign authors. The most common surgical and therapeutic classifications of the disease are considered.

Indications for endoscopic examination are presented, the features of the endoscopic picture in the benign course of the disease and in the presence of complications are discussed.

The stages of the course of the disease are discussed separately, the features of the endoscopic picture, the characteristics of ulcerative defects, the perifocal zone, concomitant changes in the gastric mucosa and the duodenum are considered.

KEYWORDS: stages of the course of peptic ulcer disease, classification of peptic ulcer disease, pathogenesis of peptic ulcer disease, endoscopic examination, gastric ulcer and duodenal ulcer.

I. RELEVANCE

Peptic ulcer and duodenal ulcer (PUD) is a heterogeneous disease with a multifactorial etiology and complex pathogenesis [3,7].

The pathological process is based on inflammation of the mucous membrane of the gastroduodenal zone with the formation of local damage, the morphological equivalent of which is a defect in the mucous and submucous layer with an outcome in the connective tissue scar [1,4].

PUD is a chronic recurrent disease with alternating periods of exacerbation and remission. In a modern clinic, duodenal localization of ulcers, occurring 8-10 times more often, dominates over localization in the stomach [6,8]. Typical for ulcer are seasonal periods of increased pain and dyspeptic disorders. It should also take into account the possibility of an asymptomatic course of ulcer. The frequency of such cases, according to the literature, can reach 30% [10].

It is generally accepted that an imbalance between the factors of "aggression" and the factors of "protection" of the mucous membrane of the stomach and duodenum plays a decisive role in the pathogenesis of ulcer [3,5]. The factors of aggression include: an increase in the effect of the acid-peptic factor, associated with an increase in the production of hydrochloric acid and pepsin; violation of the motor-evacuation function of the stomach and duodenum (delay or acceleration of the evacuation of acidic contents from the stomach, duodenogastric reflux).

Protection factors are: resistance of the mucous membrane to aggressive factors; gastric mucus production; adequate bicarbonate production; active regeneration of the surface epithelium of the mucous membrane; sufficient blood supply to the mucous membrane; normal content of prostaglandins in the wall of the mucous membrane; immune protection [4].



At present, great importance in the pathogenesis of ulcer, especially duodenal ulcer, is attached to the infectious agent - Helicobacter Pylori (HP). On the one hand, the microorganism in the course of its life, forming ammonia from urea, alkalizes the antral part of the stomach, which leads to hypersecretion of gastrin, constant stimulation of the parietal cells and hyperproduction of HCl, on the other hand, a number of its strains release cytotoxins that damage the mucous membrane. All this leads to the development of antral gastritis, gastric metaplasia of the duodenal epithelium, migration of HP to the duodenum, the development of duodenitis and, ultimately, can be realized in ulcer [9].

Along with HP infection, an important role in the pathogenesis of ulcer is assigned to a hereditary predisposition to the disease and the use of non-steroidal anti-inflammatory drugs (NSAIDs) [2,9].

In foreign literature, the term "chronic peptic ulcer of the stomach or duodenum" is adopted. This name reflects the main pathogenetic signs of the disease - the appearance of a peptic ulcer in the stomach or duodenum, as a result of the peptic effect of digestive enzymes on these organs.

Purpose of the study. To assess the efficacy and tolerability of four-component therapy with pantoprazole and ornidazole (pantasan and dazolic, respectively) in combination with amoxicillin and clarithromycin in gastric and duodenal ulcers.

II. MATERIALS AND RESEARCH METHODS

A general clinical examination and treatment of 28 patients with gastric and duodenal ulcer associated with H. pylori was carried out. The diagnosis of peptic ulcer disease was verified by endoscopic examination before treatment and 1 month after eradication therapy.

III. RESEARCH RESULTS AND DISCUSSION

Of 28 patients, 12 patients suffered from duodenal ulcer, the remaining 16 - gastric ulcer. The average age of the patients was 47 ± 5.3 years.

The main contingent of patients consisted of men - 16 (57.2%), who in the anamnesis noted long business trips, dry food, smoking, and in 2 patients - alcohol abuse. The duration of the disease in them was 12 ± 1.2 years. Women (42.8%) had a history of frequent stressful situations. The duration of the disease in women was shorter than in men and amounted to 7.3 ± 0.8 years.

In the clinical picture, regardless of age and gender, all patients before treatment had pains, both nighttime and daytime, and a burning sensation in the epigastric region, in addition, nausea preceding vomiting was also disturbed (53%); appetite was increased in 43% of cases, and in 50% of cases, patients noted constipation

The study of blood parameters did not reveal any changes in dynamics, indicating the absence of side effects of the drugs taken by the patients.

The effectiveness of the treatment was assessed as follows:

- According to the terms of ulcer scarring - EGDS before treatment and control 3.4 weeks after the end of treatment
- By eradication H. pylori - the presence of H. pylori was studied at baseline and 4 weeks after the end of the course of therapy with immunochromatographic examination of feces using the CerTestH test systems. pylori
- Clinically - according to the timing of relief of the ulcerative symptom complex (day and night abdominal pain, nausea, vomiting, heartburn and constipation).
- The safety and tolerability of the treatment were assessed by the occurrence and dynamics of side effects.

One of the criteria for the effectiveness of therapy was the timing of ulcer scarring according to EGDS data. Initially, the defects of the mucous membrane in gastric ulcers were round or oval, with duodenal ulcers - linear, polygonal, in sizes ranging from 0.5 to 1.5 cm ($m = 6.2 \pm 0.66$ mm). After 4 weeks in 100% of patients, a scar of bright red color with convergence of folds and a zone of moderate hyperemia formed at the site of the former ulcer defect.

Evaluation of the effectiveness of H. pylori eradication as a result of treatment showed that the effectiveness of eradication therapy in the vast majority of cases is 93%. A positive test for H. pylori contamination was detected only in 2 patients (7.0%), which does not contradict the literature data: in 2-7% of cases, people have antibiotic resistance. Nevertheless, endoscopic examination in the same patients after 4 weeks showed complete healing of the ulcer. In terms of further observation, these patients are provided with a bacteriological study for sensitivity to antibiotics, followed by a repeated course of treatment.



The study of clinical symptoms revealed the following: subjectively, the condition of all patients improved - pain and heartburn were stopped in 78% of patients within 5–7 days. By the end of the course of treatment, the disappearance of all complaints was noted by 100% of patients.

The safety and tolerability of the treatment were assessed by the occurrence and dynamics of side effects. During the observation period, none of the patients had any side effects of the drugs in the form of gastric and / or intestinal dyspepsia, signs of central nervous system disorders (headache, dizziness), skin manifestations (rash and itching). In addition, the absence of side effects of the drugs was confirmed by the study of blood parameters: transaminases (AST, ALT), glucose, plasma amylase, the level of erythrocytes and hemoglobin. The dynamics of these blood parameters against the background of therapy were unreliable and remained within the physiological norm.

The results of a study of the effectiveness of eradication therapy using pantoprazole and ornidazole in the treatment regimen with clarithromycin and amoxicillin showed high efficacy of these drugs in the treatment of exacerbation of gastric ulcer and duodenal ulcer associated with *H. pylori*. Improvement of the general condition of patients and the disappearance of symptoms such as pain, heartburn in 78% of patients associated with an exacerbation of peptic ulcer within 5-7 days after the start of treatment, and the end of treatment of all symptoms in 100% of patients was clinically significant.

Ulcer scarring (stage of complete healing) after 4 weeks of eradication therapy occurred in all observed patients (100%). In 93% of patients, the result of an immunochromatographic study of feces for the presence of *H. pylori* a month after the eradication therapy was negative, which corresponds to modern literature data. The absence of positive eradication in 2 patients (7%) does not contradict the available data in the literature available to us and, apparently, confirms the conclusion of the 4th Maastricht agreement on "regions with high resistance to certain antibiotics" [9, 10].

The study showed good safety and tolerability of the combination of drugs in general, which was confirmed by the absence of adverse clinical and laboratory manifestations.

IV. CONCLUSION

Thus, the four-component eradication therapy regimen using the drugs "Pantasan" and "Dazolix" in combination with amoxicillin and clarithromycin, showed not only a sufficiently high clinical potential of the drug, but also their good tolerance, and can be recommended for widespread use in treatment exacerbation of gastric ulcer and duodenal ulcer as a highly effective and safe method of treatment.

REFERENCES

1. Aruin L.I., Kapuller L.L., Isakov V.A. Morphological diagnosis of diseases of the stomach and intestines. - M.: Triada-X, 2008. -- 496 p.
2. V.E. Nazarov, A.I. Soldatov, S.M. Lobach, S.B. Goncharik, E.G. Solonitsyn "Endoscopy of the digestive tract." - M.: publishing house "Triada-farm", 2002. - 176 p.
3. Ivashkin V.T. A.A. Sheptulin Diseases of the esophagus and stomach. Moscow. - 2002.
4. Ivashkin VT, Komarov FI, Rapoport SI, ed. A quick guide to gastroenterology. - M.: LLC Publishing House M-Vesti, 2011.
5. Pimanov S.I. Esophagitis, gastritis, peptic ulcer. - N. Novgorod, 2010.
6. Recommendations for the diagnosis and treatment of peptic ulcer disease (comp.: VT Ivashkin, AA Sheptulin, EK Baranskaya, etc.). - M., 2012. --30 p.
7. Chernyshev V.N., Belokonev V.I., Aleksandrov I.K. Introduction to surgery of gastroduodenal ulcers. - Samara: SSMU, 2013. -- 214 p.
8. Shapovalyants S.G., Chernyakevich S.A., Mikhalev I.A., Babkova I.V., Storozhuk G.N., Mayat E.K., Chernyakevich P.L. The effectiveness of rabeprazole with parenteral administration in patients with acute ulcerative gastroduodenal bleeding with a high risk of recurrence after endoscopic hemostasis // RZhGGK. - 2014. - No. 3.
9. Shahrokhi N, Keshavarzi Z, Khaksari M J Pharm Bioallied Sci. 2015 Jan-Mar; 7 (1): 56-9. Ulcer healing activity of Mumijo aqueous extract against acetic acid induced gastric ulcer in rats.
10. Tsukanov VV, Shtygasheva OV, Vasyutin AV, Amel'chugova OS, Butorin NN, Ageeva ES. Bull ExpBiol Med. 2015 Feb 26. Parameters of Proliferation and Apoptosis of Epithelial Cells in the Gastric Mucosa in Indigenous and Non-Indigenous Residents of Khakassia with Helicobacter pylori Positive Duodenal Ulcer Disease.
11. Dilshodov A.D., The name is quoted year of the main stages and features of the development of multimedia lectures in physics // Physics in the system of modern education (FSSO-15), 217-219 2015
12. Dilshodov A.D., Ways to strengthen individualization of students' training in the process of teaching the course of electrical engineering and electronics // Physics in the system of modern education (FSSO-15), 9-11 2015



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