



e-ISSN: 2319-8753 | p-ISSN: 2347-6710

IJIRSET

International Journal of Innovative Research in
SCIENCE | ENGINEERING | TECHNOLOGY

INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH

IN SCIENCE | ENGINEERING | TECHNOLOGY

Volume 10, Issue 12, December 2021

ISSN INTERNATIONAL
STANDARD
SERIAL
NUMBER
INDIA

Impact Factor: 7.569

 9940 572 462

 6381 907 438

 ijirset@gmail.com

 www.ijirset.com



Features of Prevention of Biliary Pancreatitis in the Elderly

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RESUME. The basic information on etiopathogenesis, diagnosis of biliary pancreatitis and drug treatment of patients with cholecystolithiasis, as well as prevention of biliary pancreatitis is presented.

The problem of pancreatitis in the elderly is discussed. The aging process inevitably affects the course of pancreatic diseases, alters their clinical picture and therapeutic approaches in the older age group.

The article reveals the features of an elderly patient, the knowledge of which ensures timely diagnosis and adequate treatment, avoids complications and improves the quality of life of patients.

KEYWORDS: biliary pancreatitis, old age, treatment, prevention.

I. RELEVANCE

On average, the incidence of acute pancreatitis (OP) in Europe and the United States fluctuates in the range of 11-23 people per 100 thousand population per year; in 2000, the maximum morbidity was recorded - 40 people per 100 thousand of the population, including severe cases of exacerbation of chronic pancreatitis [2,6]. The main causes of AP in most countries are considered cholelithiasis (cholelithiasis, 30–50%) and alcohol (20–30%), with slight variations across countries [4]. Together, these two causes account for 80–90% of all OP, with the peak incidence of biliary OP in women aged 50–70 years, and alcoholic OP - in men 30–40 years old [1]. According to various authors, 5–20% of all OP is idiopathic OP, which may be caused by factors such as hyperlipidemia, hypercalcemia, acute infections and invasions, and drugs [7,9].

The incidence of chronic pancreatitis (CP) is on average 7–10, and the prevalence is 27 cases per 100 thousand inhabitants [3,5]. The risk of developing pancreatic adenocarcinoma in patients with CP increases with age and duration of the disease. With a 10-year history, the risk reaches 1.8% (range of fluctuations - 1.0–2.6), and with CP duration up to 20 years, it increases to 4% (range of fluctuations - 2.0–5.9) [5] ... The reasons for the development of CP in 66–80% of cases are long-term alcohol consumption [2,8]. Biliary CP, according to most English-speaking sources, is rare due to early cholecystectomy [5]. According to other data, biliary CP is observed in 10–20% of patients [3]. In recent years, in connection with the wider implementation of genetic testing, there has been an increase in the detection rate of hereditary CP, which is diagnosed in 2–5% of all CP cases [4,6].

An extensive group is made up of idiopathic CP, that is, pancreatitis with an unknown etiology. Idiopathic pancreatitis, both acute and chronic, is said in cases where there is no history of alcohol, gallstone disease, the use of pancreatotoxic drugs and other, more rare causes.

Unfortunately, a significant part of patients with idiopathic pancreatitis are simply not further examined and possible rare factors (hypercalcemia, hyperlipidemia) are not identified. This applies to both OP and HP. Often, undetected microliths of bile are the cause of the development of OP or CP. Often, technical or financial difficulties with X-ray computed and magnetic resonance imaging, as well as retrograde cholangiopancreatography, do not allow detecting obstruction at the level of the ducts or Vater's papilla. Thus, patients with mechanical (partial or complete) obstruction of the pancreatic ducts fall into the group of patients with idiopathic pancreatitis, which inevitably affects the effectiveness of treatment, primarily the relief of pain.

Clinical symptoms of OP include intense pain syndrome with localized in the epigastrium or diffuse pain, vomiting, often fever, leukocytosis, increased ESR and C-reactive protein levels.



In 30-50% of patients, systemic disorders of varying severity were noted, such as vascular insufficiency (possibly with collapse), respiratory, renal and hepatic failure, bleeding and disseminated intravascular coagulation syndrome. These disorders are the main cause of death in AP [6].

The clinical picture of CP consists of a triad of major syndromes: pain, exocrine pancreatic insufficiency (ESP) and disorders of carbohydrate metabolism in a latent form or in the form of pancreatogenic diabetes mellitus of varying severity. All three syndromes, together or separately, can lead to impaired digestion and absorption of nutrients (malabsorption). Pain - the leading and most persistent symptom of CP - occurs in 85% of cases, it is difficult to stop because of the irreversibility of changes in the parenchyma and ducts. Pain in CP is the main clinical problem, often leads to drug addiction, malnutrition and cachexia, and may be a direct indication for surgical treatment [7]. In about 15% of patients with CP, it proceeds without pain, but with a predominant impairment of exocrine or endocrine function.

Purpose of the study. To establish the pharmacological efficacy of the combined use of immunomodulators, antioxidants and membrane protectors in acute biliary pancreatitis of varying severity in the experiment and clinic.

II. MATERIALS AND RESEARCH METHODS

The object of this study was to analyze the results of treatment of 48 patients with ductal complications of gallstone disease and a block at the level of the distal part of the common bile duct of benign etiology for the period 2019-2021.

Research results

Clinical studies were carried out in a small group of patients with acute pancreatitis of biliary etiology. On the day of hospitalization, all patients with OP of biliary etiology, who received conservative treatment, complained of pain in the upper abdomen of a girdle nature, dyspeptic disorders, and severe weakness.

When examining people with OP of biliary etiology of mild severity who did not need surgery, there were no respiratory or hemodynamic disorders, palpation of the abdomen showed pain and tension in the epigastrium, in 13 people (6 patients in the group that received basic treatment and 7 patients, additionally receiving polyoxidonium, emoxipin and Essentiale H), the bottom of the gallbladder was palpated. The symptoms of peritonitis were negative in all patients.

Ultrasound examination of the abdominal organs showed microcholecystolithiasis in 21 patients (10 patients who received basic treatment and 11 patients who received immunomodulatory, antioxidant and membranoprotective therapy), large calculi were found in 7 patients (3 and 4 patients in the respective groups). In 12 (6 patients in each group) of 28 cases, signs of acute cholecystitis were revealed, in the rest - signs of chronic cholecystitis.

Signs of biliary hypertension were not identified in the subjects. An increase in the size of the pancreas compared with the norm was noted 1.2-1.3 times in all patients.

During fibrogastroduodenoscopy in 28 patients, traces of bile were found in the duodenum, which indirectly indicated the patency of the bile ducts, and in 23 (10 in the group treated in accordance with NKR, 13 in the group that additionally received an immunomodulator, membrane protector and antioxidant) - the phenomena of papillitis and indirect signs of pancreatitis were found. In 8 cases (4 patients in each group), the duodenal papilla was located in the parapapillary diverticulum.

Given the absence of complications of gallstone disease, patients in this group received only drug treatment, and surgical interventions were performed on a delayed basis after the relief of symptoms of acute inflammation of the pancreas. There were no lethal outcomes. Upon admission to the clinic, all patients with AP of mild severity of biliary etiology were found to have a significant increase in the blood plasma of the level of proinflammatory cytokines, anti-inflammatory IL-4, oxygen-dependent activity of polymorphonuclear leukocytes in spontaneous and blood plasma activity, a decrease in the concentration of C3 and C4 components of the complement, the number of phagocytic granulocytes and the number of particles absorbed by them (decrease in FP, PS), at a normal level of IL-10, normal activity of antioxidant defense enzymes (SOD and catalase).

Standard drug treatment of patients with biliary etiology of mild AP corrected the content of TNF, IL-6, IL-4, C4-complement component in blood plasma, did not affect the level of IL-1P, IL-8, G-CSF, C3-component complement, OAA, increased the concentration of IL-10, the level of lipid peroxidation products.

In comparison with ischordal parameters and healthy donors, standard treatment reduced the functional activity of peripheral blood neutrophils. The inclusion of the combination of polyoxidonium, emoxipin and Essentiale N in the therapy of patients with mild severity of OP of biliary etiology compared with standard treatment normalized the concentration of TNF, IL-6, IL-8, IL-4, parameters of the functional activity of peripheral blood neutrophils, the content of intermediate and final LPO products, OAA, corrected the content of G-CSF, the level of the C4-component of the complement system.



All patients in this group were discharged from the hospital in satisfactory condition. Pain relief against the background of conservative infusion and antispasmodic therapy was observed within 24 hours from the start of treatment, which made it possible to refrain from active surgical tactics in patients of this group with mild ABP.

The terms of inpatient treatment in patients receiving basic treatment (in accordance with national clinical guidelines) ranged from 7 to 14 days, which directly depended on the timing of relief of clinical symptoms and instrumental (ultrasound and CT data) signs of normalization of the pancreas size, absence of complications ...

Output. Diagnosis and treatment of pancreatitis in the elderly is a complex problem due to a number of additional circumstances: polymorbidity, changes in the pharmacokinetics of drugs, atypical course of the disease, the need to avoid polypharmacy, etc.

Knowledge of these features of an elderly patient ensures the timely diagnosis and adequacy of treatment, avoids complications and improves the quality of life of patients.

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