



COMPLICATIONS OF GASTRIC AND DUODENAL ULCER DISEASES AND METHODS OF TREATMENT

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Abstract: *this article is about gastric and duodenal ulcers, their etiology, pathogenesis, classification and treatment methods.*

Key words: *stomach, intestine, microflora, perforation of peptic ulcer*

Enter

Gastric and duodenal ulcer disease is a chronic relapsing-remitting disease. Its morphological basis is the formation of ulcers in mucous membranes. In 1983, Warren and Marshall identified the spiral-shaped bacterium *Compilobacter plyori* in the gastric mucosa and suggested that it was the cause of ulcerative colitis.

Etiology and pathogenesis

Hereditary tendency is long-term and uncontrolled intake of certain drugs, consumption of doughy, salty, spicy and fried foods that increase the production of juice, harmful habits.

Aggressive factors.

- Increased secretion of peptic acid, increased activity of G cells that produce it
- Decreasing and imbalance of alkaline duodenal pancreatic juice
- Increased secretion of ulcerogenic fractions of pepsinogens

Protective factors

- Normal flow of capillary blood vessels in mucous membranes
- Sufficient production of protective prostaglandins by gastric cells

According to the location. Gastric ulcer, body, cardiac part, subcardial, pyloric part, antral part.

duodenal ulcer: in the bulb of the duodenum and in the wall of the duodenum

Depending on the type. Single and multiple

According to the clinical course. typical symptomless, painless and atypical pain syndromes.

According to the stages of the disease: exacerbation, remission, clinical, anatomical epithelialization, scarring, functional

Complications: bleeding, perforation, penetration, stenosis, malignancy and periwisteritis

Inspection methods.

Stomach ulcer and diagnosis. duodenum Only a specialist gastroenterologist can make an accurate diagnosis. Gastric ulcer diagnosis includes a number of activities: Palpation of the abdominal cavity. Gastric ulcer analysis. skin EFGDS - examination of the lining of the gastrointestinal tract. Taking a blood sample for general biochemical analysis. Laboratory analysis of feces. and urine. Ultrasound examination of internal organs of the abdominal



cavity. X-ray of the stomach. It is carried out in the last stages of the disease. pH-metry - study of the normality of gastric juice

Esophageal ulcer clinic.

- A feeling of pain located in the upper part of the abdomen. This symptom appears in 75% of cases. Half of the patients complain of non-intense pain, while the remaining 50% have pain that worsens when consuming alcoholic beverages or spicy foods, when there are long intervals between meals, and during exercise. riq is observed;

- Esophagus boil This sensation occurs because the acidic juice of the stomach, which has an aggressive environment, falls into the cavity of the esophagus and irritates its walls. This symptom is often observed and is detected in 80% of patients. Heartburn usually occurs 1-2 hours after eating;

Sometimes it is accompanied by vomiting. This symptom is caused by a violation of gastric motility. Vomiting in peptic ulcer occurs 1.5-2 hours after eating, and as the stomach is emptied, a feeling of relief begins to appear. Therefore, often patients voluntarily induce vomiting;

- A decrease in appetite can be observed due to a person's fear of experiencing pain after eating or a motility disorder of the gastrointestinal system in case of stomach ulcer;

- Regurgitation, which is characterized by an uncontrolled rise of gastric juice in the oral cavity. In this case, the patient feels a bitter or sour taste in the mouth;

- Increased gas production;

- A feeling of heaviness in the abdomen after eating;

- A feeling of being satiated quickly.

Duodenum two-finger ulcer clinic.

- Pain This is the most vivid and constantly noted symptom of the disease in question. The localization of pain is slightly above the navel, in the epigastrium, and can also spread to the scapula and heart - this sometimes leads to an incorrect diagnosis. The pain is not constant and is often observed in the evening or at night, which can be called "hungry" pains. Its development time is 2-3 hours after eating. The highest intensity of the pain syndrome is recorded during the violation of the diet, taking medications, and consuming alcoholic beverages.

- Heartburn and belching. They are not so intense - many patients do not pay attention to these symptoms at all.

- Abdominal restlessness duodenum two-finger ulcer clinic.

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- Abdominal restlessness and nausea. The patient complains of severe stomach pain, and even the strongest drugs do not reduce it. Nausea is not always present, it can be observed only after eating.

- Return. It gives immediate relief to the patient - the feeling of abdominal rest disappears, the pain goes away. Some patients call for voluntary vomiting.

- Disorders in the digestive system. We are talking about constipation - the operation of defecation may not be for a very long time, up to a week. Blood and thick mucus are often found in feces.

- Psychoemotional disorders - a person becomes nervous, suffers from insomnia.

- Decreased body weight. This symptom is observed in any case, even when the patient's appetite is good.

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Complications. Complications of stomach and duodenum include bleeding, perforation, penetration, stenosis and malignancy. Bleeding from the wound is observed in 10-15% of cases. In most cases, its main cause is bleeding from blood vessels that have expanded due to a slightly rising aneurysm located at the bottom of the wound. The reason for this is that the blood vessels here are eroded and the upper crust is perforated. Bleeding is more common in the small curvature of the stomach and It is observed when the duodenal bulb is located in the lower part of the back wall and tends to recur. In the clinic, there is vomiting of blood or coffee grounds, pain in the epigastric area, wedge-shaped pain syndrome.

Methods of treatment: the main treatment measures in ulcer disease H. In combination with pylori, the "MASTERIX IV-V CONSENSUS" algorithm, adopted in 2012 and 2016, aimed at reducing secretion activity, is used, and the patient is given proton pump inhibitors for 4-6 weeks. (Omeprazole, pantoprazole, lansapazole.) Denol (120 mg 2 times a day) and peribiotics (biphylax, linekis, lacto-G) and antibiotic sensitivity are given after detection. Levofloxacin and refazimin are given.

CONCLUSION. .

In the primary and secondary stages of the disease, following a healthy lifestyle, abandoning harmful habits, observing the rules of personal hygiene, limiting the use of drugs that affect the mucous membrane of the stomach.

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