

PREVENTION OF EROSIVE-WOUNDED GASTRODUODENAL BLEEDING IN PATIENTS WITH ISCHEMIC DISEASE

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Annotation: *Acute erosive and ulcerative lesions of the stomach or duodenum belong to the group of heterogeneous diseases caused by many causes. The most common cause is peptic ulcer disease. Secondary gastroduodenal ulcer in the background of diseases of the cardiovascular system is a very topical and at the same time insufficiently studied problem.*

Keywords: *Ischemic heart disease, peptic ulcer disease, duodenal ulcer disease, granular sorbents, gastroduodenal hemorrhage.*

In recent years, the number of patients with acute ulcers of the stomach and duodenum is increasing, and life-threatening complications such as bleeding from acute ulcers are increasing. The development of erosive gastroduodenal bleeding in patients with ischemic heart disease often develops as a result of the use of antiaggregant or anticoagulant drugs. According to different authors, taking maintenance doses of clopidogrel increases the risk of gastrointestinal bleeding by 1.1 times, taking aspirin by 1.8 times, and taking a combination of these two drugs by 7.4 times. In the literature, there is no clear conclusion on the pathogenesis of gastroduodenal damage. As a result, according to the literature, there are no general principles of conservative therapy, despite the fact that the main method of treatment of acute and chronic gastroduodenal ulcer is to reduce acidity in the stomach cavity and create optimal conditions for wound healing. Many authors see the improvement of the results of symptomatic treatment of erosive-ulcer lesions in the gastroduodenal area and their complications in the improvement of local treatment methods.

In our opinion, the use of granular sorbents for endoscopic treatment of gastric ulcer and gastroduodenal bleeding is promising. From our research, we did not find any work on the use of biologically active granular sorbents for the prevention of gastroduodenal bleeding in patients with cardiac pathology.

The lack of this information and the importance of taking it into account, the development of effective local therapy for erosive and ulcerative lesions of the gastrointestinal tract, the complication of the course of the main disease in heart diseases, determined the goals and objectives of our research.

The purpose of the study. Improving the results of treatment of patients with a cardiological profile by early diagnosis of symptomatic ulcers and erosions and the use of individual methods of prevention of erosive gastroduodenal bleeding.

Materials and methods. During the study, 44 patients admitted to the cardiology department of the hospital due to destabilization of ischemic heart diseases were examined and observed. Progressive angina caused hospitalization of 15 (34.1%) patients, 19 (43.2%) patients suffered from hypertension, 12 (27.3%) patients from chronic gastrointestinal pathology, except for ischemic heart disease. suffered. The criteria for the inclusion of patients in the study are as follows: the diagnosis of ischemic heart disease with symptomatic erosion and symptoms of gastric and duodenal ulcers, the patient's consent to use local treatment methods in the complex treatment of acute gastric ulcer and erosion, the age of the patients is 18 to 85 years . Exclusion criteria from the study: the patient has acute myocardial infarction, acute circulatory disorders in the brain, severe hemostatic diseases.

Depending on the nature of erosive and ulcerative lesions of the gastroduodenal zone, patients were divided as follows: gastric and duodenal ulcer disease - 7 (15.9%) people; acute erosion of the stomach and duodenum - 2.8 (63.6%) people; acute stomach and duodenal ulcer - 9 (20.5%) people. When talking about the localization of erosive-ulcerative processes, it should be noted that 29 (65.9%) people are located in the stomach, and 15 (34.1%) people are located in the duodenum. The sizes of ulcerative defects range from 0.3 cm to 2.3 cm in diameter. Multiple erosions and ulcers in the stomach or duodenum were observed in 11 (25.0%) people, combined damage of the stomach and duodenum in 7 (15.9%) people.

The patients included 26 men and 18 women aged 22 to 85 years. According to the objectives of the study, all patients were randomly divided into two groups: the main group and the comparison group. The main group included 23 patients, their average age was 61.8 ± 2.15 years. Patients in the main group, along with the treatment of the main disease, prevented gastroduodenal bleeding by including methods of early diagnosis of acute erosion of the gastroduodenal zone and peptic ulcer and therapeutic intraluminal endoscopy in the complex of measures.

All patients of the main group underwent fibrogastroduodenoscopy (FGDS) on the day after hospitalization as part of a multidisciplinary approach. In order to prevent complications (bleeding, perforation, etc.) that may occur in the latter, biologically active granular sorbents of the new generation were applied locally to the identified acute erosions and gastric ulcers.

At the same time, in patients with erosion and gastroduodenal ulcer with a diameter of less than 1.0 cm, local treatment was carried out with the effect of granular sorbent on the defect area. For the treatment of gastroduodenal ulcer in patients with an ulcer defect of 1.0 cm or more, a method that provides the combined effect of two sorbents was used: first, with the help of 0.2 g of diotevin in the lower part of the ulcer defect, which has a proteolytic and antibacterial effect was, and then the insufflator was applied to the wound with 0.4 g of diovin, which has antibacterial and cytoprotective properties. The treatment of the second stage of the wound process

(after cleaning the wound from necrotic tissue and fibrin) was carried out only by inflation of 0.3 g of diovinin. Local treatment of erosive and ulcerative defects was carried out within 4-5 days.

To evaluate the results of treatment, a comparison group (21 patients) was formed, their average age was 59.5 ± 3.2 years. In the comparison group, diagnostic fibrogastroduodenoscopy was performed when the first clinical symptoms appeared; local treatment of acute erosive and ulcerative processes of the gastroduodenal zone was not performed in the comparison group. Otherwise, patients of the main and comparison groups were comparable in terms of age, gender, clinical symptoms, comorbidities, location and size of erosive and ulcerative defects, and length of follow-up.

In the treatment of patients in the main and comparison groups, the same drug therapy was used according to a standard scheme, which corresponds to the current standards of treatment of patients with cardiovascular disease. From anti-ulcer therapy, patients in both groups received proton pump inhibitors, antacids and anti-*Helicobacter pylori* therapy (if necessary). In evaluating the results of treatment of patients, clinical signs were taken as the main criteria: dynamic endoscopic monitoring of the size of erosion and gastroduodenal ulcer, the nature of ulcer defects, the appearance of symptoms of erosive-ulcer bleeding, the period of acute erosion and gastroduodenal treatment, prevention of surgical complications (blood withdrawal, perforation), operations during bleeding, length of hospital stay, mortality rate. Cytological studies were performed to detect *Helicobacter pylori* in erosion and ulcer biopsies.

Statistical processing of clinical material was carried out by variational statistical methods. The significance of differences in a number of characteristics was determined by comparing mean values using Student's t-test. The obtained results are reliable at $p \leq 0.05$. We also used the standard deviation function of the series to calculate arithmetic magnitudes (M) and errors of the means (μ), or (SE).

Statistical data processing was performed on a personal computer using the "Statistica5.0" software package. The work is based on the analysis of clinical observations, examination and treatment results of 44 patients with ischemic heart disease, in which the main disease process was complicated by erosive and ulcerative lesions of the upper gastrointestinal tract. 23 patients (the main group) were treated according to the developed method, including the use of local treatment methods of acute erosion and gastric ulcer to prevent possible complications. The comparison group included 21 patients, whose treatment was carried out using certain traditional methods of diagnosis, prevention and treatment without traditional endoscopic therapy. Analyzing the obtained data, it was found that the clinical and endoscopic remission of the disease occurred much earlier in the main group of patients. Fibrogastroduodenoscopy, diagnosed in time within the framework of a

multidisciplinary approach, allowed early detection of erosive and ulcerative lesions of the gastroduodenal zone and helped to prevent complications (especially bleeding) that could be carried out by preventive local therapy with granular sorbents. Clinical studies in the main group showed that after endoscopic insufflation, the sorbent in the body has the ability to swell under the conditions of the temperature and humidity of the body tissues, turning into a soft elastic gel layer covering the erosive-wounded surface.

1. There is a risk of acute erosion of the gastroduodenal zone and the development of gastric ulcer in patients over 60 years old with ischemic heart disease. Only in the last three years in a multidisciplinary hospital, cardiovascular disease with the development of acute damage to the mucous membrane of the upper gastrointestinal tract, the course of the main disease increased 1.8 times. The main cause of bleeding in this category of patients was symptomatic gastroduodenal erosion and peptic ulcer (9.8% in 2013).

2. The recommended method of treating acute gastroduodenal ulcer with a combination of granular sorbent and diotevin with diovin leads to a decrease in pain syndrome, a reduction in the healing time of erosive and ulcerative defects, and the length of hospital stay is reduced by 1.4 times.

3. The therapeutic program of complex therapy of patients with YUIK, including timely diagnosis of erosive and ulcerative lesions of the stomach and duodenum, local treatment with biological effects of symptomatic erosion and gastroduodenal ulcer within the framework of a multidisciplinary approach. the use of active granular sorbents with a directional effect, proton pump inhibitors, reduces the incidence of gastroduodenal bleeding by 9.8%, surgical treatment reduces the need for surgery and reduces postoperative mortality by 4.8%.

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