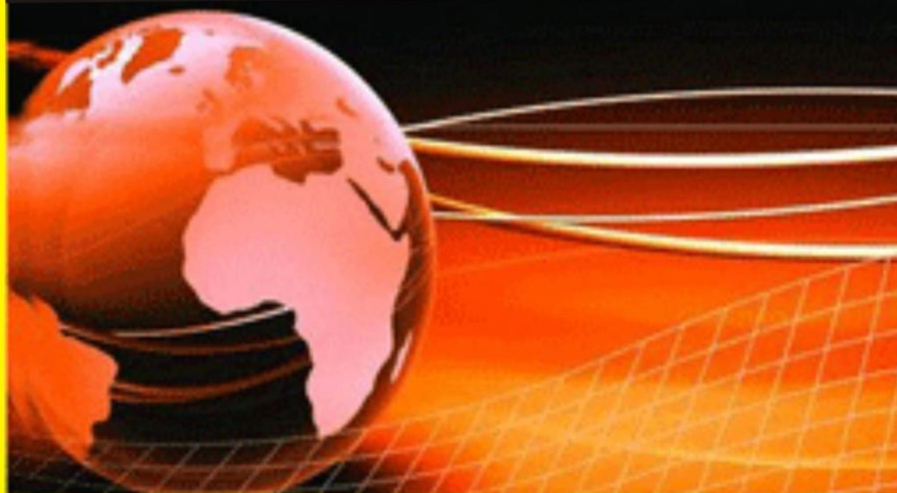


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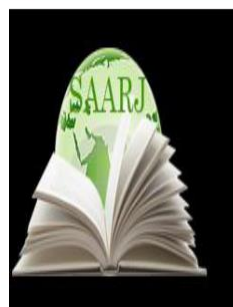
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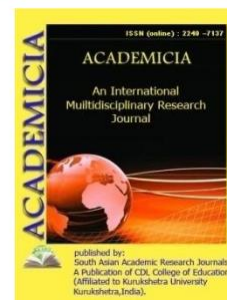
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ENDOSCOPIC PICTURE OF THE GASTRODUODENAL ZONE OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO RECEIVED NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

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ABSTRACT

*In this article, based on a retrospective analysis of case histories of patients with RA, presented data research pathology GDD to the extent of disease activity, duration of history and the failure of the joints, as well as the characteristics of ongoing pharmacotherapy. The results show that the pathology GDD in RA patients are often, in every fifth patient is a concomitant disease, and every tenth – is manifested in the form of clinical symptoms, the main causes of gastro duodenal lesions are viscera"s, long-term course of the disease and the frequent use of NSAIDs and corticosteroids. **Objective:** To study the frequency of occurrence of lesions of the gastro duodenal zone and the frequency of drug use in patients with rheumatoid arthritis based on the materials of a retrospective analysis. **Material and methods:** a retrospective analysis of 220 case histories of patients with rheumatoid arthritis (RA) treated in the rheumatology department of the III clinic of TMA was carried out. The selection condition was the endoscopic established diagnosis, that is, the presence of endoscopic examination. The state of the gastro duodenal zone (GDZ) and the pharmacotherapy of the underlying disease were evaluated. **The results of the study** show that GDZ pathology in RA patients is quite common, every third patient has symptoms of GDZ lesion and this is due not only to the intake of NSAIDs, but also due to the primary involvement of the GDZ mucosa in the pathological process.*

KEYWORDS: Rheumatoid Arthritis, Gastric Ulcer, Gastritis, Nsaids, Corticosteroid.

INTRODUCTION

The main problem for patients with rheumatoid arthritis (RA) is pain – one of the main signs of inflammation, and its intensity correlates with inflammatory activity. It creates serious psychological discomfort, limits physical activity, which necessitates the long-term use of non-steroidal anti-inflammatory drugs (NSAIDs) with analgesic, anti-inflammatory, antipyretic and antiplatelet properties [2,3,6]. However, their long-term use is associated with a spectrum of adverse effects, primarily with damage to the mucous membrane (MM) of the gastroduodenal zone (GDZ). All NSAIDs, regardless of their chemical structure, dosage form and route of administration, can cause ulcers, gastritis, gastropathy and perforation [4,8]. In patients taking NSAIDs, the risk of gastrointestinal hemorrhage (GIH) increases 3-5 times, perforation of ulcers – 6 times, the risk of death from complications associated with damage to the gastrointestinal tract (GIT) – 8 times. Up to 40-50% of all cases of acute GIs are caused by the intake of NSAIDs [1,7]. In endoscopic examination, erosive and ulcerative lesions of GDZ (accompanied by dyspepsia or asymptomatic) are found in 40% of patients taking NSAIDs for a long time [5].

In the present study, we analyzed the structure, frequency and nature of diseases of the gastrointestinal tract (GIT) in patients with rheumatoid arthritis (RA) who received NSAIDs.

Materials and research methods: the materials were a retrospective analysis of the case histories of patients treated in the rheumatology department of the III clinic of the TMA for the period from 2015 to 2020. Retrospective analysis included 625 case histories with a diagnosis of RA, which were selected from 3399 cases using the selection method. Among them, 58 (9.3%) were men, patients, aged 19 to 64 (average age 44.2), and 567 (90.7%), were women, aged 16-72 (average age 36.6 years).

The only selection condition was the endoscopic established diagnosis, that is, the presence of an endoscopic examination. It should be pointed out that out of 625 treated all rheumatological patients, only 220 patients underwent endoscopic examination, which was 36.2%.

The results obtained and their discussion. The results of endoscopic studies show that among patients with RA out of 625 case histories, only 220 patients underwent endoscopic examination, of which 47 (21.6%) had gastroduodenitis, 12 (5.61%) had gastritis, 40 (18.2%) gastritis in combination with peptic ulcer disease (either duodenal ulcer or stomach ulcer), in 38 (17.2%) gastric erosion in combination with duodenitis, in 33 (15%) erosive esophagitis in combination with gastroduodenitis, in 16 (7.2%) an isolated gastric ulcer, in 29 (13%) an isolated duodenal ulcer, in 5 (2.2%) an axial hernia of the esophageal opening of the diaphragm in combination with reflux esophagitis. It should be noted that the presence of combined pathology of the gastroduodenal zone in 74.19% of patients. And also, in 48.2% of patients, the presence of duodenogastric reflux of bile was found (Table 1).

TABLE 1 THE INCIDENCE OF CERTAIN TYPES OF ENDOSCOPICALLY (ESOPHAGOGASTRODUODENOSCOPY) ESTABLISHED NSAID GASTROPATHIES IN PATIENTS WITH RA IN RETROSPECTIVE STUDIES

Types of gastropathy	Number of cases	In %
Gastroduodenitis	47	21,6
Gastritis + ulcer and duodenum	40	18,2
Gastritis	12	5,61

Erosion + stomach gastroduodenitis	38	17,2
Erosive esophagitis with gastroduodenitis + DGBR	33	15
Hiatal hernia + RE	5	2,2
Duodenal ulcer	29	13
Stomach ulcer	16	7,2
Including the combination of pathology		74,2
DGBR		48,2
Without pathology	-	-
Total	220	100%

When studying the case histories, attention was paid to the complaints of patients, anamnesis, and diseases from the gastrointestinal tract. At the same time, in 64% of cases, complaints were identified that corresponded to the endoscopically established diagnosis. In 36% of patients, complaints were scanty. Pain from the gastrointestinal tract was very often absent. The absence of complaints of pain and paucity of symptoms in some patients, apparently due to the presence of the analgesic effect of the NSAIDs taken.

Along with complaints about the gastroduodeal zone, there were complaints characteristic of the distal part of the gastrointestinal tract, characterizing irritable bowel syndrome:

1. Flatulence, rumbling in the stomach.
2. Violation of stool (constipation and diarrhea).
3. Pains of a cramping character, passing after bowel movement.

In general, signs of irritable bowel syndrome were detected in 190 patients, which is 38% of the total number of patients studied. However, according to the data of case histories, it was not possible to establish the cause and relationship of gastrointestinal disorders with the use of NSAIDs.

As mentioned above, one of the leading causes of GDZ damage in the conditions of development and progression of RA is aggression of the GDZ mucosa by drugs used in the pharmacotherapy of this disease.

In connection with the above, the structure of drugs used in patients with RA and their specific gravity, depending on the presence or absence of GDZ pathology, was studied.

The results of this analysis are presented in Table 2.

TABLE 2 THE STRUCTURE OF DRUGS AND THE PROPORTION OF NSAIDS AND CORTICOSTEROID IN THE PHARMACOTHERAPY OF RA DRUGS

Medicines	Dosage form	Total number (abc)		Specific in the structure of treatment (%)	
		RA	RA +gastropath	RA	RA +gastropath
Corticosteroid	Injection	498	225	19,2	23,2
	Tablet	231	98	8,9	10,1
	Total	729	323	28,1	33,3
NSAIDs	Injection	593	224	22,9	23

	Tablet	424	175	16,4	18
	Total	1017	399	39,3	41
IPP		573	239	22,1	24,6
Basic resources		272	111	10,5	1,1
Total		2591	972	100	100

As can be seen from the data presented, NSAIDs occupy the largest share in the structure of RA pharmacotherapy, the share of which in the group of patients with and without pathology of GDZ is 41% and 39.3%, respectively. At the same time, the ratio of their injectable and oral dosage forms was the same in both groups and amounted to 1.4: 1.0 and 1.3: 1.0.

Glucocorticosteroids occupied the second place in the structure of pharmacotherapy and in the group of patients without pathology of GDZ they make up 28.1%, in the group of patients with pathology of GDZ - 33.3%. The ratio of injectable to oral forms was 2.2: 1.0 and 2.3: 1.0, respectively, in the group of patients without GDZ pathology and with GDZ pathology. Therefore, in both groups, NSAIDs and corticosteroids were equally often used in the framework of pharmacotherapy. The proportion of basic drugs in the group of patients without pathology of the gastroduodenal zone was 10.5% in the group with pathology of GDZ, only 1.1%.

Medicines aimed at protecting GDZ occupied a smaller proportion in the framework of pharmacotherapy for patients without GDZ pathology and amounted to 22.1%, in the group of RA patients with GDZ pathology 24.6%.

As can be seen from the results obtained, the drugs used in the framework of pharmacotherapy in both groups were used in a comparable proportion, although there is a tendency for the prevalence of the proportion of corticosteroids in the group of patients with GDZ pathology. In addition, attention is drawn to the lack of specific gravity of anti-secretory drugs in the group of patients with GDZ pathology.

Thus, the conducted retrospective study showed that GDZ pathology occurs in 33.3% of patients with RA, which to some extent agrees with the literature data. Analysis of the pharmacotherapy of RA, depending on the presence of GDZ pathology, indicates that the compared groups do not differ significantly in terms of the structure of drugs and their specific weight. Therefore, the role of drug therapy in the genesis of GDZ lesions revealed during the analysis cannot be considered proven, but this version cannot be refuted either. Perhaps, drug aggression in the genesis of the revealed pathologies of GDZ acquires significance, taking into account the duration of treatment of patients with RA.

FINDINGS:

1. Pathology of GDZ in RA patients occurs quite often, every third patient has symptoms of GDZ lesion.
2. A retrospective analysis does not fully prove the role of drug therapy in the genesis of GDD lesions in RA patients.

3. Lesions of the gastrointestinal tract in patients with RA are caused not only by the intake of NSAIDs, but also due to the primary involvement of the GDZ in the pathological process.

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