GALAXY INTERNATIONAL INTERDISCIPLINARY RESEARCH JOURNAL (GIIRJ)
ISSN (E): 2347-6915
Vol. 11, Issue 2, Feb. (2023)

STATE OF THE GASTRODUODENAL ZONE IN PATIENTS WITH REACTIVE ARTHRITIS

Azadaeva K.E.,
Tukhtaeva N.Kh.,
Rakhmatullaeva G.K.
Tashkent Medical Academy

Abstract

Gastroenterology and rheumatology are very closely related disciplines. There is much in common in the occurrence and manifestations of lesions of the gastrointestinal tract in connective tissue diseases [1].

Gastroenterological manifestations of connective tissue diseases is an area of medicine that always forces clinicians not only to face difficult diagnostic tasks, but also requires a thorough, balanced treatment approach [2].

Considering that according to the data of a retrospective analysis it is not possible to comprehensively assess the nature of disorders in the GDD in ReA, it was of some interest to conduct prospective studies in this direction.

MATERIALS AND METHODS

The study included patients with reactive arthritis of urogenic and enterogenic etiology. The number of patients with urogenic and enterogenic etiology was 38 and 35, respectively. The average age of patients was 38.5 years. The diagnosis of reactive arthritis was established taking into account patient complaints, the etiological factor, clinical manifestations and data from laboratory and instrumental studies. To identify complaints, patients were provided with a questionnaire and a thorough history of the disease was collected. An endoscopic examination was performed to identify changes in the gastroduodenal zone.

RESULTS OF THE STUDY

Assessment of the state of the gastroduodenal zone was primarily carried out by studying the characteristics of complaints and endoscopic examinations. The results of these andthe surveys are shown in table 1.

Table 1 Resource requirements by component

Characteristics of complaints from GDZ in examined patients

Complaints from the GDZ	Patients with ReA of urogenic etiology (p = 28) %	Patients with ReA of enterogenic etiology (p = 31) %
Heartburn	60,7	41,9
Pain in the epigastric region	42,8	54,8
Severity in the epigastric region	35,7	32,2
Nausea	14,3	12,9
Belch	46,4	29,03
Poor appetite	-	3,2

Thus, patients with urogenic ReA most oftencomplained of heartburn (60.7%), belching (46.4%) and epigastrium pain (42.8%), while patients with enterogenic ReA most often complained of epigastric pain (54.8%), heartburn (41.9%) and severity in epigastrium (54.8%), which indicates a high frequency of complaints from GDZ in patients with arthritis.

In addition, we studied the characteristics of complaints from GDZ depending on the activity of the disease. The results of these ispsare shown in Table 2.

Table 2 Resource requirements by component Characteristics of complaints from GDZ depending on the activity of the disease in the examined patients

Complaints from the GDZ	Patients with ReA of urogenic etiology (p = 28) %			Patients with ReA of enterogenic etiology (p = 31) %		
	Act I of art. (n=15)	Act II of art (n=12)	Act III of Art. (n=1)	Act I of art. (n=11)	Act II of art (n=16)	Act III of Art. (n=4)
Heartburn	60	58,3	100	27,3	50	50
Pain in the epigastric region	40	50	-	54,5	62,5	25
Severity in the epigastric region	26,6	50	-	27,3	31,2	50
Nausea	20	8,3	-	18,2	12,5	-
Belch	53,3	33,3	100	18,2	31,2	50
Poor appetite	-	-	-	9,1	-	-

As can be seen from the above data, in the group of patients with urogenic ReA with the I degree of activity of the disease, the most common complaints were heartburn and belching, while in patients with the II degree of activity - heartburn, pain and severity in the epigastric region. In the group of patients with enterogenic ReA with the I degree of activity of the disease, the most common complaint of pain in the epigastric region, with II degrees of activity - epigastric pain and heartburn, with III degree of activity - heartburn, heaviness in the epigastric region and belching.

In general, the results of the analysis indicate a markedly high specific frequency of occurrence of complaints about the pathology of the upperabdominal cavity in patients with ReA with a high degree of disease activity.

When studying the combination of associations of complaints from GDZ in patients with arthritis, thefollowing data (Table 3) - the largest proportion was a combination of two complaints in patients with ReA urogen andenterogenic genesis - 60.7% and 41.9%, respectively, while 6.4% of patients with ReA of postdiarrheal etiology did not complain at all.

Table 3 Resource requirements by component
Combination of associations of complaints from GDZ in examined patients

Number of complaints	PeA урогенный (n=28) %	PeA энтерогенный (n=31) %
1 complaint	21,4	32,3
Association of 2 complaints	60,7	41,9
Association 3 complaints	14,3	19,4
Association 4 complaints	3,6	-
No complaints	-	6,4

A combination of associations of complaints of GDZ pathology depending on the activity of the disease, the results of which are shown in Table 4, was also studied.

Thus, in all patients examined, the predominance of the proportion of associations of two complaints was observed, and in patients with enterogenic ReA III of the degree of disease activity, one complaint from GDZ was most often encountered. Ithas been established that in patients with ReA urogenic etiology with an increase in the degree of activity of the disease, there is a decrease in the proportion of one complaint and the association of three complaints, with an increase in the proportion of associations consisting of two complaints. With ReA enterogenic etiology, on the contrary, as the degree of activity of the disease increases, there is a decrease in the proportion of the association of two complaints, while at the same time increasing the proportion of one complaint and the association of three complaints.

Thus, in all patients examined, the predominance of the proportion of associations of two complaints was observed, and in patients with enterogenic ReA III of the degree of disease activity, one complaint from GDZ was most often encountered. Ithas been established that in patients with ReA urogenic etiology with an increase in the degree of activity of the disease, there is a decrease in the proportion of one complaint and the association of three complaints, with an increase in the proportion of associations consisting of two complaints. With ReA enterogenic etiology, on the contrary, as the degree of activity of the disease increases, there is a decrease in the proportion of the association of two complaints, while at the same time increasing the proportion of one complaint and the association of three complaints.

Consequently, the data obtained indicate a predominance of the proportion of associations of several complaints by GDS detected in patients with arthritis, while it should be noted that the proportion of associations of complaints increases and the weight of one complaint decreases with an increase in the degree of activity of the disease.

Table 4 Resource requirements by component
Combination of complaints from GDZ depending on the activity of the disease

Number of complaints	Patients with ReA of urogenic etiology (p = 28) %			Patients with ReA of enterogenic etiology (p = 31) %		
	Act I of art. (n=15)	Act II of art (n=12)	Act III of Art. (n=1)	Act I of art. (n=11)	Act II of art (n=16)	Act III of Art. (n=4)
1 complaint	26,6	16,6	-	36,4	25	50
Association 2 complaints	46,6	75	100	45,4	43,7	25
Association 3 complaints	26,6	-	-	9,1	25	25
Association 4 complaints	-	8,3	-	-	-	-
No complaints	-	-	-	9,1	6,2	-

Assessment of the state of the gastroduodenal zone was also carried out by endoscopic examinations. The results of these studies showed that in almost all patients, some or other changes were detected on the part of the CO of the stomach andthe twelve-duodenal intestine (Table 5). Chronic gastritis (CG) turned out to be the most commonly detected endoscopic sign of damage to the digestive system in the examined patients [3]. In patients with joint diseases, dysbiotic changes occur in the gastric biotope. Dysbiotic changes in the stomach in patients with joint diseases are accompanied by helicobacteriosis of the stomach. There is a direct relationship between the severity of dysbiotic changes in the stomach and the degree of contamination of H. pylori[4.]. At the same time, the catarrhal form of chronic gastritis prevailed in patients of the 1st and 3rd groups, compared with the 2nd group. At the same time, erosive gastritis and erosive duodenitis, in contrast to groups 1 and 3, are most often detected in patients with ReA of urogenic etiology, atrophic and subatrophic changes in the CO of the stomach and duodenum were also more often detected in this group of patients.

Thatflash 5. Endoscopic picture of the gastroduodenal zone in patients with RA and ReA

Nature of the lesion	**PeA урогенный n=22**	**PeA энтерогенный n=25**
Chronic gastritis:	100	93,5
Catarrhal	50	77,4
Subatrophic	14,3	9,7
Atrophic	10,7	3,2
Erosive	25	3,2
Chronic duodenitis:	57,1	51,6
Catarrhal	32,1	35,5
Subatrophic	7,1	12,9
Atrophic	3,6	-
Erosive	14,3	3,2
Erosion of the stomach	3,6	6,4
Gastric ulcer and 12 colon	-	3,2
Ulcer 12p.gut	-	6,4
Stomach ulcer	-	-
No Pathology	-	3,2

As can be seen from the data presented in Table 5, you were chronic duodenitisin 59% - group 1 and in 44% - group 2, and erosion of co duodenalci shki is noted in 13.6% of patients of the 1st group, ulcerative painwas found in 16% of patients of the 2nd group.
The study of the endoscopic picture of GDZ in patients with arthritis, depending on the activity of the disease , is demonstrated in Table 6.

Table 6 Resource requirements by component Endoscopic picture ofgasta roduodenal zone in patients with ReA depending on the activity of the disease

Nature of the lesion	Patients with ReA of urogenic etiology (p = 28) %			Patients with ReA of enterogenic etiology (p = 31) %		
	Act I of art. (n=15)	Act II of art (n=12)	Act III of Art. (n=1)	Act I of art. (n=11)	Act II of art (n=16)	Act III of Art. (n=4)
Chronic gastritis:	100	100	100	100	87,5	100
Catarrhal	33,3	66,6	100	81,8	68,7	100
Subatrophic	20	8,3		9,1	12,5	-
Atrophic	20	-		-	6,2	-
Erosive	26,7	25		9,1	-	-
Chronic duodenitis:	80	33,3		45,4	56,2	50
Catarrhal	40	25		27,3	37,5	50
Subatrophic	6,6	8,3		9,1	18,7	-
Atrophic	6,6	-		-	-	-
Erosive	26,8	-		9,1	-	-
Erosion of the stomach	-	8,3		-	6,2	25
Gastric ulcer and 12 colon	-	-		9,1	-	-
Ulcer 12p.gut	-	-		18,2	-	-
Stomach ulcer	-	-	-	-	-	-
No Pathology	-	-	-	-	6,2	-

With the first degree of activity of urogenic ReA, subatrophic and atrophic disorders in the coolant, inflammation of the duodenum and its erosive changes were more often detected. With an increase in the degree of inflammatory process in the joints, the frequency of detection of catarrhal gastritis increased. It should be noted that gastric erosion was equally often observed with both degrees of disease activity. As for enterogenic ReA, as you can see, the catarrhal process in the coolant was more often observed with I and III degrees of activity, duodenitis equally often occurred with all degrees of activity, and if gastric erosion prevailed at the III degree, then the ulcerative process of the stomach and duodenum - with the I degree of activity of the disease.
Consequently, endoscopic examination of the gastroduodenal zone in patients with ReA shows the presence of noticeable disturbances in their mucosa. At the same time, if in the conditions of ReA enterogenic etiology, the predominantly superficial lesion of the CO of the stomach comes to the fore, then with ReA urogenic etiology - mainly its deep lesion.

FINDINGS

Accumulating the data obtained, it can be concluded that the pathology of GDZ revealed during an objective and endoscopic study quite oftenaccompanies joint diseases, in particular ReA. It should be noted that in patients with ReA enterogenic etiology, a superficial lesion of coolant prevailed, and in patients with urogenic ReA - a deeper lesion. At the same time, no significant relationship of the identified changes with the activity of the disease was traced. In connection with this, to explain and summarize the identified changes on the part of GDZ, it is advisable to further study the microbialsabout the landscape of the stomach in patients with ReA.

REFERENCES

1. Zimmerman Y.S. Clinical gastroenterology / Y.S. Zimmerman. — M: GEOTAR - Media, 2009. - 416 p.
2. Chernin V.V. Peptic ulcer disease, chronic gastritis and esophagitis in the aspect of dysbacteriosis of the gastroduodenal zone / V.V. Chernin, V.M. Chervinets, V.M. Bondarenko et al. — Tver: LLC Publishing House "Triada", 2004. — 200 p.
3. BicE.M. Molecular analisis of the bacterial microbiota in the human stomach / E.M. Bic, P.B. Eckburg, S.R. Gill et al. // Proc. Natl. Acad. Sci. USA. - 2006. - Vol. 103. — P.732- 737.
4. IR Mavlyanov, RI Mustafin, NH Tukhtaeva / Characteristics of the luminal and parietal microflora of the stomach of patients with rheumatoid and reactive arthritis -Bulletin of New Medical Technologies // Volume 19, Number 2, pp. 319-322 https://scholar.google.com/scholar?oi=bibs&cluster=16572586286806347167&btnI=1&hl=ru