Modern Diagnosis of Medicine-Induced GI Bleeding From the Gastrointestinal System

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Relevance of the topic: All non-steroidal anti-inflammatory drugs or drugs that block cyclooxygenase-1 reduce the function of prostaglandins, reduce the protective properties of the mucosa by increasing the gastric hypersecretion and the acidopeptic and aggressive activity of gastric juice, which in turn leads to the violation of the integrity of the mucous membranes of the stomach and duodenum and to this pathological condition. causes the process to continue chronically. It is also worth noting that long-term use of NSAIDs and risk factors that cause erosion or ulcers in the mucous membrane of the stomach and duodenum should also be taken into account. Vyalov SS, Zimmerman JA, Sigano K, Tack J, Kuipers EJ. 2012. Currently, bleeding due to gastric and duodenal ulcers has doubled, especially in the elderly and elderly. The death rate from acute bleeding due to wounds from the gastrointestinal system is 4-20%, after emergency operations it is 4-73%, and in the elderly this rate is 80% higher (Denisov I.N., Shavkuta D.M., Sajin V.P. ., Savelev V.M., Sajin I.V., Khadjibaev A.M.).

Death due to bleeding from the gastrointestinal system of various etiologies takes the first place, even before perforation, which is a complication of duodenal ulcers. The problem of bleeding from the upper part of the gastrointestinal system (gastroduodenal) remains one of the urgent problems of world medicine due to the high incidence and mortality rate and its growth. In the USA alone, 300,000 patients are hospitalized with bleeding every year, of which 150,000 are related to gastroduodenal ulcers. In Great Britain, acute wound bleeding requiring hospital admission is 25 per 100,000 (Shoroch GP 1998).

Purpose of inspection. To improve the diagnosis and treatment results of acute erosive ulcerative lesions of the duodenum and duodenum due to YaKNDV.

Patients were divided into II group. The first group I - the control group, was studied retrospectively by studying the history of 130 patients who received traditional conservative treatment (hemostatics, angioprotectors, IPP, N2 - blockers, antacids) and underwent endoscopic diathermocoagulation. II - the main group was a prospective study, in which 145 patients were included in the main group, in addition to conventional treatment aimed at improving the quality of treatment and eliminating the recurrence (recurrence) of bleeding + rebamipid 300 mg, in 0.9% sodium chloride solution, 1 time per day 1 ,2-2.4 g intravenous slow drip and combined methods of endoscopic hemostasis are included.

Clinical examination methods.

Anamnesis data were collected on the basis of a specially designed primary questionnaire. When patients were surveyed, the following were taken into account:

- complaints;
- taking medication before the illness;
- what kind of illness it was taken for;
- The time and amount of receipt of the EQNDVV;
- anamnesis (anamnesis of the main and additional diseases);
- condition of skin and mucous membranes;
- nausea, noted;

Laboratory research methods.

Traditional laboratory methods of examination.

1. Erythrocytes, leukocyte, thrombocyte, amount of hemoglobin, EChT.

2. Total serum protein.

3. Determining the amount of bilirubin in the blood.

4. Determination of aspartate aminotransferase and alanine aminotransferase.

5. Determination of creatinine and urea in blood.

Clinical analysis of blood was performed on an automatic hematological analyzer. Biochemical analysis of blood (blood sugar, bilirubin, creatinine, urea, total protein, aminotransferase activity, active phosphatase, amylase, etc.) using test systems of the company.

conducted in the automatic analyzer.

All patients were examined parameters using Child-Pugh system bilirubin, albumin, prothrombin index. In addition, transaminases, total protein and fractions, signs of cholestasis (alkaline phosphatase, cholesterol), electrolytes, urea, creatinine, blood sugar were checked. Determination of viral etiology when SJDK was detected by ultrasound, HBsAg, HBeAg, anti-HBe, anti-HBc total antibodies were detected. In addition, Santi-HCV, HCV RNA virus markers were identified. When signs of viral liver damage are detected, even with a negative PTsR, the patient is considered to have a viral etiology, since the concentration of the virus in the blood can often be lower than detected in liver cirrhosis.

These substances are used in injection endoscopic hemostasis of gastroduodenal bleeding. They are worn close to the source of bleeding. Absolute and 96% ethyl alcohol is applied at 2-4 points around 1 mm from the source of bleeding. The amount of alcohol administered for one injection should not exceed 0.5 ml, the total volume is 1.0 - 1.5 ml, and it should not exceed 2.0 ml.

During the endoscopic examination, special attention was paid to the condition of the gastric mucosa, its erosion and ulcerative changes. During the endoscopic examination, the patients were divided into groups according to Forest's classification, depending on their endoscopic appearance, the state of the acute wound, the duration of bleeding, and the stage of thrombus in the wound. In 13 of the examined patients, it was found that Forrest I-A, that is, the inside of the stomach is full of pale red blood, and when this area is cleaned with water and suction, fountain-like, arterial blood flows from the bottom of the wound. Forrest grade I-V was assessed in 64 patients. It was found that the stomach core was full of red blood, and when this area was cleaned with water and a suction cup, venous blood was leaking from the bottom of the wound. 39 people were diagnosed with Forrest II-A. In this case, there is a coffee ball-shaped swelling in the stomach, and the surface of the wound is covered with a firm thrombus of black color. Pure blood is not visible. Forrest II-V was diagnosed in 64 patients. The surface of the wound is covered with a red or liver-colored thrombus, blood elements are detected in the stomach.

Acute gastrointestinal bleeding deserves special attention, because this condition directly threatens the patient's life. Any signs of gastrointestinal bleeding are an indication for urgent hospitalization in surgical departments, as surgery may be required. There are various approaches to the treatment of bleeding from the gastrointestinal tract, but the presence of concomitant and background diseases affecting hemostasis and ulcer healing requires special attention and treatment tactics.

The success of the treatment is based on the early and correct diagnosis of the causes of bleeding and the timely implementation of a set of measures consisting of conservative, endoscopic and, if necessary, surgical methods of treatment. Much depends on the duration of the patient's request for medical care from the beginning of the disease, the time of hospitalization, the time of the diagnostic stage in the surgical department, as well as the severity of the condition of the hospitalized patient.

Summary. Combined endoscopic hemostasis (clip burning and alcohol injection methods) is

recommended for the treatment and prevention of bleeding in FIa, FIb bleeding, and diathermocoagulation and alcohol injection are appropriate in FIIa and FIIb. If SJDK is a background disease in patients with bleeding, in addition to traditional conservative treatment and endoscopic hemostasis, cytoprotector rebamipide and antioxidant glutathione are appropriate.

Carrying out a combined method of hemostasis and together with cytoprotective therapy, SJDK allows to reduce the recurrence of bleeding and the number of dangerous, pathogenetically unreasonable surgical interventions by correcting liver function disorders. This tactic made it possible to reduce the number of operations in the main group only in 1 (0.7%) patient, in 6 (4.6%) patients in the control group.

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