FACTORS CONTRIBUTING TO THE FORMATION OF A COMPLICATED COURSE OF DUODENAL ULCER IN PERSONS OF YOUNG AGE

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Abstract: *the anamnesis, clinical features and pH indicators were studied in young people with DU. 32 young people with duodenal ulcer were examined, 12 of them had a complication in the form of ulcerous bleeding. The research work makes it possible to consider predictors of a complicated course of DU such factors as sex, age, heredity, erosive nature of gastroduodenitis, multiple ulcers, high bacterial semination low pH level in the antroduodenal zone.*
Keywords: *duodenal ulcer, ulcerative bleeding, complications, young age.*

Relevance. Ulcer disease (UD) is a serious problem of clinical medicine due to the high level of prevalence, rejuvenation, aggravation of the clinical course and insufficient efficacy of therapy (1, 3, 6, 8).

Among the etiological factors in the occurrence of DU, above all, is heredity. The role of hereditary aggravation--is especially great in duodenal ulcer (DU) which is inherited by an autosomal –dominant or autosomal-recessive type, not linked to the gender.

The next factor contributing to the development of inflammatory and destructive changes is a specific infectious agent Helicobacterpylori.

The deterioration of the social and economical status of the population is unfavorable environmental condition, poor nutrition – factors contributing to the growth of frequency and early occurrence of diseases caused by Helicobacterpylori (1, 3, 6, 8).

A specific feature of the course of ulcer disease in modern conditions is a change in morphogenesis - a less-symptomatic course or a painless variant is observed in more than 5% of patients, seasonal exacerbations , there is a lack of efficacy or resistance to the therapy, and complications are often developed (3,4,6). It is known that 26-42% of patients with duodenal ulcer (DU) have various complications, among them 30-40% of cases are gastrointestinal bleedings, 21-27% of cases are perforated ulcers. Bleeding of duodenal ulcers is

the most terrible complication and it is one of the first places in the structure of mortality for DU.

There are various opinions explaining the problem of bleeding of the gastroduodenal ulcers: the prevalence of ulcer, nonstandard anti-inflammatory no steroidal drugs and aggressive anti coagulated therapy, the lack of a common doctrine for the treatment of ulcerative bleeding (2, 5, 6).

At the same time, the factors leading to the recurrence of the disease and the development of complications remain insufficiently studied, but published factors about the role of individual predictors in the development of complications are controversial. Therefore the aspect of the ulcer diseases associated with the searching for the predictors of the development of life-threatening complications of the disease has undoubted relevance and it is demanded in the clinical practice.

Aim of the work. To study the anamnesis, clinical and endoscopic features and indicators of intragastric pH in young people with DU to identify factors, contributing to the formation of a complicated course of the disease.

Material and research methods. 32 patients with DU in the recurrence phase were examined and were treated at the clinic №2 of SMI in 2016-2018. The main group consisted of 12 (37.5%) patients with a complicated course of the disease (bleeding). 20 (62.5%) patients with uncomplicated course of DU were included in the comparative group (exacerbation- 1 or less during the year, the absence of ever destructive complications) (UUD).

The patients were administered: EGDS determination of the titer of antibodies IgG to HP in the blood serum, introgastric pH-metria. The patients with HP positive DU received a standard 10-days three-component scheme of the eradicative therapy at the hospital, omeprazole 20-40mg 2 times a day + amoxicillin 1000mg 2 times a day +clarithromycin 500mg 2 times a day. Further treatment was continued by De-Nol for 3 weeks. Control EGDS was performed after 21 days from the beginning of the treatment till the scarring of ulcerative defect. The effectiveness of eradicative therapy was fulfilled by the help of the Helic-respiratory test in a month after finishing the treatment.

Results and its discussion. It was explored while studying the history of the patients that the heredity of the main disease was aggravated**.** Thus, the presence of ulcer in close relatives of the patients of the main group was detected in 6 (50%), with 2 (16.6%) persons having a severe course, and 3(25%) of close relatives had bleeding in the history. A hereditary aggravation of 12 (60%) patients was also observed in the control group, and there were no complications among relatives of this group. It was established that the duration of the ulcerative anamnesis of the patients of the main group was 1.5 times less than in the comparative group, which indirectly indicates more aggressive course of the disease in the first group. In the patients of the control group the duration of the disease at the time of examination was 3.3+_0.6 years, but in the patients of the main group was 1.5+_0.3 ($p<0.01$).

Recurrences of the disease in the main group were observed more often than in the comparative group, in 4(33.3%) patients were debuted with the development of destructive complications.

According to the investigations of anamnesis there were no significant differences between groups according to the localization, radiation of pain and its connection with food intake. Night pains were more often observed ($P<0.01$) in the comparative group. Moderate pains of typical localization were in the uncomplicated DU. The painful syndrome was typical enough according to its localization but it had less intensity in the course of complicated DU. In the course of complicated DU it was more often than in the UUD, the patients noted the absence of the pain (41.6% and 8.7% adequately) seldom pain significant intensity of pain syndrome (33.3%and 40%).

Seasonal exacerbations in the autumn-spring period were significantly more frequent in the group of UUD (60% and 33.3% adequately). All patients were diagnosed antral gastritis and duodenitis according to the endoscopic examination. The erosive nature of the gastroduodenitis was noted in the main group of patients 8(66.7%). Patients with UUD had multiple ulcerative lesions 3 times more often than patients with CUD (12%) Ulcers in both groups were localized mainly on the anterior and posterior walls of the duodenal bulb, significantly less often on the large and 2 small curvatures. The average size of the ulcerative defect in patients with UUD was 3.2+1.68 mm which insignificantly exceeds the similar indicator in the control group (1.7+1.13mm) ($p>0.05$).

While studying the acid-forming function of the stomach in children with DU , a state of hyperacidity was found in the area of the body of the stomach. Indicators of both the main and 2 control groups are significantly ($p<0.01$; $p<0.05$) , differed from the standards . As for the pH-measurement in the antrum area, increased as a production (or decrease in alkalizing function of the stomach) is typical in patients with complicated disease in whom this indicator was significantly ($p<0.001$) lower than both in healthy and control groups (Table 3).

According to the result of the study HP infection was detected in 15(47%) patients with UUD and in all patients of the main group. In patients with CUD a high titer of lgG to Hp (57.2% and 15.6%) was significantly more common, while in the group with UUD low titer of antibodies to HP prevailed (42.4% and 7.6%).

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