

**ASSESSMENT OF GASTRODUODENAL WOUND COMPLICATIONS IN THE LONG-LIVED POPULATION**<sup>1</sup> Pakirdinov Alisher Sayfitdinovich<sup>2</sup> Nuritdinov Arifjan Talibovich<sup>3</sup> Mikhailevich Ita Eynikhovna

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**Abstract:** Gastroduodenal ulcers are among the diseases of modern gerontology and geriatrics. Gastroduodenal ulcers are one of the most discussed topics in clinical medicine today. This article presents an analysis of the problem based on various epidemiological and clinical components in patients in a long-lived population. Geriatric characteristics were obtained and diagnosed, mainly by clinical and subjective methods (WHO Stepp questionnaire). Life history, medical history, clinical symptoms and physical examination data, laboratory methods and FGDS were used to diagnose and evaluate complications of HDD.

**Key words:** gastroduodenal ulcer, clinical epidemiology, long-liver, risk factors.

**Introduction**

Wounds (GDYA) are also found at various ages, including longevity, i.e. in groups of populations over the age of 90 gastroduodenal [[http:// www.rmj.ru,2017](http://www.rmj.ru,2017)]. but a special epidemiological study of GDYAS was carried out and practically not studied, the data obtained was limited to clinical and morphological examinations analyzes. The results regarding the spread of GDIA and their risk factors obtained in this way are not enough, differ from the chin frequency (only epidemiological studies can guarantee this) by representing several times lower indicators [Drapkina O.M and b.q.,2019-2020., Mamasoliev N.S. and b.q., 2020]. Therefore, it is in this direction that the research of Gdia, especially in long-livers, and the development of new technologies based on their results, is of great importance for an urgent scientific problem and

practice[АлексеевС.А.,2018;<http://classinformru/mKb10/K30.htm,018>;<http://www.gastroscan.ru/iteration/108/2018>; maasmricht V recommendations, 2017].

**Objective:** to study and evaluate the descriptions of complications of gastroduodenal ulcers in the population of longevity.

**Material and method:** involved in the study: long-livers were subjected to a comprehensive examination directly at home. "Program.Stepp who Survey for the detection and evaluation of GDYA and its risk factors in voz examination Mazurinin A.V.(1994) classification was used. In addition to all-clinical examinations (Anamnesis, physical

examinations), a diagnosis was made based on an examination of esophagogastroduodenoscopy(FGDS) and contrast radiography(motor activity) of the gastrointestinal tract.

In the diagnosis of geriatric features, mainly clinical and survey methods (Stepp voz questionnaire) were applied and noticed. Clinical symptoms and physical examination data were used. To diagnose and assess the level of bleeding from gdua complications, methods of laborator examination (determination of hemoglobin and hematocrit, determination of hemocoagulation and blood elements in the stool) were used.

Life expectancy with GDYA was determined based on disease Anamnesis and FGDS testing.

The total number of infected patients was 116, with patients aged 90 years or older when analyzed in the youth section. Of these, 69 were male 59% and 47 were female 41% (Table 1).

*Table 1.*

*Patients aged 90 years and over in the youth section*

Age	n	%	Duodenal wound		gastric ulcer		double wound	
90-100	64	55%	45	70.3%	10	15.6	9	14.1%
100-110	35	30%	11	31.4%	21	60%	3	8.6%
110<	17	15%	5	29.4%	10	58.8%	2	11.8%
<b>Total:</b>	116	100	61	52.6%	41	35.4%	14	12%

During the examination, wound complications were analyzed in the gdua-infected layer of long-lived people. According to the analysis, 51 out of 116 patients(44%) had scar complications. Of these, bleeding complication occurs in 14 people, perforation in 3 people, malignancy 31, 2 were complicated by stenosis and 1 by penetration. What types of complications are observed is shown in the table below(table 2).

*Table 2.*

*The occurrence of complications of wound disease in long-lived patients*

Age	sex	bleeding			Perforation	Malignization	stenosis			Penetration
		F <sub>1</sub>	F <sub>2</sub>	F <sub>3</sub>			Komya	Subia	Dekia	
90-100	ፀ	3	4	0	2	11	0	1	0	1
	A	1	2	0	1	7	1	0	0	0

100-110	ፀ	0	1	0	0	6	0	0	0	0
	A	0	1	0	0	2	0	0	0	0
110<	ፀ	0	0	1	0	3	0	0	0	0
	A	0	0	1	0	2	0	0	0	0

To understand the formation of a wound, it is initially necessary to know about protective and aggressive factors. A violation of the balance between these factors causes the origin of wound disease (V.A.Stupin 2000).

Aggressive factors:	protective factors:
Cloridium asid and pepsine	Alkaline separation of the Antral sphere
Tissue hypoxia, microcirculation disorders, gastric mucosal ischemia	Adequate circulation in the mucous membrane of the stomach and duodenum
Helicobacter pylori	Normal state of local immunity, adequate secretion of lysosine, IgA, IgM and prostoglandins
Gastroduodenal motor disorders(gastroduodenal reflux )	Antraduodenal acid brake (control of hydrochloric acid formation through the duodenum)

GdY has been identified and evaluated by endogenous, exogenous, infectious risk factors and additional diseases WHO criteria(who, 1999). As Risk Factors in the sex and age section of patients, the following were studied and evaluated by binding to Gdia (Table 3).

*Table 3.*

*Risk factors in sex and youth cross-section*

Age		sex	NYAQB			Smokes			Alcohol consumption			Spicy food consumption		
			15	25	25<	15	25	25<	15	25	25<	15	25	25<
90-100	n=6 4	ፀ(54)	3	4	6	5	7	8	3	4	5	2	3	4
		A(10)	2	3	3	0	0	0	0	0	0	0	1	1
100-110	n=3 5	ፀ(18)	1	2	2	1	2	3	1	1	2	0	1	2
		A(17)	3	5	6	0	0	0	0	0	0	0	1	2
110<	n=1 7	ፀ(10)	1	1	2	0	1	1	0	0	2	0	1	1
		A(7)	1	2	3	0	0	0	0	0	0	0	0	1

A total of 64 individuals between the ages of 90-100 when risk factors were studied:

Among 54 men and 10 women who took nosteroid anti - inflammatory agents (NYAQV) when studied for 15-25 years or more, women were more receptive to men. The fact that it has been used for 25 years and more has been found to be a high risk factor in the origin of Gdyas.

Almost 100% of those who wanted kashandians and alcohol in the origin of the gdia were men in the cross-section of the years. When the consumption of spicy foods was studied in the cross-section of the sexes, it was found that women had a high desire for men, but did not receive it for 15 years. Studies show that long-term consumption of Nyaqus from Risk Factors in causing Gdyas plays a significant role in population populations aged 1-10 years or more compared to other factors, resulting in patients being in critical condition with acute clinical signs of incompatibility in causing complications.

**Conclusion:** the results of the survey in patients showed that the longer the duration of harmful habits, the higher the rate of development and complication of Gdia in these patients. Conditions such as Premorbid diseases, other chronic diseases (liver cirrhosis, chronic obstructive pulmonary disease, chronic kidney disease), genetic factors, social status, social stress, injuries, therapeutic and psychiatric comorbidity indicate a high risk factor.

Tests have shown that in patients with GDYA, the mucous membrane of the stomach and duodenum is damaged due to the action of the above Risk Factors and due to age-specific histological changes, and as a result, the local immune capacity decreases. The biosynthesis of IgG and IgM in the blood is weakened, as a result of which Helicobacter pylori is easily damaged, after which a defect is formed as a result of damage to the mucous membrane by the action of hydrochloric acid and pepsin.

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