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RISK FACTORS FOR THE DEVELOPMENT OF BILIARY PANCREATITIS IN THE ELDERLY POPULATION

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Annotation: A simultaneous epidemiological survey of the representative population of the Fergana region aged 65-89 years, consisting of 94 men and women, was organized and conducted. Patients with biliary pancreatitis were retrospectively analyzed on the basis of a questionnaire.

Keywords: biliary pancreatitis, gerontological risk factors.

Introduction: large-scale scientific research on biliary pancreatitis has been carried out on a global scale in recent years. From the analysis of scientific investigations in this regard, it follows that the issues of preventive pancreatology are not sufficiently worked out to this day, the tactics of treatment are not as ultimately as expected. Acute pancreatitis, which has reached the stage of clinical arousal (pains in the upper half of the abdomen, recording and exceeding the norm of pancreatic enzymes in the blood and urine), will have time to provoke inflammatory processes in the pancreas and surrounding tissues, such as cytolysis and hyperfaolization of proteolytic enzymes of an intrapancreatic tone. It is almost impossible to reverse it" without a trace", even when returned, it ends up with medical, economic and social problems. But it has been shown in studies that complete clinical and histological recovery is possible if the effects of etiological risk factors are stopped. Stratification of risk factors for acute biliary pancreatitis can lead to minimization of this risk and form the basis of programs for active primary (protecting against risk factors) and secondary (protecting pancreatitis from complications) prevention of pancreatic diseases. However, so far, despite the high prevalence of acute pancreatitis, methods of early screening and deterrence (donosological prophylaxis) of acute (biliary) pancretitis, especially in the population of the elderly and elderly, have not been sufficiently developed and applied in the mentioned direction.

It is also known that at the meetings of the international scientific society for gastroenterology and at the conferences of pancreatological clubs, such opinions have been expressed since 2013, and the attention of researchers has not been given wider coverage[bordin Д.С.2013.infomedfarmgialog.ru website 2013-2014yy., Peter Hegyi, 2013].

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Susceptibility to acute (biliary) pancreatitis (BP)has increased dramatically in the population, or the frequency of spreading its risk factors has been reported at high rates in modern populace.

Also, special studies conducted in Russia indicate-that the population that strictly adheres to a healthy lifestyle (healthy eating, regular physical exertion, smoking and complete abstinence from alcohol) does not exceed 0.4% [www.Ivrach.ru2019]. the increase in risk factors directly related to the origin of acute pancreatitis among the population is widely discussed in the scientific literature. Epidemiological data obtained up to the present day confirmed their increase in the following frequencies: obesity-30.8%, chestnuts-14.2%, hypercholesterolemia -56.3%, hyperglycemia -4.1% -9.1%, excessive salt intake – 47.1%, less than normal intake of vegetables and fruits – 36.2%, vitamin D deficiency – 83.2% and hypergomocysteinemia – 5% [Kim J.S et al., 2018; Roerecke M.et al.,2018; Druk I.V and b.q.,2019].

Despite the fact that at one time the tendency to increase pancreatitis is also noted, the sympathy for its prevention, extensibility and necessity are fundamentally increasing among the population. Acute pancreatitis, as a result of various functional and humoral, primary and secondary pathological influences on the patient's body, leads to a strong violation of vital organs for the event, creating the basis for the development of urgent and even, critical state in the patient.

The frequency of spread of acute pancreatitis per 100,000 inhabitants per year

In 2-8 cases, postoperative mortality is 20-45%, and among the number of hospitalizations in recent years, it is noted that it is growing[Ivashkin V.T and b.q., 2014;2019].

Pathological processes in the bile ducts from more than 40% of cases play an important role in the origin of pancreatitis. Such a condition is the reason for the development of pancreatitis; in defects of the anatomical location and shape of the gallbladder, narrowing and cysts of the distal sacs of the pancreatic tract and the general biliary tract, in Oddi sphincter stenosis (52%) in chronic cholecystitis (42%), in gallbladder disease or as a result of cholecystectomy (6%) [Suman V.G and. b. q., 2001].

The main reason for the appearance of overheating on the problem of pancreatitis is the widespread and uninterrupted growth of this disease: in general clinical practice, around 0.6% and in the structure of diseases of the digestive organs, by 9%; in the last 30 years, the incidence has increased by 2 times, and in the population up to 50 per 100; Due to the deterioration of the economic and environmental situation in Russia, a decrease in the quality of nutrition and a decrease in the quality of the general diet increase alcohol and craving in the diet, the prevalence of pancreatitis in adults in the last 20 years increased by 3 times [Maev I.V and b.q., 2013] known. Analysis in the last years literature further shows that patients aged 35-50 with more severe pancreatitis are infected, with primary disability at 15%, mortality at 20% in the period after the first 10 years of pancreatitis diagnosis, and mortality from pancreatitis complication at 15-20% [Scheneider A.et.al., 2007; Belousova E.A and b.q., 2008]. Therefore, the early

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detection of pancreatitis and its risk factors is recognized as an extremely urgent scientific problem, the development of preventive methods .

The purpose of the study: to identify risk factors in the gerontine population of biliary pancreatitis. Geront prevent the development of biliary pancreatitis in the population.

Research materials and methods: a simultaneous epidemiological examination was organized and carried out in a representative 65-89-year-old population of 94 men and women in the Fergana region. Patients with biliary pancreatitis were retrospectively analyzed on a survey basis. Accordingly, the results of the examination of 94 patients were analyzed (age category 65-89) of patients with gallbladder stones in the isolated age group, while biliary pancreatitis was observed in 30% of individuals of the control group groups in 19% developed biliary pancreatitis. Clinical signs observed in patients were pain in the upper abdomen, flatulence, dyspeptic conditions more often observed in patients with cholelithiasis. In addition, chronic biliary pancreatitis was found in 77% of ERPXG patients with gallstone disease and holedoholithiasis, while only 37% were diagnosed with chronic pancreatitis in patients without gallbladder stones.

A survey of patients with biliary pancreatitis found that obesity at any level (OTV 18.5 ± 2.4) compared to normal patients was a risk factor for the development of biliary pancreatitis. At the same time, obesity (equivalent to or greater than OTV 25) increases the risk of developing severe forms of acute pancreatitis. Patients with biliary pancreatitis Grade II obesity (OTV 30-34.9) develop fatty pancreonecrosis rapidly due to significant pancreatic fatty dystrophy. In addition biliary pancreatitis complications are common in patients with obesity II and III (BMI 35-49.9). With the diagnosis of chronic relapsing stone cholecystitis, biliary panceratitis, which developed after the completion of the cholecystectomy procedure, was observed in 30% of cases, all of these patients were diagnosed with pancreatic lipomatosis at UTT before diagnosis.

In the examination, epidemiological ("survey for the detection of chronic non-infectious diseases"), clinical, biochemical and instrumental methods are used based on the criteria for maintaining health and following the recommendations of Jaxon. The following risk factors for biliary pancreatitis are studied and evaluated: alcohol istemolization rate, constipation, impaired nutritional diet, excessive body weight (OTV), obesity, stress disorders, hypodynamia, dyslipidemia (DLP), consumption of fruits and vegetables less than normal (400gr/day), biliary diseases, jaroxate, lesions, surgical procedures performed in the Su'istemoli and pancreas (operasias). The OTV index is followed by the Ketle formula: body weight (kg) height(m2). The Ket index is not enough for body weight below 20, normative body weight at 20-24.9,excess body weight at 25-29, and obesity at >_30. Age, gender and other risk factors studied the patients in our observation and determined the percentage of damage to pancreatic lipomatosis (Table 1).

		Pancreatic lipomatosis risk factors					
Age	sex	Unhea	alcoh	smoke	Obesity rate	Hyp	diabetes

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		lthy diet %	ol%	c%;	I-	II	III-	odyn amia %	light,	mediu m	heav y
65-69	Э	64%	14%	24%	56%	59%	63%	7%	8%	14%	11%
	A	34%	0%	0%	59%	62%	64%	8%	8%	14%	11%
70-79	Э	57%	4%	21%	58%	65%	68%	54%	11%	13%	16%
	A	33%	0%	0%	60%	65%	68%	69%	11%	13%	16%
80-89	Э	57%	0.4%	22%	48%	54%	63%	80%	8.5%	10%	12%
	A	14%	0%	12%	64%	54%	63%	83%	7%	6%	4%

Biliary pancretitis is a predisposing factor in the development of fatty dystrophy of the pancreas and plays an important role in the elderly. As a result of pancreatic lipomatosis, the glandular tissue becomes prone to inflammation and at the same time leads to a rapid transition from the trypsin stage to the lipase barrel in the enzymatic phase of pancreatitis. The reason is that due to fatty dystrophy of the pancreas, the enzymatic cells of the gland cannot release the enzymes they form into the ducts. The lipase that accumulates inside the cell reacts violently to the fat molecules inside the same cell with the onset of inflammation. As a result, fatty pancreonecrosis in the pancreas develops rapidly compared to non-lipomatous patients and is at the same time severe.

That's why during our study we were studied the harmful habits that cause pancreatic fatty dystrophy and the increased effect of these habits with age.

It has been found that due to fatty dystrophy of the pancreas, there is an increased risk of developing biliary pancreatitis in bile duct pathology and biliary pancreatitis in bile ducts. In patients who were in our observation, biliary panreatitis after tashrix was found to be a developmental condition and increase its pancreatic lipomatosis(Table 2).

Table 2

The level of development of biliary pancreatitis after tashrix in our observation

	Pancreatic lipomatosis weight level		
	I	II	III
Conventional cholecystectomy	1%	5%	8%
Laparoscopy cholecystectomy	07%	4%	7%
Choledocholithotomy	08%	3%	5%
ERPHG lithoextraction	2%	6%	10%

Conclusion: 1.To reduce the risk of developing biliary pancreatitis in patients with biliary tract problems, it is necessary to first combat pancreatic lipomatosis.To do this, it will be necessary to eliminate harmful people and Cathar factors that cause pancreatic lipomatosis.

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2. It is necessary to determine whether there is a pancreatic lipomatosis during the period when patients with surgical diseases of the biliary tract were taken.If this group of patients is diagnosed with pancreatic lipomatosis, it is recommended to carry out preventive antiferment therapy in patients during the period of taking tashrix and in the period after tashrix.

3. To prevent recurrence of the disease in patients with biliary pancretitis, it is necessary to control precipitation to ensure a healthy lifestyle

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