GALAXY INTERNATIONAL INTERDISCIPLINARY RESEARCH JOURNAL (GIIRJ)
ISSN (E): 2347-6915
Vol. 12, Issue 6 June (2024)

ISCHEMIC HEART DISEASES INFORMATION ABOUT ANGINA PECTORIS

Nurxonov Jamshid Nuriddin o'g'li
Samarkand State Medical University

ABSTRACT

Acute erosive and ulcerative lesions of the stomach or duodenum belong to a group of various diseases caused by many causes. The most common cause is peptic ulcer disease. Secondary gastroduodenal ulcer, which develops against the background of diseases of the cardiovascular system, is very relevant and one of the problems that has not been studied enough.

Keywords: Ischemic heart disease, peptic ulcer disease, duodenal ulcer disease, granular sorbents, gastroduodenal bleeding.

INTRODUCTION

In recent years, the number of patients with acute gastric and duodenal ulcers has increased, and life-threatening complications such as bleeding from acute ulcers have also increased. In patients with ischemic heart disease, erosive gastroduodenal bleeding often develops as a result of the use of antiaggregant or anticoagulant drugs. According to different authors, taking maintenance doses of clopidogrel increases the risk of gastrointestinal bleeding by 1.1 times, taking aspirin by 1.8 times, and taking a combination of these two drugs by 7.4 times.
In the literature, there is no clear conclusion on the pathogenesis of gastroduodenal damage. As a result, despite the fact that the main method of treatment of acute and chronic gastroduodenal ulcer is to reduce acidity in the stomach cavity and create optimal conditions for wound healing, there are no general principles of conservative therapy. Many authors consider improving the results of symptomatic treatment of erosive-ulcer lesions in the gastroduodenal area and their complications in the improvement of local treatment methods.
In our opinion, the use of granular sorbents for endoscopic treatment of gastric ulcer and gastroduodenal bleeding is promising. In our study, we did not find any work on the use of biologically active granular sorbents for the prevention of gastroduodenal bleeding in patients with cardiac pathology.
The lack of this information and the importance of taking it into account to develop effective local therapy for erosive and ulcerative lesions of the gastrointestinal tract, and to complicate the course of the main disease in heart diseases determined the goals and objectives of our research.

MATERIAL AND METHODS

During the study, 44 patients admitted to the cardiology department of the hospital due to the instability of ischemic heart diseases were examined and observed. Progressive angina caused hospitalization in 15 (34.1%) patients, 19 (43.2%) patients had hypertension, and 12 (27.3%) patients had chronic gastrointestinal disease in addition to ischemic heart disease. suffered from pathology.
The criteria for the inclusion of patients in the study are as follows: the diagnosis of ischemic heart disease with symptomatic erosion and symptoms of gastric and duodenal ulcers, the

patient's consent to the use of local treatment methods in the complex treatment of acute gastric ulcer and erosion, and the age of the patients between 18 and 85 years. lish. Exclusion criteria from the study: the presence of acute myocardial infarction in the patient, acute blood circulation disorders in the brain, severe hemostatic diseases.

Depending on the nature of erosive and ulcerative lesions of the gastroduodenal zone, patients were divided as follows: gastric and duodenal ulcer disease - 7 (15.9%) people; acute erosion of the stomach and duodenum - 28 (63.6%) people; acute stomach and duodenal ulcer - 9 (20.5%) people.

When talking about the localization of erosive-ulcerative processes, erosion was located in the stomach in 29 (65.9%) people, and in the duodenum in 15 (34.1%) people. The sizes of ulcerative defects range from 0.3 cm to 2.3 cm in diameter. Multiple erosions and ulcers in the stomach or duodenum were observed in 11 (25.0%) individuals, and combined gastric and duodenal lesions were observed in 7 (15.9%) individuals.

The patients included 26 men and 18 women aged 22 to 85 years. According to the objectives of the study, all patients were randomly divided into two groups: the main group and the comparison group.

The main group included 23 patients, their average age was 61.8 ± 2.15 years. Patients in the main group, along with treatment of the main disease, prevented gastroduodenal bleeding by including methods of early diagnosis of acute erosion of the gastroduodenal zone and peptic ulcer and therapeutic intraluminal endoscopy in the complex of measures.

All patients of the main group underwent fibrogastroduodenoscopy (FGDS) on the day after hospitalization as part of a multidisciplinary approach. Biologically active granular sorbents of the new generation were applied locally to the identified acute erosions and ulcers. At the same time, in patients with erosion and gastroduodenal ulcer with a diameter of less than 1.0 cm, local treatment was carried out with the effect of granular sorbent on the defect area. For the treatment of gastroduodenal ulcer in patients with an ulcer defect of 1.0 cm or more, a method that provides the combined effect of two sorbents was used: first, with the help of 0.2 g of diotevin in the lower part of the ulcer defect, which has a proteolytic and antibacterial effect was, and then insufflator applied to the wound with 0.4 g of diovin, which has antibacterial and cytoprotective properties. The treatment of the second stage of the ulcerative process (after cleaning the wound from necrotic tissue and fibrin) was carried out only by inflation of 0.3 g of diovinin. Local treatment of erosive and ulcerative defects was carried out within 4-5 days.

To evaluate the results of treatment, a comparison group (21 patients) was formed, their average age was 59.5 ± 3.2 years. In the comparison group, diagnostic fibrogastroduodenoscopy was performed when the first clinical symptoms appeared; local treatment of acute erosive and ulcerative processes of the gastroduodenal zone was not performed in the comparison group. Otherwise, the patients of the main and comparison groups were comparable in terms of age, gender, clinical symptoms, comorbidities, location and size of erosive and ulcerative defects, and length of follow-up.

In the treatment of patients in the main and comparison groups, the same drug therapy was used according to a standard scheme, which corresponds to the current standards of treatment

of patients with cardiovascular disease. From anti-ulcer therapy, patients in both groups received proton pump inhibitors, antacids and anti-Helicobacter pylori therapy (if necessary). Clinical signs were taken as the main criteria for evaluating the results of treatment of patients: dynamic endoscopic monitoring of the volume of erosion and gastroduodenal ulcer, the nature of ulcer defects, the appearance of signs of erosive-ulcer bleeding, the period of treatment of acute erosion and gastroduodenal ulcer, prevention of surgical complications (bleeding, perforation), operations during bleeding, length of hospital stay, mortality rate. Cytological studies were performed to detect Helicobacter pylori in erosion and ulcer biopsies. Statistical processing of clinical material was carried out by variational statistical methods. The significance of differences in a number of characteristics was determined by comparing mean values using Student's t-test. The obtained results are reliable at $p \leq 0.05$. We also used the standard deviation function of the series to calculate arithmetic quantities (M) and errors of the means (μ), or (SE). Statistical data processing was carried out on a personal computer using the "Statistica 5.0" software package.

RESULTS AND DISCUSSION

This study aimed to analyze the clinical observations, examinations and treatment results of 44 patients with ischemic heart disease, whose primary disease was complicated by erosive and ulcerative lesions of the upper gastrointestinal tract. During the study, 23 patients (the main group) were treated according to the newly developed method, including the use of local treatment methods of acute erosion and gastric ulcer to prevent possible complications. The comparison group consisted of 21 patients, who were treated without traditional endoscopic therapy, using certain methods of diagnosis, prevention and treatment.

When analyzing the obtained data, it was found that clinical and endoscopic remission of the disease occurred much earlier in the main group. Fibrogastroduodenoscopy, diagnosed in time as part of a multidisciplinary approach, helped to detect early erosive and ulcerative lesions of the gastroduodenal zone and prevent complications (especially bleeding) by implementing preventive local therapy with granular sorbents.

Clinical studies in the main group showed that after endoscopic insufflation, the sorbent swelled under the conditions of body tissue temperature and humidity and turned into a soft elastic gel layer covering the erosive-wounded surface. It immediately stopped the action of gastric and duodenal digestive juice acids and enzymes on erosion and ulcer surface.

Patients in the main group got rid of stomach pain syndrome during the first day after the start of local treatment. Acute gastric and duodenal defects were treated quickly and effectively without scarring in the main group. No patients experienced bleeding or other surgical complications, none required surgery, and none died in the main group. The length of hospital stay of patients in this group was 8.45 ± 0.33 bed days ($p \leq 0.05$).

In the comparison group, the pain syndrome associated with erosive and ulcerative lesions of the gastroduodenal zone remained for 7-10 days. Healing of gastroduodenal ulcers in this group was later reported and occurred in most cases with scar formation. Two complications were noted in the form of gastroduodenal bleeding (9.8%): one in patient M., 77 years old, who could stop bleeding with gastric vessels endoscopically, and the other in patient K., 71 years old, operated with pleb gastric ulcers, died during bleeding (4.8%) and postoperatively (4.8%).

The average length of hospital stay for patients in the comparison group was 11.93 ± 0.698 bed days ($p \leq 0.05$).

These results show that in the main group, clinical and endoscopic remission of the disease was achieved faster, the length of stay of patients was shortened and complications could be prevented by the new treatment method.

CONCLUSION

Patients over 60 years of age with ischemic heart disease are at risk of developing acute erosion of the gastroduodenal zone and gastric ulcer. Over the past three years, the number of cases of cardiovascular diseases complicated by acute damage to the mucous membrane of the upper gastrointestinal tract has increased by 1.8 times in the multidisciplinary hospital. The main cause of bleeding in this category of patients is symptomatic gastroduodenal erosion and peptic ulcer, which in 2013 was 9.8%.

Treatment of acute gastroduodenal ulcer with a combination of granular sorbent and diotevin with diovin is the recommended method, this method leads to a decrease in pain syndrome, a reduction in the healing time of erosive and ulcerative defects, and also reduces the length of hospital stay by 1.4 times .

The therapeutic program of complex therapy of patients with ischemic heart disease, including timely diagnosis of erosive and ulcerative lesions of the stomach and duodenum within the framework of a multidisciplinary approach, local treatment of symptomatic erosion and gastroduodenal ulcer with biological effects, active granular using sorbents and proton pump inhibitors reduces the incidence of gastroduodenal bleeding by 9.8%, reduces the need for surgical procedures, and reduces postoperative mortality by 4.8%.

REFERENCES

1. Gupte S.A.Targeting the pentose phosphate pathway in a syndrome X-related cardiovascular complications // Drug Dev. Res.2010. Vol.71. P. 161-167.
2. Kheradmand F. Rasmi Y. Nemati M. Mohammadzad M.H.ABO-Rh blood groups distribution in cardiac syndrome X patients // J. Cardiovasc. Dis. Res.2012. Vol.3(3).P. 197-199.
3. Oslopov V.N.Oslopova Yu. V.Borisov DVCardiac syndrome H. Pathophysiological mechanisms of development and the possibility of its screening verification by studying the activity of Na + -Li + -transport in the erythrocyte membrane // Kazan Medical Journal.2013. T. 94. № 3. P. 355-360.
4. Kukharchuk V.V.Results of the XIV international congress on atherosclerosis // Cardiological bulletin.2006. T. I(XIII).№ 2. P. 58-61.
5. Kukharchuk V.V.with et al. Subclinical atherosclerosis as a risk factor for cardiovascular complications // Journal of International Medicine. Cardiology.2013. No. 3(4).Pp. 18-22.

6. Opie L.Kh. Medications in the practice of a cardiologist / L.Kh. Opie, B.J.Hersh / per.from the English;under the Society. Ed.and with add.prof. V.N.Hirmanova. M. Reed Elsiver, 2010. 784 p.
7. Titov V.N.with et al. The content of individual fatty acids and lipids in blood plasma lipoproteins in patients with hyperlipidemia when taking statins // Cardiological bulletin.2006. T. I(XIII).№ 2. P. 32-38.