MODERN SCIENTIFIC APPROACHES AND EFFECTIVE CORRECTION OF THE TREATMENT OF CHRONIC KIDNEY DISEASE IN PATIENTS WITH EROSIIVE AND ULCERATIVE LESIONS OF THE STOMACH AND DUODENUM

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In the abstract there are studied pathogenetic peculiarities of appearance erosive damaging of stomach in patients with chronic kidney disease of IIrd and IIIrd stage, which is caused by prolonged course of chronic pyelonephritis by the mean of investigation of serum proteolic activity of blood. There was investigated the state of unlimited proteolysis by the way of definition of lysis of asoalbumin (dissimilation lowmolecular proteins), asokasein (degradation of highmolecular proteins), and asokol (lysis of callogen). The appearance of erosive damaging of stomach in patients with chronic kidney failure of II and III stages with chronic pyelonephritis is revealed by elevated lysis of low- and highmolecular proteins and reliable elevation of collagenolytic activity of blood.

Keywords: chronic pyelonephritis, chronic kidney disease, asoalbumin, asokasein, asokol.

Statement of the problem. This paper presents main pathological changes of gastric mucosa in patients with chronic kidney disease II-III stages. Found that the most pronounced changes observed in patients with peptic ulcer combined with chronic kidney disease. Authors present the current state of the problem on gastric mucosal lesions in patients with chronic kidney disease.

We thoroughly studied the morphological changes of gastric mucosa at ultra structural level of gastric ulcer, gastritis with different etiology [1, 2, 3, 4, 15, 17]. However, in the literature there are works devoted to the study of lifetime structural changes in human gastric mucosa with underlying renal disease. Not studied the morphological changes of gastric mucosa in patients with chronic kidney disease (CKD).

Analysis of recent researches and publications. The problem is Helicobacter pylori's diseases which remains valid as because of their high frequency directly, and due to the very high infection – more than 80% of the adult population in Ukraine [5]. We know that from 7 to 11.5% of the population suffers from a combination of these pathologies [6, 14, 16, 19]. Histological examination of the stomach in patients with inflammatory lesions generally accounts for semi-quantitative assessment of severity of active and chronic inflammation, atrophy severity, including recognition scheme which came into their evaluation by MF Dixon (1994). However, working with remote tracking system the dynamics of these processes came after Hp eradication in recent years [1]. Only a single subject of study was the work of a homogeneous group of patients with duodenal ul-
In patients with gastric mucosa, inflammatory changes of varying severity in the gastric mucosa biopsies were histologically examined, which confirmed the presence of the gastric mucosa [5].

The purpose of the work. These conditions encourage the depth of histo-pathological study of the dynamics as diffuse and focal processes in gastro-duodenal CO in the treatment of peptic ulcer (SU) in combination with CKD II-III levels and assess their value as potential predictors of pathological processes in the course of the gastric mucosa [5].

Formulation purposes of article (problem). In the process of vital activity the human organ is constantly interacting with a host of microorganisms, resulting in a permanent selection of those strains that could colonize the mucous membranes (e.g., of the gastrointestinal tract or the urinary system), using it as a habitat medium. As a result of this selection a symbiosis is formed between micro- and macro-organisms, representing the normal microflora of the human body [1, 2].

The main material of the research. The aim of our study was to investigate morphological features of changes of gastric mucosa and their pathogenetic study at differentiated treatment in patients with chronic kidney disease stages II and III.

The allocation of unsolved aspects of the problem. Morphological studies were performed on biopsy of gastric mucosa that were selected during endoscopic study of patients, biopsy of the stomach was conducted in the morning on an empty stomach. The study involved 78 patients, among them dominated by women – 58 (65.51%); there were 20 (34.48%). The average age of patients was ranged from 7,2 ± 1,41 years, including 19 patients with CKD second degree with erosive ulcer-c erosions of the stomach (EULS) in presence of H. pylori (group 1), 20 patients with CKD second degree with duodenum ulcer (DU) with the presence of H. pylori (2nd group), 21 patients with CKD third degree with EULS and without H. pylori (3rd group), 18 patients with CKD third degree with EULS without the presence of H. pylori (group 4).

The findings from this study. In patients with CKD stage III and concomitant presence of H. pylori and EULS found a significant positive correlation than in patients with CKD stage II and concomitant EULS without the presence of H. pylori between the severity of ulcerative process in GM and helikobakterioza level (r = + 0,712, p<0,001).

Compared with patients having CKD stage III of DU without H. pylori patients with CKD and second degree from DU with the presence of H. pylori this correlation was more moderate and was (r = + 0,417, p<0,05). The development of the inflammatory reaction of the gastric mucosa with H. pylori, which averaged 84,2%, indicating preservation of functional activity of the gastric mucosa. Weak histological detection of inflammation in the stomach averaged 24,41% and was significantly (P<0,05). In the case of the studied patients H. pylori in the gastric mucosa with moderate to fuscic parts that were on average 14,74% and were significantly (p <0,001) lower in comparison with those of at DU.

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The allocation of unsolved aspects of the problem. Morphological studies were performed on biopsy of gastric mucosa that were selected during endoscopic study of patients, biopsy of the stomach was conducted in the morning on an empty stomach. The study involved 78 patients, among them dominated by women – 58 (65.51%); there were 20 (34.48%). The average age of patients was 47,3 ± 2,6 years. The average duration of disease ranged from 7,2 ± 1,41 years, including 19 patients with CKD second degree with erosive ulcer-c erosions of the stomach (EULS) in presence of H. pylori (group 1), 20 patients with CKD second degree with duodenum ulcer (DU) with the presence of H. pylori (2nd group), 21 patients with CKD third degree with EULS without H. pylori (3rd group), 18 patients with CKD third degree with DU but without H. pylori (group 4).

Statistical analysis of the results of research was conducted on the PC III using «Statistica 6.0».

The impressions of endoscopic signs of the gastric mucosa biopsies were histologically examined, which confirmed the presence of inflammatory changes of varying severity in the gastric mucosa.

**References:**


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СОВРЕМЕННЫЕ НАУЧНЫЕ ПОДХОДЫ И ЭФФЕКТИВНАЯ КОРРЕКЦИЯ
ЛЕЧЕНИЯ ХРОНИЧЕСКОГО ЗАБОЛЕВАНИЯ ПОЧЕК У БОЛЬНЫХ
С ЭРОЗИВНО-ЯЗВЕННЫХ ПОРАЖЕНИЙ ЖЕЛУДКА
И ДВЕНАДЦАТИПЕРСТНОЙ КИШКИ

Аннотация
В работе изучено некоторые патогенетические особенности возникновения язвенных поражений желудка у больных хронической болезнью почек II и III степени, обусловленную длительным течением хронического рецидивирующего пиелонефрита на основании исследования протеолитической активности плазмы крови. Исследовано состояние неограниченного протеолиза путем определения лизиса азоальбумину (распад низкомолекулярных белков), азоказеину (деградация високомолекулярных белков) и азоколу (лизис коллагена). Возникновение язвенных поражений желудка у больных хронической болезнью почек II и III степени с наличием хронического пиелонефрита сопровождается существенным увеличением лизиса низко- и высокомолекулярных белков и вероятным ростом колагенолитической активности крови.

Ключевые слова: хронический пиелонефрит, хроническая болезнь