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Research Article

PECULIARITIES OF CLINICAL PICTURE IN PATIENTS WITH UPPER GASTROINTESTINAL PATHOLOGY WITH CONNECTIVE TISSUE DYSPLASIA SYNDROME

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ABSTRACT

One of the major problems in gastroenterology is chronic diseases of the upper digestive tract, which are often a common pathological process with a long recurrent course. Connective tissue dysplasia syndrome (CTS) occurs due to a decrease in connective tissue strength depending on the organ or system involved. The basis of the formation of various chronic diseases, there are multiple factors that affect the nature of the course of the disease. Environmental degradation, metabolic disorders and various nervous conditions lead to an increase in the number of cases of DST syndrome. Clinical symptoms in patients are manifested in a variety of ways, with connective tissue pathology indicates the systemic nature of the lesion, as all organs are mainly composed of connective tissue and perform a number of critical functions in the body.

KEYWORDS

Connective tissue dysplasia syndrome, clinical signs, upper sections of the gastrointestinal tract.

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INTRODUCTION

The role of connective tissue in the functioning of various systems of the body, in particular the gastrointestinal tract, which is rich in collagen, one of the main components of connective tissue, has been recently actively discussed. Disorders of its metabolism in the organs can lead to their pathological structural changes and dysfunction. Connective tissue dysplasia is a genetically determined abnormality in the development of the body's mesenchymal matrix, leading to a decrease in the strength of the connective tissue of many organs and systems. Connective tissue dysplasia is divided into differentiated and undifferentiated variants. Differentiated forms are represented by a number of syndromes, based on the primary gene defect of collagen synthesis and a certain type of inheritance. Undifferentiated variants of connective tissue dysplasia are more common. The data reflecting the influence of undifferentiated dysplasia variants on the course and manifestations of digestive tract pathology in children are presented in the present article. The problems of diagnostics of undifferentiated connective tissue dysplasia consist in the variety of phenotypic signs and the absence of the unified diagnostic criteria. According to E.V. Bulankina, the diagnosis is made much less frequently than the pathology actually occurs in the population . The place of undifferentiated dysplasia in ICD-10 is not defined, although most of its features are presented under different classification headings, such as mitral valve prolapse (I34.1), hypermobile choppiness syndrome (M35.7), etc. It seems to us that the best way to make a diagnosis is to list all manifestations with the current leading cipher. It will give an opportunity to diagnose undifferentiated connective tissue dysplasia to a doctor of any specialty. According to different authors, undifferentiated connective tissue dysplasia occurs in 20-70% of children in the population . It is characterized by phenotypic markers, joint hypermobility and hyperextensibility of the skin, spinal deformity, and changes in the internal organs. The phenomenon of "overlap" with hereditary connective tissue diseases is expressed in the fact that the phenotypic continuum, for example, in mitral valve . Frequent finding of connective tissue dysplasia signs in children with gastroenterological diseases (from 30 to 72%) and, on the contrary, high frequency of gastrointestinal pathology against the

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background of this syndrome (57-88%) prove their interrelation.

Dysplastic changes of the digestive tract and hepatobiliary system include cardiac insufficiency, gastroesophageal and duodenogastric reflux, gastroptosis, gallbladder kinks and deformities, dolichosygma, etc. In connective tissue diseases involvement of gastrointestinal tract in a pathological process is revealed much more often, than clinical symptomatology . The main risk factors, the presence of which can lead to diseases of the digestive tract and dysplastic syndrome, have been established. Firstly, these are genetic factors. Comparative analysis of hereditary factors in 3 generations of probands' relatives showed that genetic load is higher in families of children with chronic gastroduodenitis and connective tissue dysplasia. The correlation coefficient between the number of digestive diseases and the number of dysplasia markers was 0.76 .

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However, it turned out that these signs are nonspecific and occur in different forms of pathology. Nevertheless, many studies have confirmed the following pattern: gastrointestinal pathology occurs more frequently and is more severe with a greater number of phenotypic markers in the child. Thus, gastroesophageal reflux disease was detected in 46% of cases with 3 dysembryogenesis stigmata and in 84% of cases with 8 markers. Similar data were obtained for other nosological units . According to J. B. Marshall, the esophagus was most often affected

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in connective tissue diseases.However, the entire digestive tube can be involved . The systemic nature of the lesion in connective tissue dysplasia is confirmed by the combination of pathologies of different parts of the gastrointestinal tract. In gastric and duodenal diseases in children with dysplastic syndrome more often than without it caries (86%), reactive changes of pancreas (62%), anomalies of gallbladder structure (42%), chronic colitis (30%), functional disorders of intestine were diagnosed .

In patients with inflammatory diseases of the upper digestive tract, impaired motor function was recorded more frequently than in those without dysplasia: gastroesophageal and duodenogastric reflux (72%), biliary dyskinesia (53-82%), intestinal motility disorders (61%).Other systems and organs were also involved: in dysplastic children, there were noted instability of the cervical spine, nephroptosis (22%), pyeloectasia (47%), abnormally located trabeculae in heart cavities (28-79%), mitral valve prolapse (26-62%), myxomatous degeneration of mitral valve leaflets (14.6%) . It is noteworthy that there is a wide variation in the data we find in different authors, which is probably due to different methodological approaches and heterogeneous groups of the patients under investigation.

OBJECTIVE OF THE STUDY

To reveal clinical features of upper gastrointestinal pathology in patients with connective tissue dysplasia syndrome.

MATERIALS AND METHODS OF THE STUDY

In the period from 2018-2020 the study was conducted on 50 patients with exacerbations of GERD, gastritis and peptic ulcer of the stomach and duodenum, who were treated at Samarkand City Hospital in the Department of Cardio-Rheumatology. Of them there were 22 men and 28 women. Age of the patients (from 16 to 40 years), presence of connective tissue dysplasia signs were taken into account. Besides, we took the patients' informed consent to participate in the study, where 10 healthy patients aged 15 to 25 years without any pathology made up the control group. All patients underwent general clinical examination according to the standard scheme, which included eliciting complaints, collecting anamnesis, assessing the state of organs and systems.

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RESULTS OF THE STUDY

All patients were admitted to the Samarkand Cardio-Rheumatology Department with signs of gastrointestinal tract lesions, where we paid attention to certain correlation with DST. At the time of examination, gastroptosis, dolichosygma and diverticulosis were observed in 25 patients, besides, atypical position of gallbladder and atrophic processes in mucous membrane were in 15 patients. Gastroenterological pathology with signs of DST was observed in 40- 60% of patients. In this case the frequency of detecting reflux esophagitis in patients with digestive system diseases in us is 18%.

During the examination of patients, attention was paid to the signs of gastrointestinal pathology, as well as to its connection with BTC. Gastroptosis, dolichosigma, diverticulosis, atypical location of gallbladder in 15 patients, atrophic mucosal atrophy were observed in 25 patients. BTC symptoms were observed in 40-60% of patients with gastrointestinal pathology. The frequency of detecting reflux esophagitis in patients with digestive diseases varies from author to author, in our study it was 18%. Symptoms such as wheezing, regurgitation, air-breathing, sour, bitter, belching, odynophagia, and dysphagia were identified in these patients. Significant variability in symptoms was observed in patients with chronic btdsi-infected gastroduodenitis. It should be noted that abundance of complaints is typical for dyspeptic syndrome, manifested by a feeling of heaviness in epigastric sac after airing, nausea, vomiting, eating. Pain in the epigastric sac during treatment in patients with BTD persisted for a long time. Pain syndrome was not observed in 20% of this group. method of endoscopic study showed that in patients with BTC diffuse hyperemia prevailed in duodenal mucosa, while in the control group focal hyperemia was more pronounced. At the same time in the main group erosion of duodenal mucosa was revealed significantly more often than in the control group. At endoscopy mucous cavities forming a ridge at inflammatory process were characterized by hyperemia (in all patients), thickening of folds, irregular color, fine whitish rash of "semolina" type. The results obtained allowed to give a number of practical recommendations: to evaluate phenotypic symptoms of BTC when there were complaints of dyspeptic character. Treatment of patients with BTC should be performed taking into account initial state of

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mucous membrane of esophagus, stomach, duodenum and dynamics of clinical picture.

Results of the research showed that at improvement of treatment and organizational measures at gastroduodenal foci in patients it proves the necessity of interaction of specialists of various areas.

Conclusions

Our investigations confirm the necessity of complex approach to health assessment and further interaction between specialists of different fields in improving treatment-organizational activities in diseases of the gastroduodenal zone in patients, and we also develop complex measures of treatment of upper GIT pathology with the use of drugs affecting the improvement of connective tissue.

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