

## **MORPHOLOGICAL CHANGES IN THE INTESTINAL MUCOSA IN DUODENAL Peptic Ulcer**

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**Annotation.** Peptic ulcer of the stomach and duodenum remains an urgent problem in clinical medicine. In my youth and middle age, it was traditionally associated with poverty and disability. In recent years, it has acquired particular importance in geriatric practice in connection with the peptic ulcer itself and its complications. All of the above dictates the need for the development of new clinical and organizational approaches to it for screening and prevention of sepsis in large growth groups.

**Keywords:** duodenal ulcer in men, morphological changes in the intestinal mucosa in men with duodenal ulcer, methods of histological examination in men with duodenal ulcer.

**Relevance.** modern medicine This is one of the current problems of the yacht. One of the most common diseases of the digestive system is duodenal ulcer, which remains an urgent problem in internal medicine. Among the elderly population of the planet, the number of patients with peptic ulcer is 6-15% [1,9,15]. The highest level of the disease falls on the period of maximum intellectual and physical activity of a person, i.e. up to 50 years old, prone to the development of life-threatening complications, the disease is severe, despite the improvement of antisecretory drugs and the emergence of new treatment regimens, an increase is observed [11,16,17].

To this information As epithelialization of the duodenal ulcer is observed in 80-89% of cases, along with the elimination of the pathogen. According to statistical data, the effectiveness of eradication therapy in the Russian Federation is even lower, which, as shown, is largely due to the development of *Helicobacter pylori* resistance factors to the components of antimicrobial therapy. [1,13,15].

Gastroduodenal peptic ulcer is a very complex medical and scientific problem that has not been fully studied [1;10;11]. The relevance of the problem of diagnosis and treatment of this disease is mainly due to its prevalence [3,5,7,17]. During the period of the former Soviet Union, more than a million patients were under dispensary observation for peptic ulcer, and the annual recurrence rate of this disease reached 30-82% [2,4,8,12]. The prevalence of duodenal ulcer among all segments of the population ranges from 10% to 25% [13; 16].

In the 80s of the 20th century, the prevalence of peptic ulcer disease significantly decreased in the world, and especially in large capitalist industries [15]. So, if in the 70s and 80s of the last century it was believed that every tenth person in life can get sick with peptic ulcer [1,6,18],

then, according to a number of researchers, the prevalence of peptic ulcer has increased in recent years. peptic ulcer decreased several times [4,9,12;14]. However, despite the decrease in the prevalence of peptic ulcer disease, the number of false forms of peptic ulcer disease and associated deaths remains the same. According to Isakov V.A. et al. (2003), all patients and healthy people were examined according to a single program, including clinical, endoscopic and morphological methods of research. Peptic ulcer of the duodenum All patients suffering from The selection of examined patients and healthy individuals was based on the representativeness of the sample. Patients younger than 18 years and older than 60 years were excluded from the survey, since the processes of cell renewal in children, adolescents and the elderly turned out to be different than in adulthood. [2,6,14;17].

**Purpose of the study:** Based on the analysis of clinical, morphological, bacteriological signs, indicators of the immune status and functional activity of the cellular link of the immune system, improvement of diagnostic criteria for the development of the disease in patients with duodenal ulcer and evaluation of the effectiveness of treatment.

**Materials and methods of research:** Research m The collection of materials was carried out in 2019-2022 on the basis of the clinic of the Urgench branch of the Tashkent Medical Academy. This time it's not hard duodenal ulcer 70 patients were examined, divided into 2 groups of 35 people each. The first group included patients who received eradication therapy according to the traditional scheme, including omeprazole 20 mg 2 times a day, amoxicillin 1000 g 2 times a day and clarithromycin 500 mg 2 times a day. The second group was examined in addition to the patients of the first group, who received Dibicor 500 mg twice a day as an eradication therapy according to a similar scheme. Patients who received anti-Helicobacter pylori eradication therapy according to all regimens after the end of a weekly course were included. First group duodenal ulcer omeprazole 20 mg 2 times a day for patients receiving eradication therapy for exacerbations, the second group, except for omeprazole, before scarring of wound defects Dibicor is recommended in an analogue dose of 500 mg per day. Peptic ulcer of the duodenum the study groups included patients without comorbidity or patients in stable remission. The first comparison group consisted of 35 practically healthy people, with endoscopic and morphological studies, in which no pathology of the gastric mucosa was detected. The second is related to H. pylori. wound disease 30 patients with The classification criteria for chronic gastritis and peptic ulcer are based on the recommendations of V. X. Vasilinko. Systematization in Sydney 1990 with 1994 additions in Los Angeles. The classification criteria proposed by M. Stolte et al. to determine the level of gastric activity of the gastric mucosa, to determine the nature of infiltrative changes in the coolant, we L.I. We used the recommendations of Aruina (1998). To assess atrophic changes, the Sidney system (1996) was used with additions by M. Dixon (1994) and others.

33 (47.1%) men and 37 (52.9%) women were examined. SAG, group 1 duodenal ulcer and in the 2nd group duodenal ulcer Significant difference in the number of patients with practical healthy and wound disease patients in the group were significantly younger.

When examining patients, great importance is attached to the collection of complaints, the collection of anamnesis and the objective condition. When assessing the clinical condition, the main attention is paid to determining the nature of the pain syndrome in the epigastric region, its duration, seasonality, food intake and other factors that exclude signs of dangerous complications, i.e. the presence of blood in the stool, without any reason, weight loss, prolonged high fever, anemia, severe abdominal pain, which is the only leading symptom, and others should be monitored. Possible harmful factors of peptic ulcer of the stomach and duodenum, the

physical condition were studied according to the classical rules of propaedeutics of internal diseases. All examined under the 1st level screening program underwent a general blood and urine analysis, biochemical parameters were determined: indirect bilirubin, alanine and aspartic aminotransferase activity, and alpha-amylase activity were checked. In a coprological examination, microscopic examination of feces reveals amyloorrhea, creatorrhea, steatorrhea, an increase in the number of erythrocytes and leukocytes; detect occult bleeding in the stool has been analyzed.

In accordance with current recommendations, the mandatory examination program from instrumental methods includes ECG, fluorography or X-ray of the chest cavity. According to the instructions, patients need to undergo an ultrasound examination of the liver, gallbladder, pancreas, esophagus, stomach and intestines from the abdominal organs, as well as blood in the abdominal cavity in order to exclude organic diseases. Veins were subjected to computed tomography. and Doppler study. All examined patients underwent a targeted biopsy on the apparatus "Olimp" by the method of fibrogastroduodenoscopy (FGDS) from the mucous membrane of the stomach and fundus. EGDS monitoring of patients with duodenal ulcer was performed 2, 4 and 6 weeks after the start of treatment according to the recommendations of the Russian Association of Gastroenterologists. To clarify the topography of inflammation, intestinal metaplasia and dysplasia by morphological changes, a 0.25% solution of methylene blue was used.

Material for histological examination was taken from the lower part of the stomach. Biopsy material in 10% neutral formalin for 24 hours. and then washed in running water for a day. After fixation, the material is dehydrated and placed in a special solution. Serial deparaffinized sections 5-7  $\mu\text{m}$  thick were stained with hematoxylin and eosin for histological examination. Cytological preparations were stained according to the Romanovsky-Giemsa method, examining the data obtained from the mucosa of the fundus of the stomach and antrum. Evaluation of *H. pylori* mucosal contamination L. I. Aruin (1993). was carried out according to the classification criteria proposed. For this, the number of *H. pylori* microbial bodies was counted in 10 random fields of view. 3 levels of contamination were established: I (light) - up to 20 microbial bodies in the field of view, II (medium) - from 20 to 50 microbial bodies,

The first comparison group consisted of 15 practically healthy patients, in whom no pathological changes were detected during EGD and ultrasound of the abdominal organs. Three of the 15 patients included in this group complained of recurrent epigastric pain or midline discomfort (heaviness, fullness, early satiety).

The total duration of these symptoms did not exceed 6 months, and the absence of signs of organic pathology during a comprehensive examination, including EGD and morphological examination of the gastric mucosa, made it possible to classify these individuals as practically healthy.

Usually the pain is insignificant (66.7%), rarely moderate (13.3%), 20% of patients with SAH complain of discomfort in the epigastric region. Pain on an empty stomach was reported by 26.7% of patients and 23.3% at night. 16.7% of people complain of seasonal pain or discomfort. 86.7% of patients reported relief or reduction in pain and discomfort after taking antacids. in patients with peptic ulcer, endoscopic examination reveals signs of antral gastritis, manifested by moderate edema, focal hyperemia of the mucous membrane and increased mucus formation. Incomplete erosion was diagnosed in 6.7% of patients.

Morphological examination confirmed the diagnosis of SAH associated with *Helicobacter pylori* infection.

So, in patients with peptic ulcer, infiltration of the mucous membrane of the antrum of the stomach with mononuclear cells and neutrophils was revealed. At the same time, low activity of gastritis was observed in 56.7% of patients, medium activity - in 36.7%, high activity - in 6.7%. When assessing the severity of infiltrative changes in the antrum of the stomach in 46.7% of patients, their level was low, in 43.3% - medium and in 10% - high.

It was found that the low level of contamination of *H. pylori* was 36.7%, the average level - 43.3%, the high level - 20%. The intestinal mucosa corresponds to the normal histological structure. On the basis of the data obtained, there is a several-fold increase in the proliferative potential of intestinal epithelial cells in patients with peptic ulcer.

Our data show that at the initial stage of the Correy cascade - peptic ulcer - proliferation processes prevail over the apoptotic activity of intestinal epithelial cells, which serves as a background for the formation of ulcers in them. In 39% of patients, metaplastic changes were classified as mild, in 2% as moderate. It should be noted that only 1% have incomplete intestinal metaplasia, and the remaining 40% have complete metaplasia. Peptic ulcer of the duodenum In patients suffering from *H. pylori*, the high rate of *H. pylori* involvement was 64%, the average rate was 21%, and the non-significant rate was 15%. Peptic ulcer of the duodenum in the examined groups of patients with chronic gastritis and the degree of contamination of the coolant, the frequency and changes in individual morphologies did not differ significantly.

Therefore, duodenal ulcer An exacerbation is usually accompanied by high activity of antral gastritis, a high degree of *H. pylori* mucosal involvement, intestinal metaplasia, and, in rare cases, dysplasia compared to peptic ulcer disease.

#### Recommendations

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