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ENDOSCOPIC STUDY OF THE STOMACH OF PATIENTS WITH KIDNEY DISEASES

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Abstract. In the diagnosis of stomach diseases, endoscopy is currently the method of choice, which in most cases has replaced traditional X-ray examination. However, endoscopy has its diagnostic limitations and must be accompanied by histological examination of the gastric mucosa. At one time it was assumed that a biopsy could not provide additional information for the diagnosis and treatment of gastric diseases, over time it became obvious that this was not true. Accordingly, it was proposed that all gastro copy should be performed with a biopsy.

Key words. Chronic gastritis, diagnosis, stomach diseases, biopsy

Key words: Metabolism, Xenobiotic, Toxic, Bioflavonoids, Correction, Synthetic compounds

Introduction. In the past, the value of histological interpretation of chronic gastritis was reduced by the fact that the features of specific etiological types were unknown, with the exception of autoimmune gastritis (type A) with its characteristic microscopic appearance. All other chronic forms were considered locally as type B, or antral gastritis. After the discovery of the importance of Helicobacter pylori as a possible cause of chronic gastritis, pathologists were able to identify typical microscopic signs of this form of the disease.

The article presents the results of a clinical endoscopic study of erosive and ulcerative lesions of the gastric mucosa and 12 p.c. in children with chronic kidney disease. The features of inflammatory-destructive changes in the upper digestive tract and their connection with previous therapy are described. The need for timely and comprehensive gastroenterological examination of children with chronic kidney diseases is shown. Currently, the issues of pathogenesis, clinical and endoscopic diagnosis of erosive and ulcerative lesions of the gastro duodenal zone in kidney diseases in children remain controversial. The results of a clinical and endoscopic study of erosive and ulcerative lesions of the gastric mucosa and 12 p.c. are presented. in 14 patients with chronic kidney diseases, including 5 with chronic glomerulanephritis and 9 with pyelonephritis, aged 6-14 years. The features of inflammatory-destructive changes in the upper digestive tract and their connection with previous therapy are described. Disturbances in the acid-forming and alkalizing functions of the stomach and 12 p.c. were revealed. according to this endoscopic pH measurement. The need for timely and comprehensive gastroenterological examination of children with chronic kidney diseases is shown.

Methods and materials. The close relationship of the urinary and digestive organs in the regulation of all types of metabolism dictates the need to study their pathology in a single contact, since dysfunction of one

system largely contributes to changes in the other. In the formation of inflammatory-destructive changes in the mucous membrane of the stomach and 12 p.c. in kidney pathology, factors such as the presence of renal failure, the influence of uremic intoxication on the gastric mucosa and a decrease in its excretory function, metabolic disorders of gastritis, the use of glucocorticoids in the complex therapy of glomerulonephritis, pyelo nephritis and exposure to an infectious agent are considered dominant. There is literature data on erosive and ulcerative processes that occur in the upper part of the digestive tract in patients with kidney pathology, but in children these changes have been little studied, their studies are fragmentary. Currently, the issues of pathogenesis, clinical and endoscopic diagnosis of erosive and ulcerative lesions of the gastroduodenal zone in kidney diseases in children remain controversial. Under our supervision there were 14 children with chronic kidney disease aged 6-14 years. Among those examined there were 8 boys and 6 girls. Our data indicate that even healthy children living in unfavorable environmental conditions initially constitute a risk group for the development of gastrointestinal and renal pathologies.

Endoscopic examination of the stomach with kidney diseases. In the diagnosis of stomach diseases, endoscopy is currently the method of choice, which in most cases has replaced traditional X-ray examination. However, endoscopy has its diagnostic limitations and must be accompanied by histological examination of the gastric mucosa. At one time it was assumed that a biopsy could not provide additional information for the diagnosis and treatment of stomach diseases, over time it became obvious that this was not true. Accordingly, it was proposed that all gastro copy should be performed with a biopsy. The article presents the results of a clinical endoscopic study of erosive and ulcerative lesions of the gastric mucosa and 12 p.c. in children with chronic kidney disease. The features of inflammatory-destructive changes in the upper digestive tract and their connection with previous therapy are described. The need for timely and comprehensive gastroenterological examination of children with chronic kidney diseases is shown. The close relationship of the urinary and digestive organs in the regulation of all types of metabolism dictates the need to consider their pathology in a single contact, since dysfunction of one system largely contributes to changes in the other. To this day, the issues of pathogenesis, clinical and endoscopic diagnosis of erosive lesions of the gastro duodenal zone in kidney diseases in children remain controversial.

Conclusion. The cost of lifestyle, poor nutrition, psycho-emotional overloads that accompany socio-economic crises are that fertile ground, that catalyst that enhances the effect of unfavorable factors, accelerates the accumulation of these actions, inhibits enzyme systems, enhances per oxidation processes, blocks mediator and receptor systems of intercellular interaction and, as a result, to regulatory neuroendocrine, neurovegetative, immune dysfunctions, xenogeneic intoxication, clinically manifested in the form of specific diseases. In this regard, for the successful treatment of this group of patients and the prevention of such diseases, it is necessary to develop complex methods for correcting microelement metabolism, including the use of antioxidants, enterosorbents, and membrane stabilizers.

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