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THE ROLE OF HELICOBACTER INFECTION IN GASTRODUODENOPATHY INDUCED BY NONSTEROIDAL ANTI-INFLAMMATORY DRUGS IN PATIENTS WITH OSTEOARTHRITIS

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Population ageing around the world in recent decades has led to an increase in the incidence of osteoarthritis (OA). The disease is usually found in patients older than 50 years. 80% of people over 75 suffer from this pathology. The action of modern drugs and physiotherapy, which are used to treat OA, is aimed primarily at relieving pain and improving function. Among pharmacotherapeutic agents, non-steroidal anti-inflammatory drugs (NSAIDs) will currently hold a firm position in the treatment of OA. Gastric or duodenal ulcers are found in 10-15% of patients who regularly take NSAIDs, and gastrointestinal bleeding and perforation during the year can develop in 1-1.5% of cases. The role of Helicobacter pylori (Hp) in the pathogenetic mechanisms of NSAID-induced gastroduodenopathies (GDP) in patients with OA is still debatable and needs further study.

Purpose: to investigate the features of fibrinolytic activity of blood plasma in gastroduodenopathies induced by non-steroidal anti-inflammatory drugs in patients with osteoarthritis depending on the presence of Helicobacter pylori. 126 patients with OA with concomitant GDP induced by NSAIDs were examined: group I a - 40 patients with Hp-positive NSAID-induced gastritis + duodenitis (GD), group I b - 30 patients with Hp-associated erosive and ulcerative gastric lesions (EVU) induced NSAIDs, group II a - 41 patients with Hp-negative NSAID-induced GD, group II b - 15 patients examined with NSAID-induced EVU without concomitant Hp infection. The control group consisted of 30 practically healthy persons (PHP). Fibrinolytic activity of blood plasma was investigated by the level of total (TFA), enzymatic (FFA) and non-enzymatic fibrinolytic activity (NFA).

The increase in the intensity of fibrinolytic activity of blood plasma was observed in all patients studied. A slightly more intense growth was observed in the presence of HP. Thus, in patients with I a, the TFA group increased by 42.6% ($p<0.05$), and in Ib - by 59.8% ($p<0.05$), compared with PHP. In Hp-negative EVU, TFA increased by 52.5% ($p<0.05$). In Ib group patients, FFA increased by 2.04 times ($p<0.05$), and in patients in group Ia - by 1.81 times ($p<0.05$) compared with PHP. In patients with I a, the FFA group increased by 17.6% ($p<0.05$) compared with the II a group.

Thus, the presence of concomitant Helicobacter bacterial infection leads to more pronounced changes in fibrinolysis in GDP, caused by NSAIDs, in patients with OA.

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CHRONIC PANCREATITIS – THE FREQUENCY OF ITS COMBINATION WITH THE OTHER INTERNAL ORGANS' DISEASES

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Chronic pancreatitis (CP) can be characterized by a diverse clinical picture, which in case of a recurrent course is manifested by severe abdominal pain along with the manifestations of the inflammatory reaction. And the disease can be formed latently. One of the reasons is the gut microbiota, which changes the activity of the acinar-intestinal-acinar axis. Another reason is the formation of exocrine insufficiency in other diseases of the internal organs (eg, diabetes mellitus) without clinical manifestations of CP. The course of the disease is changed by concomitant gastrointestinal diseases (they can act as masks, especially dysfunction of the sphincter of Oddi by pancreatic type).

The purpose of the study: to determine the frequency of combination of chronic pancreatitis with other gastrointestinal diseases. To solve this problem, we used a questionnaire, which