

**MODERN PRINCIPLES OF THE ETIOLOGY OF GASTRIC
ULCER AND ITS COMPLICATIONS***Safarova Feruza Askar qizi*<https://orcid.org/0009-0003-8614-3327>*Bukhara State Medical Institute*

Summary: the article is devoted to the study of gastric ulcer. Modern data on the etiology and pathophysiological mechanisms of the development of this pathology are considered. A brief review of the literature on this issue was carried out and a clinical case of the development of a complication of gastric ulcer was described.

Key words: peptic ulcer, complications of peptic ulcer, bleeding.

**СОВРЕМЕННЫЕ ПРИНЦИПЫ ЭТИОЛОГИИ ЯЗВЕННОЙ
БОЛЕЗНИ ЖЕЛУДКА И ЕЕ ОСЛОЖНЕНИЙ***Сафарова Феруза Аскар қизи**Бухарский государственный медицинский институт*

Резюме: Статья посвящена изучению язвенной болезни желудка. Рассмотрены современные данные об этиологии и патофизиологических механизмах развития этой патологии. Проведен краткий обзор литературы по данной проблеме и описан клинический случай развития осложнения язвенной болезни желудка.

Ключевые слова: язвенная болезнь, осложнения язвенной болезни, кровотечение.

Relevance. In recent years, there has been a tendency towards an increase in the incidence of the population, among which gastric ulcer has become widespread. According to statistics, 10-12% (up to 15%) of the adult population suffers from gastroduodenal ulcers, the predominant age is 20-50 years. The ratio of men and women is 4 to 1. The relevance of this problem is determined by the fact that it is

the main cause of disability for 68% of men and 30% of women. [Osipova A.S. 2017]

One of the outstanding clinicians of our country M.P. Konchalovsky, back in 1922, made the following judgment on the problem of ulcer: "A deeper study of the process showed that an ulcer is not a local disease of the mucous membrane, but a disease of the whole organism" and introduced the term "peptic ulcer" into medical use, which received international recognition (ulcus disease by English authors) [1]. The largest Russian clinician and scientist V.Kh. Vasilenko: "An ulcer is a local expression of some general disorders" [2]. In the last 20-25 years, many foreign, and after them, domestic gastroenterologists have argued that PU is a local infectious process caused by contamination of the gastric mucosa and / or duodenal bulb *Helicobacter pylori* (HP) - a spiral bacterium, "discovered" in 1983 by Australian scientists B. Marshall and J. Warren [3]. Thus, one of the most orthodox supporters of such views, D. Graham, states: "An ulcer should be considered as a local manifestation of a bacterial infection" [4]. The majority of scientists studying PUD agree that one of the indispensable conditions for the occurrence of an ulcerative defect in the coolant or duodenal bulb is the presence of hydrochloric (hydrochloric) acid in the stomach. Back in 1910, the Austrian surgeon K. Schwartz formulated the postulate: "No acid - no ulcer" [5]. V.Kh. also agreed with him. Vasilenko: "The old provision "There is no ulcer without acid" remains in force" [2].

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The peak incidence occurs at the age of 30-45 years. Mostly in men aged 35-50 years, peptic ulcer of the stomach and duodenum is 3-4 times more common.

Causes of peptic ulcer: the presence of *Helicobacter pylori* in the stomach, which is the main etiological factor in the occurrence of ulcers. The influence of other bacteria has not been proven, violation of the diet, abuse of alcoholic beverages and smoking, long-term use of drugs that affect the gastric mucosa, the main ones: NSAIDs and glucocorticosteroids (prednisone), emotional overstrain, stress, genetic predisposition, metabolic disorders, hypoavitaminosis.

We present to your attention a clinical case complicated by bleeding of a stomach ulcer. Patient V., 48 years old, was delivered on March 15, 2022 by an ambulance team to the emergency department of the Republican Scientific Center for Emergency Care in the city of Bukhara with complaints of intense pain in the epigastric region. From the anamnesis: considers himself ill since 2011, when periodic intense epigastric pain first appeared. After the examination, the diagnosis was made: peptic ulcer of the stomach. The condition worsened a week ago, when

pains in the stomach region resumed, general weakness appeared, frequent nausea approximately 30 minutes after eating. According to the patient, there were several dark stools. After eating, the pain subsided, resumed after 1-1.5 hours. The day before the present hospitalization, fatty foods and alcoholic beverages were taken. On the morning of March 15, 22, the patient experienced severe nausea, which ended in vomiting. Condition of moderate severity, forced position. Consciousness is clear. The skin is pale. Breathing is vesicular, it is carried out in all departments, there are no wheezing. NPV 16 min. Pulse - 79 per minute. BP 130/90 mmHg Tongue dry, covered with white coating. The abdomen is not swollen, sharply painful in the epigastrium with superficial palpation. Conducted the following examination: complete blood count: ESR - 17 mm/h; leukocytes - $5.5 \times 10^9 / l$; erythrocytes $4.86 \times 10^12 / l$; hemoglobin - 80 g/l; platelets - $180 \times 10^9 / l$; in the leukoformula - no changes. Biochemical blood test: protein 80 g/l, total bilirubin - 15.7 $\mu\text{mol/l}$, cholesterol - 4.65 mmol/l, urea - 4.3 mmol/l, residual nitrogen - 16.1 mmol/l, creatinine - 75 $\mu\text{mol/l}$, amylase - 22 units General analysis of urine: light yellow; transparent; specific gravity - 1010; protein, sugar negative; leukocytes, single epithelium. ECG: heart rate 79 beats/min, sinus rhythm, normal position of the EOS. Based on the diagnostic procedures performed by EFGDS, the diagnosis was made: Chronic ulcer of the antrum of the stomach. Size 0.8-1.0 cm. Oval shape. The ulcer is deep. The bottom is covered with a dense brown thrombus. Complication: gastric ulcer bleeding according to FIIB.

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