



POST-COVID GASTRODUODENITIS DISEASE

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Summary. *Chronic diseases - cholecystitis, pancreatitis can become aggravated. According to various authors, its frequency has increased by 2–2.5 times in recent years, which is associated both with a true increase in the number of patients with inflammatory lesions of the upper digestive tract, and with the use of new diagnostic techniques. No matter how trite, but inflammation can be defeated with the help of medications and while observing the diet. Diet for gastroduodenitis is the most important component of treatment. The theoretical method of research was used. Many articles and dissertations by international scientists were analyzed, which were based on various books, dissertations, as well as electronic journals.*

Key words: *gastroduodenitis, coronavirus, diet, gastrointestinal tract.*

ЗАБОЛЕВАНИЕ ПОСТКОВИДНЫМ ГАСТРОДУОДЕНИТОМ

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Резюме. *Попадая в организм через желудочно-кишечный тракт, инфекция вызывает воспаления - гастрит, энтерит. Могут обостриться хронические заболевания - холецистит, панкреатит. По данным различных авторов, частота ее в последние годы выросла в 2–2,5 раза, что связано как с истинным увеличением числа больных воспалительными поражениями верхних отделов пищеварительного тракта, так и с использованием новых диагностических приемов. Как ни банально, но победить воспаление можно с помощью лекарственных препаратов и при соблюдении режима питания. Диета при гастродуодените – самая важная составляющая лечения. Использовался теоретический метод исследования. Было проанализировано множество статей и диссертаций международных ученых, в основе*



которых были различные книги, диссертации, а также электронные журналы.

Ключевые слова: гастродуоденит, коронавирус, диета, желудочно-кишечный тракт.

Relevance. The emergence and rapid spread of the novel coronavirus (SARS-CoV-2) has presented healthcare professionals with challenges related to rapid diagnosis and provision of medical care to both patients infected with SARS-CoV-2c and patients with chronic diseases of various organs and systems. On February 11, 2020, the World Health Organization (WHO) officially designated the infection caused by the novel coronavirus as COVID-19 ("Coronavirus disease 2019"). Currently, information on the epidemiology, clinical features, prevention, and treatment of COVID-19 is limited. Even less data is available on the course and outcomes of chronic pathologies, including gastrointestinal diseases, associated with COVID-19. The risks are associated not only with the infection itself or the risk of decompensation and exacerbation of chronic gastrointestinal diseases, but also with the need for an urgent reorganization of medical services to cope with all the problems during the pandemic. (Alevtina Fedina, "Post-COVID Syndrome: How to Live After Coronavirus," 2021)

"Besides the coronavirus itself, COVID treatment also seriously impacts the gastrointestinal tract. Antibiotics, antiviral, and hormonal medications place a significant strain on the gastrointestinal tract," explains Maria Lyapina, a gastroenterologist at the Tyumen Cardiology Research Center. "As a result, drug-induced hepatitis, dysbiosis, and diarrhea develop, and patients complain of pain in the right side. And if someone already had problems with the digestive system, exacerbations occur." (A. Smirnova, 2020)

Duodenitis is an inflammation of the mucous membrane of the duodenum. Acute and chronic forms of the disease are distinguished, differing in the severity of symptoms. Timely treatment of acute duodenitis helps prevent structural tissue changes, while chronic duodenitis can be characterized by frequent exacerbations, and emerging foci of inflammation lead to restructuring of the mucosa. Therefore,



promptly seeking medical attention for severe symptoms often helps avoid unwanted changes.

Depending on the form of the disease, the following symptoms may be observed: pain in the upper abdomen, especially when hungry and at night; digestive disorders (diarrhea, constipation); bloating, rumbling, flatulence; "bitter" belching, persistent hiccups; nausea, rarely vomiting; heartburn, discomfort. In very rare cases, gastrointestinal bleeding occurs, which is associated with the formation of ulcers in the mucosa.

Various causes can contribute to the development of duodenitis. The main ones include: dietary errors (a fondness for spicy, smoked, and fatty foods); bad habits, frequent coffee consumption; food and drug poisoning; infestations (parasitic diseases); concomitant gastrointestinal pathologies (gastritis, stomach ulcers, gallbladder inflammation, etc.); *Helicobacter pylori* infection; diseases and conditions that cause impaired blood supply to the intestinal tissue.

If any of these symptoms are present, it is important to consult a gastroenterologist for diagnosis and timely treatment.

Treatment strategies for duodenitis are determined by a specialist based on the severity, clinical form, and general condition of the patient. Thus, if *Helicobacter pylori* is detected, therapy is based on eliminating pathogenic flora and protecting the mucosa (medications to reduce gastric acid production and "coating" agents are used). Normal digestion is restored with enzyme-based treatments.

The acute phase requires active intervention. It's important to strictly follow your doctor's instructions and a special diet: avoid foods that are difficult and slow to digest and irritate the mucous membranes (salty, peppery, and smoked foods). Chronic symptoms also require effective treatment. The specialist will also pay special attention to restoring normal intestinal flora. A healthy diet is essential even after symptoms improve and stable remission is achieved.

If duodenostasis—impaired intestinal motility—occurs, the underlying cause must be addressed. Functional disorders are treated conservatively: a doctor will prescribe a special diet, requiring small meals and avoiding foods that stimulate bile



production. Duodenal intubation with intestinal lavage may be performed. In extremely rare cases, surgical intervention is required. Data is limited. Results from patient observations indicate that the incidence of gastrointestinal symptoms associated with COVID-19 varies. Diarrhea occurred in 34% of cases, vomiting in 3.9%, and abdominal pain in 1.9%. More data is needed for a more accurate picture, as this study was conducted on 204 patients. Diarrhea, the most common symptom, most often developed during hospitalization. Researchers have hypothesized that dry cough and shortness of breath are predominantly characteristic of the first wave of coronavirus cases, while gastrointestinal symptoms are more common in the second wave. However, it's important to understand that this is a hypothesis: it's premature to define clear diagnostic criteria or describe the gastrointestinal form of COVID-19. The appearance of gastrointestinal symptoms requires evaluation by a gastroenterologist, and only after confirmation of infection with the novel coronavirus can they be classified as manifestations of COVID-19. People with liver disease may be at risk for severe COVID-19. The US Centers for Disease Control and Prevention (CDC) notes that some people hospitalized with COVID-19 have had elevated levels of liver enzymes, such as alanine aminotransferase (ALT) and aspartate aminotransferase (AST). This indicates that the patients' livers are, at least temporarily, damaged. Furthermore, liver damage is more common in patients with severe forms of the disease. However, it is currently unclear whether this elevated liver enzyme level is directly related to the virus that causes COVID-19 (SARS-CoV-2) present in the liver, or whether the liver damage is the result of other factors. (Boris Matyunin, Alexandra Kurchatova 2020). During an exacerbation of gastritis, a gentle diet is necessary. Patients with gastritis are contraindicated in chocolate, coffee, carbonated drinks, alcohol, canned goods, concentrates, and substitutes of any kind, spices, seasonings, fast food products, fermented foods (milk, sour cream, grapes, black bread, etc.), smoked, fatty, and fried foods, and pastries. The diet should be varied and rich in proteins and vitamins. After the acute phase has subsided, the diet should become complete, adhering to the stimulating principle



during remission in patients with low acidity. It is recommended to eat small meals 5-6 times a day.

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