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IN DISEASES OF THE STOMACH AND FLOUR TWO-FINGER INTESTINAL ULCERS VIOLATION OF BONE MINERAL DENSITY

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Annotation
The main risk factors in the development of osteoporosis (OP) are: age, gender, genetic and constitutional factors, nutritional factors, harmful habits and lifestyle and various diseases, including diseases of the digestive tract. The literature mainly focuses on the development and complications of primary OP (postmenopause and senile). Not enough is said about secondary OP.

Keywords: rheumatology, oncology, endocrinology, digestive tract, chronic and renal diseases of the lungs, hypodynamics, long-term use of various drugs (glucocorticosteroids, immunodepressants, thyroid hormones.

Introduction

In particular, diseases of the digestive tract (chronic pancreatitis and hepatitis, malabsorption syndrome). However, it is not expressed in the existing literature about OP, which occurs and develops in gastrointestinal diseases. However, secondary OP, ie rheumatology, oncology, endocrinology, digestive tract, chronic and renal diseases of the lungs, hypodynamics, long-term use of various drugs (glucocorticosteroids, immunodepressants, thyroid hormones, etc.) is also one of the most serious problems of medicine. . This problem is also important for gastroenterologists. This is because Gastric or peptic ulcer: It is the most common gastric or peptic ulcer. It is the most common gastric ulcer. However, contradictory opinions about changes in bone mineral density in gastrointestinal diseases are not a burden. A number of scientists have partially covered in the literature the origin of OP at the expense of antisecretory and cytoprotective drugs, a decrease in mineral density in diseases of the stomach and duodenum. However, in acid-dependent gastrointestinal diseases, i.e. chronic diseases of the stomach and duodenum, the violation of bone mineral density is almost not indicated. Therefore, in this study, we tried to determine that gastrointestinal acid and HP-infectious diseases, i.e. chronic gastritis and ulcers, are important risk factors for decreased bone mineral density. And developing in bone tissue in these diseases
We set ourselves the goal of developing complications prevention and treatment methods.

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Objective

To study the mechanism of development of secondary osteoporosis and osteopenia in gastric and duodenal ulcers.

55 patients were examined for the study. They consisted of patients aged 30 to 50 years (17 women and 38 men) with gastric and duodenal ulcers. To exclude primary osteoporosis, our study did not include women over 45 years of age and patients with thyroid disease.

Gastric juice detection was performed using a microprocessor awidogastrometer AGM-03 (Istok sistema, Russia). Helicobacter pylori (HP) infection was detected using a noninvasive breath test using Helicobacter pylori (AMA, S. Petersburg). For biochemical tests, the activity of activated phosphatase (IF) in mining serum, calcium, phosphorus content in the biochemical analyzer (HUMAN) and osteopenia markers: osteocalcin, N - TH, b - cross-laps immunochemiluminescent analysis ("ELESIS - 2010"), "ROCH" was identified. In addition, inflammatory cytokines in serum: IL-6, FNO-a were analyzed by enzyme-linked immunosorbent assay using the reagent of the company "OOO" Cytokine (St. Petersburg). Bone tissue density ultrasound densitometer method Sunligxt Meditsals Ltd. Omnisense was detected with 8000 S. As a control group, 10 practically healthy people were also examined.

The results were calculated by the Fisher-Student variational statistical method by determining the mean square change, the arithmetic mean error (Mm), the confidence difference criterion (t), and the confidence level (R). Correlation analysis The correlation coefficient (r) was determined by the Pearson method. Static analysis was performed on a personal computer in the program Stadia, Statgrafitss and Excel-2000.

Analysis and Discussion of the Results Obtained

The results of the tests showed that in 24 of the 26 gastric ulcers examined and in 26 patients with 29 duodenal ulcers, the HP infection test was positive. Gastric secretion was found to be altered in all of the patients examined (Table 1). In it, 96% in MYaK and 92% in UBIYAK were changed to RH-acidity. Among the markers of osteopenia of the bone, the osteocalcin index in MYaK and UBIYAK decreased by 42.3% and 45.6%, respectively, compared to healthy people. b - the cross-laps rate was almost doubled in patients with MYaK and UBIYaK. The N-TH index of osteopenia was convincingly reduced in UBIYAK. This indicator gave a statistically unreliable result in MYAK. However, studies showed that the amount of calcium, phosphorus, and alkaline phosphatase in the deposit did not change in these patients (Table 2).

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Table 1 Gastric control in patients with MYaK and UBIYaK change in pH at points

Location of checkpoints	"Ozertsa"	Me'da gumbazi	Stomach and posterior wall	Stomach and anterior wall	Antral branch of stomach, small curvature	The antral branch of the medusa, a large curvature
Soglom	2.1 ± 0.02	3.8 ± 0.4	1.9 ± 0.12	2.1 ± 0.10	6.0 ± 0.4	6.5 ± 0.4
MYaK	1,2 ± , 05 *	0.9 ± 0.05 *	1.0 ± 0.05 *	0.8 ± 0.05 *	1.9 ± 0.07 *	1.8 ± 0.06 *
UBIYaK	1.0 ± 0.05 *	0.7 ± 0.06 *	0.9 ± 0.06 *	0.7 ± 0.04 *	1.6 ± 0.07 *	1.3 ± 0.07 *

Note: where * is the difference in reliability relative to the control group (r <0.05)

Table 2 Biochemical parameters of bone mineral density in patients with MYaK and UBIYaK

Indicators	Soglom	Gastric or peptic ulcer:	Flour two-fingered intestinal ulcer disease
Osteocalcin	17.5 ± 3.8	12.8 ± 0.5 *	10.2 ± 0.9 *
b- cross-laps	0.2 ± 0.04	0, 4+ 0.07 *	0.45 ± 0.05 *
P-TH	35.5 ± 4.3	28.4 ± 2.5	22.5 ± 3.4 *
Calcium	2.12 ± 0.35	2.50 ± 0.50	2.40 ± 0.60
Phosphorus	1.43 ± 0.40	1.35 ± 0.35	1.55 ± 0.30
IF (shchF)	170.5 ± 14.0	185.5 ± 18.5	198.0 ± 16.5

The study of inflammatory cytokines in the field showed that the amount of IL-6 in patients with MYaK and UBIYAK increased by 54.2% and 50.4% compared to healthy people. Other cytokine FNO-α levels increased in 84.1% and 81.2% of patients with MYaK and UBIYaK (Table 3).

Table 3 Patients with MYaK and UBIYaK in mining serum cytokine index

Cytokines	Soglom	UBIYaK	MYaK
IL-6 (pg / ml)	31.20 ± 2.20	46.60 ± 3.50 *	48.80 ± 3.70 *
FNO-a (pg / ml)	3.20 ± 0.45	5.80 ± 0.40 *	6.40 ± 0.46 *

In the instrumental examination, ie examination of the distal part of the wrist using an ultrasound densitometer in all patients, it was found that the T-index decreased by 2.6 ed in 22 patients with myocardial infarction and 2.5 ed in 24 patients with UBIYAK.

Data from the color correlation analysis showed that a direct correlation was observed in patients with MYaK and UBIYAK among the following indicators: HP - positive HP-test for infection and b-cross laps (r = 0.6), a history of more than 5 years and b-cross

laps (r = 0.7). Negative correlation was found between the following parameters: IL - 6 and osteocalcin (r = -0.6), HP - positive HP-test for infection and osteocalcin (r = -0.5), IL - 6 and T-index (r = -0.5), anamnesis lasting more than 5 years, and T-index (r = -0.5) (Fig. 1).

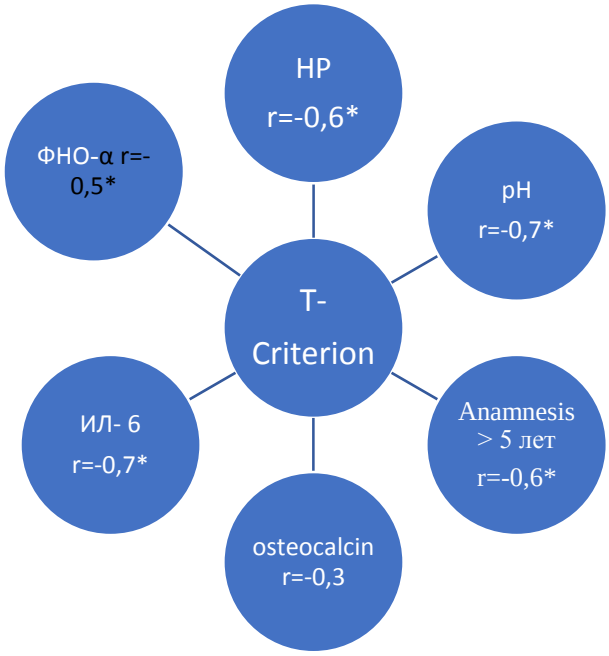

Figure 1 T-index and others in patients with MYaK and UBIYaK
The correlation between the parameters is as follows:

Thus, according to the results of research, long-term and HP-associated diseases of the digestive tract, ie osteopenia in MYAK and UBIYAK develop. As the duration of the disease increases, the mineral density of the bone tissue decreases. It was noted that this is due to the negative impact of Hr-infection on the body and the increased synthesis of inflammatory mediators. They are often mutually exclusive leading to the development of osteopenia. In addition, it should be borne in mind that prolonged use of aluminum-containing antacids and cytoprotectors (sucralfate, venter, alyumag, maolox, etc.) used in the treatment of MYaK and UBIYAK also leads to the development of osteopenia. One of the side effects of these drugs is that they cause osteodystrophic changes in bone tissue.

Conclusions

1. The development of osteopenia is observed in patients with chronic (more than 3-5 years) and gastric and duodenal ulcers with HP-infection;
2. Bone markers in the determination of bone tissue density, ie osteopenia in gastric and duodenal ulcers: ostecalcin, b-cross-laps and T-index are the main indicators in ultrasound densitometry;

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