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Clinical Course In Upper Gastrointestinal Patients With Connective Tissue Dysplasia Syndrome

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ABSTRACT

Connective tissue dysplasias (CTDs) are genetically determined conditions characterised by defects in fibrous structures and connective tissue basic substance, leading to organ and system malformations, having a progressive course, defining features of associated pathology, as well as pharmacokinetics and pharmacodynamics of drugs.

KEYWORDS

Connective tissue dysplasia syndrome, clinical signs, upper gastrointestinal tract

INTRODUCTION

Connective tissue dysplasia (CTD) is a developmental disorder of connective tissue in the embryonic or postnatal period, a genetically determined condition characterised by defects in fibrous structures and connective tissue basic substance.

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Leading to homeostasis disorder at tissue, organ level in the form of various clinical and morphofunctional disorders. A frequent cause of this syndrome is the course of gastric ulcer against the background of liver cirrhosis, GERD against the background of chronic obstructive pulmonary disease, cardiac pathology. Quantitative changes in the formation of complete components of the extracellular matrix, impaired fibrillogenesis leads to the development of DST. Leading to all of the above are mutated genes that are responsible for the synthesis of connective tissue structural proteins or enzymes involved in these processes. The realisation of genetic determinants is either determined to the greatest extent by external conditions, as in the case of DST, or is little influenced by external conditions.

The course of upper gastrointestinal (GI) pathology in patients with connective tissue dysplasia (CTD), which is much more prevalent than other pathologies, is poorly understood to date. Impaired fibrillogenesis in CTD can impair ulcer scarring, which creates a need to influence the metabolism of the connective tissue itself. In the formation of CTD the leading role in the formation of CTD belongs to the disruption of magnesium metabolism in patients. In the body, magnesium ion is essential for cell adhesion and migration, is involved in energy metabolism, in DNA replication processes and is also involved in other cellular functions leading to trophic disorders. In CTD free-radical processes in cells are influenced by such enzymes as SOD, catalase and total oxyproline. At low activity of these enzymes peroxynitrite is formed, which in turn aggravates dysplastic disorders in patients with peptic ulcer disease of the stomach and duodenum on the background of CTD Such combinations, when CTD acts as a background, aggravating the course of the underlying disease, are of particular interest, being a category of "difficult patients". This is the relevance of the study. The available literature practically lacks data concerning clinical follow-up of gastroduodenal diseases at the outpatient-polyclinic stage and assessment of its quality. Timely detection and treatment of initial forms of diseases, rehabilitation therapy, extensive measures for primary and secondary prevention are the priority of polyclinic service. In this connection development of proposals on improvement of the system of therapeutic and prophylactic measures in relation to chronic gastroduodenitis seems topical. One of the major problems in gastroenterology is chronic diseases of the upper digestive tract, which are a common pathological process with a long-term recurrent course. Connective tissue dysplasia syndrome (CTS), which arises from a decrease in connective tissue strength depending on the organ or system involved. The formation of various chronic diseases is based on multiple factors that influence the course of the disease. Environmental degradation, metabolic disorders and various nervous conditions lead to an increase in the incidence of CTS syndrome. The clinical symptoms in patients are varied, with connective tissue pathology indicating a systemic lesion, as all organs are mainly made up of connective tissue and perform a number of important functions in the body. A fairly wide prevalence of chronic diseases of the upper digestive tract among the population leads to a combination of this disease with pathology of various organs and systems. The peculiarities of the course and treatment of peptic ulcer in diabetes mellitus and other types of endocrine pathology are known. Not

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uncommon are the cases of peptic ulcer against the background of liver cirrhosis, chronic obstructive pulmonary disease, heart disease. Background pathology influences pathogenesis, protective factors, course and treatment of the underlying disease as well as modulates in a certain way healing and alteration processes in ulcer layers, inflammatory reactions in different parts of esophagus, stomach and duodenum. The result is a variety of clinical variants of the disease and not always a successful response to standard therapy. The course of upper gastrointestinal (GI) pathology in patients with connective tissue dysplasia (CTD), which is much more prevalent than gastritis, GERD and peptic ulcer disease, has been little studied to date. It is known to have a consistent negative effect of pre-existing dysplasticity-dependent changes on the course of associated pathology. Impaired fibrillogenesis in DST can impair ulcer scarring, which creates the need to influence the metabolism of the connective tissue itself.

The leading role in the formation of CTD belongs to impaired magnesium metabolism in patients. Magnesium ion in the body is necessary for cell adhesion and migration, participates in energy metabolism, in DNA replication processes, and is involved in other cellular functions leading to trophic disorders. Such combinations, when CTD acts as a background, aggravating the course of the underlying disease, are of particular interest, being a category of "difficult patients". This is the relevance of the study.

RESEARCH OBJECTIVE

Identify clinical features of upper gastrointestinal pathology in patients with connective tissue dysplasia syndrome

RESEARCH MATERIALS AND METHODS

We examined 50 patients admitted to the cardiac rheumatology department of Samarkand City Hospital between 2018 and 2020. The patients were divided into upper GI groups with and without signs of CTD Mainly the subjects had exacerbation of GERD, gastritis and peptic ulcer disease of the stomach and duodenum. Generally accepted methods of investigation were used in the study. The age of the patients (from 16 to 40 years), presence of signs of connective tissue dysplasia were taken into account. Besides, we took patients' informed consent to participate in the study, where 10 healthy patients aged 15 to 25 years without pathology were the control group. General clinical examination was performed according to a standard scheme, which included finding out complaints, collecting anamnesis, and assessing the condition of organs and systems. All the patients were repeatedly examined in the outpatient and inpatient clinics.

RESEARCH RESULTS AND THEIR DISCUSSION

During the examination of patients, attention was paid to gastrointestinal tract signs where there was a definite correlation with CTD. In 25 patients the presence of gastroptosis, dolichosigmia, diverticulosis was observed, in 15 patients atypical position of the gallbladder, atrophic processes in the mucous membrane. In people with gastroenterological pathology signs of CTD are observed in 40 - 60%. The relevance of the problem is related to a poor quality of life. The frequency of reflux esophagitis in patients with diseases of the digestive system varies from author to author, in this case it was 9-18%. These patients showed symptoms such as heartburn,

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regurgitation, wet spot, belching with air, sour, bitter, odynophagia and dysphagia. In the clinical picture of CGD in patients with CTD there was a significant variability of symptoms. The dyspeptic syndrome, where belching, nausea, vomiting, and a feeling of heaviness in the upper abdomen after meals were observed, was a high frequency of complaints. In patients with CTD, painfulness on palpation of the abdomen in the epigastrium persisted longer after treatment. A milder clinical picture, in which there was no pain syndrome, was observed in 20% of this group. Comparison of endoscopic data of 12 duodenal examination revealed that the state of CS in patients with CTD was characterized by predominance of diffuse hyperemia, while in the comparison group focal hyperemia was revealed more frequently. At the same time nodular relief of duodenal CO of the 12 duodenum and erosions of the bulb were revealed significantly more often in the main group compared to the comparison group. Such signs of inflammation as pastosity of CS (in all patients), thickening of folds, irregular colour, small whitish rashes of "semolina" type were revealed. The results obtained allowed us to suggest a number of practical recommendations: it is necessary to carry out a publicly available assessment of phenotypic signs of CTD, and if dyspeptic complaints are identified. Treatment of VOPT diseases in DST patients should be carried out taking into account initial state of CO of the esophagus, stomach, duodenum and dynamics of clinical manifestations. The results of the study confirm the need for an integrated approach to health assessment and further interaction between specialists of different fields in improving treatment and organizational measures in patients with gastroduodenal diseases.

CONCLUSIONS

Thus, numerous attempts to identify the mechanisms of the influence of connective tissue dysplasia on the development of digestive tract pathology have made it possible to decipher their individual links. Different authors sometimes obtain contradictory results. Many problematic questions remain unresolved. In particular, there is no definitive answer to the most important question: how to help people with connective tissue dysplasia? The lack of a holistic picture of pathogenesis, complex mechanisms of gastrointestinal tract lesions in connective tissue dysplasia leave a wide field for future researchers. In spite of this fact, we have revealed the peculiarities of clinical course of patients with upper gastrointestinal tract pathology in DST, where conditions of upper gastrointestinal tract pathology development were studied. Complex measures of upper gastrointestinal pathology treatment with application of preparations, aimed at normalization of connective tissue metabolism, which significantly accelerated the reduction of destructive, inflammatory changes, were developed.

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