

On combined course of chronic pancreatitis and diseases of the gastroduodenal zone

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Key words: chronic pancreatitis, adaptation syndrome, distress syndrome, gastroduodenal zone, hepatobiliary system, gastropathy, acid disorders, gastroprotective therapy, dexpanthenol, methylmethionine, Doktovit[®], secretory function of the stomach, epithelialization

In spite of a sufficient number of works devoted to the diagnosis and treatment of chronic pancreatitis (CP), the incidence remains high and is increasing. It is associated with many factors, such as smoking, alcohol, fatty foods, zloupotrblenie, protein deficiency, hypovitaminosis, frequent use of subproducts that contain large amounts of preservatives, flavor enhancers (not always of natural origin) uncontrolled use of drugs [2, 5, 9, 11]. Increase the incidence of acute pancreatitis [1, 3, 14], diseases of the gastrointestinal tract, the hepatobiliary system [6, 15], bacterial overgrowth syndrome [4], hyperlipidemia [2], a genetic predisposition to [7], endocrine disorders (particularly related to the thyroid and pancreas) [8]) . They are often weighted by CP clinic with comorbidities [10, 12].

The importance of a joint course of CP, and diseases of the gastroduodenal and hepatobiliary systems testify tons and our long-term observation. The combination of CP and diseases of digestive organs gastroduodenal zone was observed in almost 80,9% of the initial treatment of patients (252 patients seen at the age of 20-61 (the average was equal to 40.5 years), rarely — at the age of 20 years). CP was diagnosed in 53 patients, chronic recurrent pancreatitis (CRP) — in 199 patients. The findings suggest that the etiology of alcohol and smoking while CRP found in 47.3% (mainly men) the remaining patients (42.3%) diagnosed with secondary character CP on the background of the digestive system diseases (in 18,2% was the cause of peptic ulcer), at 29,2% of the primary chronic

gastroduodenitis, dyskinesia and gallbladder and biliary dyskinesia in 42,6% — chronic cholecystitis (calculary — in 10,1%.)).

The causes of acute relapses of the disease and the formation of alimentary factor played a leading role (52% of patients). Chronic nerve tension, and in the case of an alcoholic nature — sharp, occurred in 82,9% of the patients. Often in patients with relapsing recorded autonomic disorders, such as irritable detected in 32 (12.6%) patients, dizziness — in 15 (5.95%) patients, sleep 30 people (11.9%), and fluctuations in blood pressure and heart rate were met in 18 (7.14%) cases [12]. These features give reason to consider the psycho-emotional surge as these risk factors of recurrence or torpid risk treatment that is consistent with the findings of other researchers [11].

The severity in 30.6% of patients depends on, for example, by continuously relapsing course, in 26,9% — from the exocrine insufficiency, causes systemic trophological syndrome, which is consistent with the data of other authors [1, 14], as well as the duration of pain and dyspeptic syndromes [13].

Violation of pancreatic exocrine function occurred in 70,2% of the total surveyed, dyskinesia (often bulbostasis, radiologically detectable) — 16.2%, erosive and ulcerative lesions of the duodenum were detected in 21,4% of cases, GERD is set at 30,15% of patients, dyskinesia of the gallbladder and sphincter of Oddi dysfunction on the mixed (biliary and pancreatic type) identified — at 38,4% (determined in the presence of the gall bladder). Symptoms indicating trophological dysfunction included and weight loss, anemia of mild to moderate severity (in 24.2% of patients), significantly lower levels of total protein, osteoporosis phenomena at 14.7%.

Abdominal pain syndrome was diagnosed in 50,9% of patients in the group of patients with CP of moderate severity. He was accompanied by constant dull pain, second correction to the drug, a combination of erosive duodenitis, GERD (16,98%), dyskinesia of the gallbladder and sphincter of Oddi dysfunction of the mixed (biliary and pancreatic type) at 18,86%, trophological disorders — in 13,2% of patients [14].

In the group with chronic pancreatitis, lung flow prevailed patients with the clinical course of the disease, which is most often characterized by remissions (57 patients), including unstable. Pain and dyspeptic syndromes bothered periodically. They were short-lived, sometimes in violation of the regime, sometimes for no apparent reason. Gastroesophageal reflux occurs in 28.07%, mostly in the evening hours. Dyskinesia of the gallbladder and sphincter of Oddi dysfunction on the mixed (biliary and pancreatic type) were detected in 12.2%, trophological violations — at 10.5%.

Thus, these data support the fact that in the case of chronic current CP is often the initial diagnosis of the disease appeared stomach, duodenum, duodeno-gastric and gastroesophageal reflux. This, of course, for the failure of the gastric mucosal barrier of the duodenum, the violation of m cell adaptation, which manifests itself and histological changes, as well as concomitantly mi diseases of the biliary system that masked CP clinic. In the presence of a diagnosis of functional dyspepsia, GERD, erosive and ulcerative lesions of the stomach and duodenum (as acid diseases) conducted therapy with proton pump inhibitors, and in some cases — eradication, gave a good positive result (in terms of long-term clinical remission). However, it should also be considered iatrogenic factor in the etiology and pathogenesis of pancreatitis drug, for example, in the treatment of NSAIDs. They contribute to the development of gastroduodenal complications. These include development of destructive changes in the mucosa, manifested erosive and ulcerative changes and gastroduodenal bleeding secondary character.

In such cases it is advisable to use the possibility of gastroprotective therapy (aktovegin, reamberin, venter, vitamin U), of patients with epithelialization of the surface layer of the gastric mucosa and duodenal ulcers.

At this period in Ukraine combined preparation Doktovit registered company Aposan, containing methylmethionine sulfonal chloride (vitamin U) and dexpanthenol (vitamin B5).

Drug includes a combination of vitamin U (100 mg) and B5 (50 mg), provides a cytoprotective effect on the gastric mucosa and duodenal ulcers, especially in patients with erosive and ulcerative damage. In this connection, it is expedient to recommend to the comprehensive treatment of acid diseases (among which and chronic pancreatitis refers). This recommendation is based on the following: their combination provides stimulation of stem cells division of epithelial mucosal layer (including the NSAID-gastropathy, gastropathy in type 2 diabetes, coronary heart disease, from hard-core smokers); provides accelerated differentiation, correction of an error in the differentiation of epithelial cells and the functioning of the new education n cells (healing effect); normalizes the secretory function of the stomach. The drug should be used: 1 tablet 3 times a day after meals, course of one to two months depending on the symptoms, severity of disease and the goal. For example, when gastropathy on a background of type 2 diabetes treatment may be extended up to 2 months as epithelialization process will be slower due to the violation of all types of metabolism, including protein associated with reparative processes.

Prospects for the use of the drug Doktovit in internal medicine are quite encouraging, because vitamin U and B5 have an effect on the hormonal activity of the thyroid gland, sex hormones on blood lipid profile that confirms its participation in the maintenance adapted to mechanisms not only at the cellular, but at the organismal level.

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Article systematizes the clinical features of chronic pancreatitis combined with diseases of the gastroduodenal and hepatobiliary system, as well as the peculiarities of functional and morphological changes. The necessity of including a combined drug Doktovit[®] (complex of dexpanthenol and methylmethionine) in complex therapy for this pathology is substantiated, and mechanism of its gastroprotective and reparative action is described.