

# ASSESSMENT OF COMPLICATIONS OF GASTRODUODENAL ULCERS IN THE POPULATION OF CENTENARIANS

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## INTRODUCTION

Gastroduodenal ulcers (GDJ) occur at different ages, including in the elderly, i.e. in groups of the population older than 90 years [<http://www.rmj.ru> , 2017]. However, no special epidemiological study of the GDR has been conducted, the data obtained are limited to analyses of clinical and morphological studies. The results obtained in this way regarding the distribution of GDR and their risk factors do not correspond to reality, they differ from the true frequency (only epidemiological studies can guarantee this), presenting indicators several times lower [Drapkina O.M. et al., 2019-2020. , Mamasoliev N.S. et al., 2020]. Therefore, research in this direction, especially among centenarians, and the development of new technologies based on them is of great importance for the actual scientific task and practice [Alekseev S.A., 2018; **<Error! Hyperlink reference not valid.>** [mKb10/K30.htm](http://www.gastroscan.ru/eiterature/108/2018) ,018 <http://www.gastroscan.ru/eiterature/108/2018> ; Recommendations of Maacmrixit V, 2017].

Objective: To study and evaluate the features of complications of gastric ulcer and duodenal ulcer in the long-lived population.

Materials and methods. The study involved: long-lived patients were directly subjected to a comprehensive examination at home. The survey was conducted on the basis of the WHO – program questionnaire "(STEPP)" to identify and assess GDR and its risk factors. The classification of Mazurin A.V. (1994) was used to assess the GDJ. In addition to general clinical examinations (anamnesis, physical examination), the diagnosis was established on the basis of esophagogastroduodenoscopy and contrast radiography of the gastrointestinal tract (motor activity). Clinical and questionnaire methods (questionnaire (STEPP)) were used in the diagnosis, taking into account geriatric features. Clinical symptoms and physical examination data were used. Laboratory methods (determination of hemoglobin and hematocrit, determination of hemocoagulation and blood elements in feces) were used to diagnose and assess the degree of bleeding in

complications of GDJ. From the anamnesis of life and the anamnesis of long-lived patients with GDR, the following were identified: The total number of cases was 116 people, 69 of them men, 59%, and 47 women, 41%. In the analysis, the age group consisted of patients aged 90 years and older.

Возраст	n	%	Дуоденальная язва		Язва желудка		Сочетанные язвы	
90-100	64	55%	45	70.3%	10	15.6	9	14.1%
100-110	35	30%	11	31.4%	21	60%	3	8.6%
110<	17	15%	5	29.4%	10	58.8%	2	11.8%
Всего:	116	100	61	52.6%	41	35.4%	14	12%

In the course of the study, wound complications in the stratum of centenarians infected with GDYA were analyzed. According to the analysis, ulcerative complications were observed in 51 out of 116 patients, i.e. 44%. Of these, bleeding occurred in 14 cases, perforation in 3 cases, malignant neoplasm in 31 cases, 2 cases were complicated by stenosis and

1 by penetration. The types of complications observed are shown in the table below.

Complications of peptic ulcer disease in long-lived patients

Возраст	Пол	Кровотечение			Перфорация	Малигнизация	Стеноз			Пене-трация
		F <sub>1</sub>	F <sub>2</sub>	F <sub>3</sub>			ком	суб	дек	
90-100	М	3	4	0	2	11	0	1	0	1
	Ж	1	2	0	1	7	1	0	0	0
100-110	М	0	1	0	0	6	0	0	0	0
	Ж	0	1	0	0	2	0	0	0	0
110<	М	0	0	1	0	3	0	0	0	0
	Ж	0	0	1	0	2	0	0	0	0

In order to understand the formation of ulcers, first of all it is necessary to know about protective and aggressive factors. Violation of the balance between these factors causes peptic ulcer disease. V.A. Stupin (2000).

Факторы агрессии:	Факторы защиты:
Соляная кислота и пепсин	Щелочность антральной области
Тканевая гипоксия, нарушение микроциркуляции, ишемия слизистой оболочки желудка.	Адекватное кровообращение в слизистой оболочке желудка и двенадцатиперстной кишки
Helicobacter pylori	Нормальное состояние местного иммунитета, адекватная секреция лизина, IgA, IgM и простагландинов
Нарушения моторики желудочно-кишечного тракта (гастроуденальный рефлюкс)	Антрауденальный кислотный тормоз (дуоденальный контроль выработки соляной кислоты)

Endogenous, exogenous, infectious risk factors and concomitant CVD diseases were determined and evaluated in accordance with WHO criteria (WHO, 1999). As risk factors were studied and evaluated in relation to WHERE:

Возраст		Пол	НПВС			Курение			Употребление алкоголя			употребление острой пищи		
Годы			15	25	25<	15	25	25<	15	25	25<	15	25	25<
90-100	n=64	М(54)	3	4	6	5	7	8	3	4	5	2	3	4
		Ж(10)	2	3	3	0	0	0	0	0	0	0	1	1
100-110	n=35	М(18)	1	2	2	1	2	3	1	1	2	0	1	2
		Ж(17)	3	5	6	0	0	0	0	0	0	0	1	2
110<	n=17	М(10)	1	1	2	0	1	1	0	0	2	0	1	1
		Ж(7)	1	2	3	0	0	0	0	0	0	0	0	1

A total of 64 people aged 90 to 100 years in the study of risk factors:

When examining 54 men and 10 women for 15, 25 or more years, it was found that there were more women than men among those taking NSAIDs, and 25 or more years of taking were a high risk factor for NSAID development.

Almost 100 percent of those who consumed alcohol were men in this age group. When studying the consumption of spicy food by gender, it was found that women consumed more than men, but did not take it for 15 years. Studies show that among the risk factors for the occurrence of GDR in the population of people living 110 years and older, long-term NSAID intake plays an important role compared to other factors, as a result of which it was noted that patients were in a difficult situation with the absence of acute clinical signs causing complications.

## CONCLUSIONS

The results of the survey of patients showed that the longer the duration of bad habits, the higher the frequency of development and complications of GDR in these patients. High-risk factors are indicated by premorbid diseases, other chronic diseases, genetic factors, social status, social stress, trauma, therapeutic and psychiatric comorbidity.

Studies have shown that due to the risk factors listed above and age-related histological changes in HD patients, the mucous membrane of the stomach and duodenum is affected, resulting in a decrease in local immunity. The biosynthesis of IgG, M is weakened, as a result of which it is easily damaged by *Helicobacter pylori*, after which a mucosal defect is formed under the influence of hydrochloric acid and pepsin.

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