FEATURES OF THE STATE OF THE CARDIOVASCULAR SYSTEM IN PATIENTS WITH CHRONIC PANCREATITIS

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Abstract
Over the past 30 years, there has been a worldwide tendency towards an increase in the incidence of acute and Chronic pancreatitis (Acute Pancreatitis and CHRONIC PANCREATITIS) by more than 2 times. If in the 80s the frequency of CHRONIC PANCREATITIS was 3.5-4.0 per 100 thousand of the population per year, then in the last decade there has been a steady increase in the frequency of pancreatic diseases, affecting 8.2-10 people per 100 thousand of the world's population annually. The prevalence of CHRONIC PANCREATITIS in Europe is 25.0-26.4 cases per 100 thousand population. The prevalence of CHRONIC PANCREATITIS in adults is 27.4-50 cases per 100 thousand population.

Key words: acute pancreatitis, abdominal-cardiac syndrome , cardiovascular system Chronic pancreatitis, pancreatogenic myocardial dystrophy.

Introduction:

Accordingly, we can assume an increase in the frequency of clinical manifestations of pancreatic-cardiac syndrome, which requires working out the assessment of its role in the prognosis of the underlying disease, diagnostic criteria and treatment tactics. Under physiological conditions, the Pancreas has little effect on the function of the cardiovascular system, although the hormones produced by the normal Pancreas (insulin, glucagon, somatostatin) affect myocardial contractility at pharmacological doses. In diseases of the PANCREAS, disorders of the state of the cardiovascular system develop, which significantly affect the outcome of the disease.

Changes in the state of the cardiovascular system in Chronic pancreatitis are caused by etiopathogenetic mechanisms associated with the development of this disease and include: manifestations of abdominal-cardiac syndrome (cardialgia, shortness of breath, headaches, heart rhythm disturbances), autonomic dysfunction, decreased global systolic heart function, dilatation of the heart chambers, changes in cardiac output, blood pressure (BP), total peripheral vascular resistance (TPVR), increased pressure in the pulmonary artery, microcirculation disorders, pulmonary and portal-hepatic blood flow. Moreover, a significant

part of these changes is due to such a manifestation of non-coronary myocardial diseases as pancreatogenic myocardial dystrophy.

At the same time, despite the relatively large number of works, there are no clear indications in the literature on the possibility of studying changes in the state of the cardiovascular system as a criterion for assessing the stage, severity and prognosis of Chronic pancreatitis. Data on the nature and mechanisms of these changes are extremely contradictory, there are no recommendations for the prevention and correction of these changes.

Main part :

Traditional metabolic agents used for the treatment of non-coronary myocardial diseases require their combined use. Taking a large number of drugs is undesirable, due to the predicted decrease in compliance in most patients and its inappropriateness in such a severe pathology of the digestive system as Chronic pacreatitis. Trimetazidine is a modern drug, the galenic form of which allows you to take it 2 times a day. In the available literature, there is no data on the possibility of using the drug for the treatment of non-coronary diseases, in particular, pancreatogenic myocardial dystrophy. However, there is a large number of data from experimental and clinical studies, morphological studies that allow us to conclude that myocardial dystrophy is based on hypoxia, in the formation of which, the leading role belongs to the violation of the myocardial histohematogenous barrier - a complex system of interaction between the microvasculature of the myocardium and myocardiocytes. Moreover, the data of morphological studies reveal changes in the microcirculatory bed in the myocardium, close to those found in ischemic cardiomyopathy. Accordingly, it should be assumed that the use of trimetazidine is highly effective for the treatment of myocardial dystrophy in CHRONIC PANCREATITIS, which requires clinical studies taking into account the principles of evidence-based medicine.

Signs of pancreatogenic myocardial dystrophy against the background of exacerbation of CHRONIC PANCREATITIS are: the presence of clinical manifestations of pancreatic-cardiac syndrome, primarily cardialgia; predominance of sympathicotonia; sinus tachycardia, changes in the end part of the ventricular complex according to ECG data; polytopic extrasystole, conduction disturbances along the branches of the bundle of His, left ventricle dilatation, decrease in global left ventricle systolic function, impaired left ventricle diastolic function, hyperkinetic hemodynamic syndrome, a tendency to an increase in mean pulmonary artery pressure (MPAP), a decrease in specific peripheral vascular resistance . In patients with exacerbation of CHRONIC PANCREATITIS without myocardial dystrophy, clinical manifestations of pancreatic-cardiac syndrome are revealed, which are a manifestation of autonomic dysfunction with a predominance of parasympathicotonia, a tendency to sinus bradycardia, a decrease in the ejection fraction (EF) within the normal range, and an increase in specific peripheral vascular resistance.

Against the background of clinical and instrumental remission of CHRONIC PANCREATITIS in patients with chronic pancreatogenic myocardial dystrophy, persistence, albeit to a lesser extent, of the severity of manifestations of pancreato-cardiac syndrome, changes in the end part of the ventricular complex, rhythm and conduction disturbances, a tendency towards left ventricle dilatation, decreased EF, diastolic dysfunction is revealed. LV with persistent left ventricle myocardial hypertrophy. In patients with and without acute myocardial dystrophy, clinical manifestations of pancreaticardial syndrome persist, which are a manifestation of autonomic dysfunction with the closeness of hemodynamic parameters to the level in the control group (CG).

Conclusion:

The course of chronic non-obstructive biliary pancreatitis is complicated by the development of chronic pancreatogenic myocardial dystrophy in 52.2% of cases, with exacerbation of CHRONIC PANCREATITIS in 23.0% of cases, acute pancreatogenic myocardial dystrophy develops, in 24.8% of patients myocardial dystrophy is not detected.

4. Development of acute and / or aggravation of chronic pancreatogenic myocardial dystrophy is due to the severity of exacerbation of CHRONIC PANCREATITIS. Maintenance of chronic pancreatogenic myocardial dystrophy is due to the severity of CHRONIC PANCREATITIS.

5. In patients with chronic pancreatogenic myocardial dystrophy, refusal from maintenance differentiated polyenzymatic replacement therapy with pancreatin microcapsules in combination with trimetazidine leads to persistence or aggravation of the manifestations of myocardial dystrophy. The use of only maintenance differentiated polyenzymatic replacement therapy with pancreatin microcapsules contributes to some reduction in the manifestations of myocardial dystrophy. High efficiency in the reduction of manifestations of chronic pancreatogenic myocardial dystrophy in outpatient conditions of maintenance differentiated polyenzymatic replacement therapy with pancreatin microcapsules in combination with trimetazidine was noted.

REFERENSES:

1. “Stable Angina Pectoris” Sheth T, Sibbald M, Pasierski T, Banasiak W, Leśniak W, Referowska M. Stable Angina Pectoris. McMaster Textbook of Internal Medicine. Kraków: Medycyna Praktyczna. https:// empendium. com/ mcmtextbook/ chapter/ B31.II.2.5.1.1. Accessed December 07, 2020.
2. “CHRONIC PANCREATITIS AND ITS MANAGEMENT IN THANJAVUR MEDICAL COLLEGE HOSPITAL” GENERAL SURGERY–BRANCH IDEPARTMENT OF GENERAL SURGERYTHANJAVUR MEDICAL COLLEGE AND HOSPITAL MAY, 2018

3. “Chronic Pancreatitis in the 21st Century - Research Challenges and Opportunities” Summary of a National Institute of Diabetes and Digestive and Kidney Diseases Workshop
4. “Features of diagnosis and treatment of exocrine pancreatic insufficiency in patients with various forms of chronic pancreatitis” 2011, Candidate of Medical Sciences Sviridova, Anna Vladimirovna