

Makhmudova L.I., Ergashov B.B.

Bukhara Medical Institute, Bukhara, Uzbekistan

✓ **Resume**

Irritable bowel syndrome (IBS) is a biopsychosociological disease that is not associated with organic intestinal changes. In total, 82 patients were investigated and 20 healthy contingent. Patients were made into two groups: the first group of patients with IBS that are divided into 2 small groups: IBSD (diarrhea) - 49 patients (26 men and 23 women) and IBSc (constipation) - 33 patients (15 men and 18 women). Abdominal pain was more often noted in patients with a clinical form of IBS with a predominance of diarrhea. Estimation of the severity of IBS symptoms allows to objectify the severity of clinical manifestation of intestinal dysfunction in patients, identify the clinical features of this pathology.

Key words: irritable bowel syndrome, clinical symptoms, psychological state.

**ИЧАК ТАЪСИРЛАНИШ СИНДРОМИНИНГ КЛИНИК-АНАМНЕСТИК
ХУСУСИЯТЛАРИ**

Махмудова Л.И., Эргашов Б.Б.

Бухоро тиббиёт институти, Бухоро, Ўзбекистон

✓ **Резюме**

Ичак таъсирланиш синдроми (ИТС) - бу ичакдаги органик ўзгаришлар билан изоҳланмаган функционал бузилишлар тўпламидан иборат бўлган биопсихосиёжтимой касаллик. Ҳаммаси бўлиб 82 бемор ва 20 нафар соғлом одамлар текишилди. Беморлар 2 гуруҳга бўлинган: биринчи гуруҳ ИТС бўлган беморлар бўлиб, улар 2 кичик гуруҳга бўлинган: ИТСд (диарея) - 49 бемор (26 эркак ва 23 аёл), ИТСқ (қабзият) - 33 бемор (15 эркак ва 18 аёл). Диареянинг устунлиги билан кечувчи ИТСнинг клиник шакли беморларда кўпроқ абдоминал оғриқ синдроми қайд этилди. ИТС аломатларининг қай даражада ривожланганлигини баҳолаш беморларда ичак дисфункциясининг ривожланганлик даражасини ва касалликнинг клиник кечии хусусиятларини аниқлаштиришга имкон беради.

Калит сўзлар: ичак таъсирланиш синдроми, клиник аломатлар, психологик ҳолат.

**КЛИНИКО-АНАМНЕСТИЧЕСКИЕ ОСОБЕННОСТИ СИНДРОМА
РАЗДРАЖЕННОГО КИШЕЧНИКА**

Махмудова Л.И., Эргашов Б.Б.

Бухарский медицинский институт, Бухара, Узбекистан

✓ **Резюме**

Синдром раздраженного кишечника (СРК) - это биопсихосоциологическое заболевание, которое не связано с органическими изменениями кишечника. Всего было исследовано 82 пациента и 20 здоровый контингент. Пациенты были деланы на две группы: первая группа больные с СРК которые делится на 2 небольших групп: СРКд (диарея) - 49 пациентов (26 мужчин и 23 женщин) и СРКз (запор) - 33 пациента (15 мужчин и 18 женщин). Абдоминальная боль чаще было отмечено у пациентов с клинической формой СРК с преобладанием диареи. Оценка выраженности симптомов СРК позволяет объективировать тяжесть клинического проявления кишечной дисфункции у пациентов, определить клинические особенности данной патологии.

Ключевые слова: синдрома раздраженного кишечника, клинические симптомы, психологическое состояние.

Relevance

Irritable bowel syndrome (IBS) is a biopsychosocial disease, consisting of a collection of functional disorders that are not explained by organic changes in the intestines [1,2].

According to the results of the meta-analysis published in 2012, the prevalence of IBS in the world is 11.2% when 80 clinical trials with a total number of 260 960 patients follow strict selection criteria [3]. Only 12-15 percent of patients resort to medical care. In Southeast Asia, IBS yield is 7%, in Europe 20%, in South America 21%. According to the data presented in the literature, the number of patients with functional disorders of the gastrointestinal tract, including IBS, reaches 41-45% in specialized Gastroenterological hospitals [4]. Among women, IBS incidence remains higher than it met in men. Young people are more likely to get sick than people over the age of 50. Any manifestation of IBS clinical manifestations in patients of an older age category should alert the doctor to exclude organic pathology.

The analysis of modern data on the etiology and pathogenesis of functional pathology of the digestive tract allows us to express an opinion on the concept of the formation of the disease, undoubtedly, it is not one, but several etiological factors, and in turn these factors are associated not one, but several pathophysiological factors. And the complexity of the control of such patients is that in each individual case the combination of etiopathogeneticisms is individual. Today, among them, the following are of great importance: socio-economic situation, hereditary predisposition, the likelihood of the occurrence of the disease in children of parents with IBS, psychological aspects, hypersensitivity of internal organs, disorders of the gastrointestinal tract, changes in the neuroendocrine system (brain-intestinal axis), low-grade - inflammation, the concept of IBS after infectious disease, a violation of the balance of

Purpose of the study. To examine the clinical symptoms of patients with various forms of IBS and to determine the severity of the disease.

Materials and methods

The study was conducted in the Department of Gastroenterology of Bukhara regional Multidisciplinary Medical Center (BRMMC) and selected all patients treated with IBS inpatient treatment for 2017-2019 years. Its diagnosis was made based on IV Roman criteria (2016), using a scale of Bristol feces forms in determining IBS clinical form [7].

Inclusion criteria:

Compliance of the diagnosis of dogs with the IV Roman criteria;

age range from 18 to 45 years;

consent letter in Ravish written objection

Release criteria:

Patients older than 45 years of age, "symptoms of Thrush" (weight loss; the onset of the disease in old age; night symptoms; colon cancer, celiac disease, ulcerative colitis and Crohn's disease among relatives, persistent strong abdominal pain as the only symptom of damage to the gastrointestinal tract, fever, hepatitis-and splenomegaly, anemia, leukocytosis, increased ESR, the presence of hidden blood in the feces, changes in the biochemical analysis of blood, steaturia and

A total of 82 patients and healthy people were examined. Patients were divided into 2 groups: the first group were patients with IBS, they were divided into 3 subgroups: IBSd (diarrhea) - 49 patients (26 men and 23 women), IBSc (constipation) - 33 patients (15 men and 18 women). The control group included 20 healthy volunteers (6 men and 14 women) who underwent a profilactic examination within the framework of examination of the pathology of the gastrointestinal tract at BRMMC. The average age of the control group was $25,75 \pm 4,02$ years.

Esophagofibrogastrroduodenoscopy in all patients (FUGINON. FUGI FILM EPX-2500, 2014, Japan; FUGI FILM-EG-530PF, 2014, Japan), colonoscopy (FUGI FILM-EG-530FL, 2014, Japan), stool dysbacteriosis examination, ultrasound of internal organs (Vivid S-60, 2014, Norway), examination of the state of microelements (mass spectrometry method, perkinelmer Inc., Japan), Shelton, CT 06484, USA) and a special questionnaire for determining the quality of life - GSRS was conducted. Sunga scale was used to assess the level of depression in patients.

Results and discussion

In order to make the examination and analysis of the data convenient, a score system was developed to assess the symptoms: the absence of symptoms was assessed by 0 points, the average manifestation of symptoms from mild symptoms – 1 point, the apparent manifestation of symptoms – 2 points. The scores collected by each patient were summarized by eight symptoms (abdominal pain, diarrhea, constipation, feeling of rest in the abdomen, feeling of complete emptying of the intestine, false calls, mucous cleavage, additional

exacerbations during the toilet). Patients who collected 11-16 points were assessed as severe course of the disease, patients who collected 6-10

points were assessed as moderate severe course and patients who collected 1-5 points were assessed as mild course of the disease.

Table 1

Main clinical symptoms	0 points	1 points	2 points
Abdominal pain	"not too serious", in rare cases	"not too serious", fast fast	very strong, "terrible"
Diarrhea	< 3 times/1 time per week	3-5 times / 1-2 times a week	5-6 times/day
Constipation	<1-2 times a week	1-2 times a week	>3 times a week
Feeling of rest in the abdomen	+	++	>2mart/week
Feeling of complete emptying of the intestine	+	++	+++
False calls	some ones	rapidly	+++
Mucous membrane	some ones	rapidly	standing
Additional at the time of need	some ones	rapidly	standing

Depending on the severity of IBS clinical symptoms and summarizing the results of the

scoring system, the course of the disease is explained in the table below (table 2).

Table 2

Patient distribution by IBS course

Groups	IBS rejection types		
	Heavy	Medium-heavy	Light
with the predominance of constipation n = 33	4 (12,1%)	18 (54,5%)	11 (33,4%)
with diarrhea predominance n = 49	5 (10,2%)	29 (59,1%)	15 (30,7%)
Total n = 82	9 (10,9%)	47 (57,3%)	26 (31,8%)

As can be seen from Table 2, more than half of the patients in the two groups have a moderate to severe course of its, according to the sum of the scores. A clear assessment of the severity of symptoms in patients with IBS, allows us to determine the features of clinical course of this pathology, the severity of clinical symptoms,

comparison factors in the anamnesis to find their significance and the place of participation in the pathogenesis of the disease.

The distribution of clinical symptoms in patients with relapsing its with constipation predominance is presented in Table 3.

Table 3

Manifestation of clinical symptoms in IBS late predominance with constipation

Clinical symptoms	Prevalence of disease		
	Heavy	Medium heavy	Light
Abdominal pain	2 (6%)	17 (51,6%)	14 (42,4%)
Constipation	1 (3%)	25 (75,8%)	7 (21,2%)

From the table above, it can be seen that abdominal pain in its patients with a predominance of constipation was found to be mild in 51.6% of patients with moderate severity and 42.4% in patients, while constipation was mild in 75.8% of patients with moderate severity and 21.2% in patients. In both cases, severe clinical symptoms were encountered in very few percent of patients.

Further analysis of clinical data showed that the score evaluation of some symptoms in patients with IBS, allowed them to be divided into two groups. The distribution of clinical symptoms in patients with its with diarrhea predominance is presented in Table 4.

Table 4

Manifestations of clinical symptoms in IBS with diarrhea predominance			
Clinical symptoms	Prevalence of disease		
	Heavy		Heavy
Abdominal pain	11 (22,4%)	23(47%)	15 (30,6%)
Constipation	7 (14,3%)	33 (67,3%)	9 (18,4%)

From clinical symptoms in IBS with diarrhea predominance, it was found that moderate severe diarrhea was observed in two-thirds of patients (67,3%).

Conclusion

1. More abdominal pain syndrome was noted in patients with a clinical form of IBS, which was accompanied by a predominance of diarrhea.
2. Evaluation of the extent to which symptoms of IBS have developed allows patients to determine the degree of development of intestinal dysfunction and the clinical features of the course of the disease.

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