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CHARACTER, ANALYSIS OF CLINICAL, AND LABORATORY MANIFESTATIONS OF NON-SPECIFIC ULCERAL COLITIS

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✓ ***Resume***

The severity of clinical manifestations of UC are accompanied by anemia, hypoproteinemia, electrolyte imbalance, as well as laboratory signs of generalization of the inflammatory process in the form of an increase in the leukocyte index and hematological intoxication index.

Key words: Nonspecific ulcerative colitis, clinical presentation, laboratory parameters.

ХАРАКТЕР И АНАЛИЗ КЛИНИКО-ЛАБОРАТОРНЫХ ПРОЯВЛЕНИЙ НЕСПЕЦИФИЧЕСКОГО ЯЗВЕННОГО КОЛИТА

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✓ ***Резюме***

Степень выраженности клинических проявлений НЯК сопровождаются анемией, гипопротеинемией, дисбалансом электролитов, а также лабораторными признаками генерализации воспалительного процесса в виде нарастания лейкоцитарного индекса и гематологического показателя интоксикации.

Ключевые слова: Неспецифический язвенный колит, клиника, лабораторные показатели.

NOSPECIFIC YARALI COLOTNING CLINIC-LABORATORY KORSATKICHLARINI TAVSIFI VA TAHLILI

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✓ ***Rezyme***

Nospesifik yarali kolit klinik ko‘rinishining darajasi anemiya, gipoproteinemiya, elektrolitlar muvozanatining buzilishi, shuningdek leykotsitlar indeks hamda gematologik kursatkichlarining yallig‘lanish generalizatsiyasi ko‘rinishida oshishi bilan namoyon bo‘ladi.

Kalit so‘zlar: Nospesifik yarali kolit, klinikasi, laborator ko‘rsatkichlar.

Relevance

Ulcerative colitis (ulcerative colitis) is the main form of inflammatory bowel disease. The exact cause of the UAC is unknown. However, genetically susceptible people appear to have an unregulated mucosal immune response to the commensal intestinal flora, which leads to intestinal inflammation (1,3,5).

Inflammation in UC is usually limited to the surface of the mucous membrane. The disease begins in the rectum and, as a rule, spreads proximally continuously through the entire colon. However, some patients with proctitis or left-sided colitis may have inflammation of the cecum. The spread of the disease is stratified by the degree of colon lesion, from proctitis to left-sided colitis or extensive colitis or pancolitis (2,4,6).

UC is the most common disease among inflammatory pathologies of the large intestine. The countries of the northern hemisphere and the western region have the highest incidence rates of NC. It ranges from 9 to 20 cases per 100,000 people, and the prevalence rate ranges from 156 to 291 cases per 100,000 people. In contrast, low values of the NAC are observed in the countries of the southern hemisphere and the eastern region. It is interesting that in countries that are moving to an industrial lifestyle, there is an increase in the incidence of UC. This indicates environmental factors that may be crucial in the occurrence of UC [7,9,11].

Improved sanitation in industrialized countries may reduce the susceptibility to intestinal infections in childhood, thereby limiting the maturation of the immune system of the mucous membranes, which may lead to an inadequate immune response when exposed to infectious microorganisms later in life (8,10,12).

Episodes of previous gastrointestinal infection (for example, Salmonella spp., Shigella spp. and Campylobacter spp.) double the risk of subsequent development of UC, which suggests that acute intestinal infection can lead to changes in the intestinal flora, therefore, provoke the onset of a chronic inflammatory process in genetically predisposed individuals (13,15).

There are weak epidemiological data the relationship between exposure to non-selective nonsteroidal anti-inflammatory drugs and the occurrence or recurrence of UC [16].

The most effective surgical treatment methods in terms of radicality today are proctocolectomy with the use of an ilioanalytic anastomosis. However, there are background disorders of a systemic immunological nature, among which the development of a pelvic abscess is the most common (1,16).

There are empirical observations of an increase in postoperative complications from the formed sac from the ileum stump with prolonged use of corticosteroids (2,5) and Infliximab (5,8) in the preoperative period.

Clinicians observed a significant increase in postoperative septic complications. Clinicians associate this circumstance with a suppressive effect on the immune system.

The development of such complications in the early postoperative period, in the future from 15% to 30% of cases, leads to the development of anastomotic stricture and intestinal obstruction, chronic flatulence, sexual dysfunction, urinary disorders and female infertility with a threefold increased risk after the use of ilioanth anastomosis.

Thus, the high proportion of postoperative complications in patients with UC, despite the use of radical interventions, still creates an increased risk of their development. Given such high values of unsatisfactory treatment results, scientists are focusing on studying the features of immunological disorders that lead to the development of postoperative complications.

The purpose of the study: Study of the nature of clinical and laboratory changes in ulcerative colitis.

Material and methods

The clinical material of our study was based on 92 patients with ulcerative colitis (ulcerative colitis) who were treated and examined in the period from 2015 to 2024 in the surgical departments of the clinical bases of the departments of surgical diseases of the Tashkent Medical Academy and the Bukhara State Medical Institute. Male patients prevailed, mostly young (43.4%) and middle-aged (35.8%) according to WHO criteria. The ratio of male and female patients was 1.39 units.

Of the total number of patients in the young age category according to WHO criteria (from 18 to 44 years old), 38 (41.3%) patients accounted for. At the same time, 43.4% (23 patients) of the male patients were infected, and 38.5% (15 patients) of the female patients.

In general, it can be noted that UC can be considered a pathology of the youngest and most able-bodied age, which indicates not only a social but also an economic problem of this disease.

The criteria for inclusion of patients in the study were: the presence of confirmed (endoscopically and morphologically) NAC; mandatory written consent of the patient to conduct the study; age of patients over 18 years old; absence of pregnancy and lactation at the time of treatment and examination; absence of complications of NAC in the form of intestinal malignancy, upon detection of which patients were excluded from the cohort; presence of NAC activity; absence of severe extra-intestinal somatic and mental pathology; absence of drug and alcohol dependence, as well as confirmed pathologies on the part of the immune system,

including HIV infection; consent to additional laboratory and instrumental research methods. Any inconsistency with the above was determined by the criteria for excluding patients from the study. According to the signs of the severity of the current attack, the presence of extra-intestinal manifestations, complications and refractory treatment, in particular, the development of hormone dependence and resistance, the severity of the disease (severe, moderate, mild) was determined.

Physical examination methods included abdominal palpation, percussion, and auscultation. The localization of pain, the degree of bloating, and the presence of symptoms of peritoneal irritation were determined.

Laboratory tests included general clinical methods: determination of hemoglobin (g /l), erythrocytes (x1012/l), hematocrit (%), leukocytes (x109/l), platelets (x109/l) and calculation of ESR (mm/hr) in the blood. The data obtained made it possible to calculate the leukocyte and hematological intoxication index using standard methods.

The volume of mandatory biochemical methods for the study of blood serum consisted of determining the level of urea (mmol /l), creatinine (mmol/l), glucose (mmol/l), total bilirubin and its fractions (mmol/l), the activity of enzymes ALT (U/l) and AST (U/l), ions K+, Na+ and Cl- (mmol/l) .

Instrumental diagnostic methods were performed by video colonoscopy. This research method was mandatory for making a definitive diagnosis. The extent of the lesion of the large intestine was determined, divided into its degree of extent according to the Montreal Classification of ulcerative colitis (proctitis, left-sided colitis and total colitis). Proctitis was detected with limited damage to the rectum. Left-sided colitis was characterized by damage to the large intestine, extending to its left bend, including proctosigmoiditis. Subtotal or total colitis, including retrograde ileitis, was defined by us as the total prevalence of UC lesions.

The results obtained, as they became available, were systematized in a consolidated unified table in Microsoft Excel, and processed using the Statistica for Windows program (version 5.12). In accordance with the goals and objectives of the study, the calculation of elementary statistical indicators (averages, errors of averages, standard deviations, the range of data spread), the construction and visual analysis of data spread diagrams were performed. The indicators were compared using signs of nonparametric criteria.

The reliability of the differences between the samples, which were close to the norm in terms of distribution, was determined by the Student's parametric criterion with a 95% reliable probability interval. The criterion of statistical reliability of the obtained conclusions was considered to be the generally accepted value in medicine, $p<0.05$.

The results and their discussion

The patients who formed the basis of the study group were selected by randomization over a 10-year period. The control group consisted of 20 volunteers who were recognized as absolutely healthy by the medical commission. All the laboratory data obtained from the control group were evaluated by us as reference values and served as a fulcrum for interpreting the obtained laboratory data of patients with UC.

The chronology of hospitalization of patients among male patients was noted to be predominant in 2017 (8 patients – 15.1%), as well as in 2021 and 2024 (7 patients each or 13.2%). Among female patients, the years 2021 and 2023 prevailed in the same proportion (6 patients each or 15.4%).

The increase in the incidence of patients with UC over the past 5 years, regardless of gender, has only been increasing, which indicates the presence of many unresolved problems in the treatment of this pathology.

In general, the analysis of the chronology of hospitalization of patients with UC can be divided into 2 distinctive periods related to the history of the COVID-19 pandemic, as a result of which, in 2020, clinical bases were temporarily converted into covid centers. Thus, over the period from 2015 to 2020, more than half of the total number of patients (51.1%) were hospitalized, of which 29 (31.5%) were male and 18 (19.6%) were female. In the post-pandemic period, starting in 2021, 45 patients were hospitalized, which amounted to 48.9% of the total number of the main group. Of these, 24 (26.1%) patients were male and 21 (22.8%) were female.

We did not find any special differences regarding the referral of patients to the clinic and the age characteristics of patients.

The variants of the course of the NAC were distinguished in the form of:

- exacerbations (relapse, attack), which were characterized by the appearance of typical symptoms of the disease in clinical remission, spontaneous or drug-supported conditions;
- early relapse, which was characterized by occurring less than 3 months after a medically achieved remission;
- remission, which was characterized by the disappearance of the main clinical symptoms of the disease and healing of the colon mucosa.

According to the nature of the disease course, all patients were divided into three subgroups: patients with chronic recurrent course (33 patients – 35.9%), with chronic continuous course (38 patients – 41.3%) and with acute course (21 patients – 22.8%).

The chronic recurrent course of UC was characterized by the presence of more than 6-month periods of remission of the disease. We diagnosed this form of the disease in 60.6% (20 patients) of cases among male patients and in 39.4% (13 patients) of female patients.

The chronic continuous course of UA was characterized by the absence of more than 6-month periods of remission on the background of adequate therapy. We diagnosed this form of the disease in 52.6% (20 patients) of male patients and 47.4% (18 patients) of female patients.

The acute course of UC was characterized by less than 6 months from the onset of the disease, often with a fulminant onset. We diagnosed this form of the disease in 61.9% (13 patients) of cases among male patients and in 38.1% (8 patients) of female patients.

Among young patients, patients with an acute course of UC prevailed, and among middle-aged and elderly patients, patients with a chronic recurrent course of the disease prevailed. Among the elderly patients, there were patients exclusively with the chronic continuous nature of the form of the disease course. It should be noted that the acute and chronic recurrent nature of the course of UC was not noted by us among elderly and senile patients. We also did not find a chronic recurrent form of the disease among elderly patients, which was probably due to the small number of patients in this age group.

There was a distinction between mild (28 patients – 30.4%), moderate (40 patients – 43.5%) and severe (24 patients – 26.1%) course of UAC, which we identified by the severity of the current attack, the presence of extra-intestinal manifestations, complications and refractory to conservative treatment, in particular hormone dependence and resistance.

A mild form of UC was diagnosed in 60.7% of cases (17 patients) among male patients and in 39.3% of cases (11 patients) among female patients. The moderate form of UC was diagnosed in 55% of cases (22 patients) among male patients and in 45% of cases (18 patients) among female patients. Severe UC was diagnosed in 58.3% of cases (14 patients) among male patients and in 41.7% of cases (10 patients) among female patients.

Minimal endoscopic AC activity was diagnosed in 56% of cases (14 patients) among male patients and in 44% of cases (11 patients) among female patients. Moderate endoscopic AC activity was diagnosed in 55.9% of cases (19 patients) among male patients and in 44.1% of cases (15 patients) among female patients. Pronounced endoscopic activity of UC was diagnosed in 60.6% of cases (20 patients) among male patients and in 39.4% of cases (13 patients) among female patients.

Limited proctitis was diagnosed in 38% of cases (in 35 patients), left–sided colon lesion in 44.6% of cases (in 41 patients) and total colon lesion in 17.4% of cases (in 16 patients).

A limited form of UC in the form of proctitis was diagnosed in 45.7% of cases (16 patients) among male patients and in 54.3% of cases (19 patients) among female patients. Left-sided ACL was diagnosed in 65.9% of cases (27 patients) among male patients and in 34.1% of cases (14 patients) among female patients. Total damage to the large intestine of UC was diagnosed in 62.5% of cases (10 patients) among male patients and in 37.5% of cases (6 patients) among female patients.

Proctitis among young patients was observed in 17.1% of cases (6 patients) among male patients and in 14.3% (5 patients) of female patients. Among patients in the middle age group, proctitis was detected in 8.6% of cases (3 patients) in males and in 31.4% of cases (11 patients) in females. In the elderly, proctitis was diagnosed in 20% of cases (7 patients) among male patients and in 8.6% of cases (3 patients) among females. Among patients with senile age group, we have not noted a limited variant of UC in the form of proctitis.

Left–sided colon lesion among young patients was diagnosed in 34.1% of cases (14 patients) in males and in 17.1% of cases (7 patients) in females. Among middle–aged patients, 26.8% of cases (11 patients) were diagnosed in males and 12.2% of cases (5 patients) in females. In old age, a left-sided lesion of the large intestine was detected in 1 (2.4%) patient.

The total lesion of the large intestine of UC among young patients was noted in the same proportion of 18.8% (3 cases each). Among middle-aged patients, 31.3% of cases (5 patients) were male and 6.3% of cases (1 patient) were female. In old age, the total lesion of the large intestine of the UC was the same by gender distribution – 1 (6.3%) male and female patients each. The same pattern of distribution of patients turned out to be among patients in the senile age category.

Concomitant diseases, along with extra-intestinal lesions of the UC, were detected in 231 names according to the medical history records, and there were an average of 2.5 names of diseases per 1 patient.

The most frequent lesions (84.8% and 82.6% of cases) were noted from the musculoskeletal system and the skin surface.

Diseases from the cardiovascular system, which we diagnosed in 32.6% of cases, were characterized by the presence of coronary heart disease (18 patients), hypertension (7 patients), varicose veins of the lower extremities (5 patients).

Other diseases of the digestive system were diagnosed in 14.1% of cases in the form of gallstone disease (5 patients), chronic hepatitis (3 patients), gastritis (2 patients), gastric ulcer (1 patient).

Concomitant respiratory diseases were detected in 12 (13%) patients in the form of various types of chronic AES.

Diabetes mellitus was diagnosed in 9 (9.8%) patients. At the same time, 8 patients had type 2 diabetes, and 1 patient had type 1.

Concomitant diseases of the genitourinary system were noted in 7 (7.6%) patients in the form of benign prostatic hyperplasia (5 patients) and chronic pyelonephritis (2 patients).

Concomitant diseases from the nervous system were detected in 6 (6.5%) patients, mainly in the form of chronic radiculitis (2 patients) and in 4 patients in the form of neuropathy as a complication of the neuropathic form of diabetes mellitus.

The design of the study was to conduct a step-by-step prospective and retrospective study comparing the data obtained with reference values (control group).

According to the terms of the standards for providing medical and diagnostic care to patients with UC, a set of studies (clinical, laboratory, instrumental, visual, and others) It was aimed not only at making a diagnosis, but also at assessing the patient's condition and the severity of the pathological process.

The clinical trial began with the collection of complaints and medical history data, as well as the patient's life history. We paid attention to the time from the onset of the disease to the first symptoms even before the initial diagnosis of the disease. The nature of the course of the disease was assessed by the histories of discharge epicrisis and records of outpatient records. Such an analysis made it possible to determine the variants of the course of ulcerative colitis.

When typical symptoms of the disease appeared in patients with UC in clinical remission, spontaneous or drug-supported phase, an exacerbation (recurrence) of the disease was noted.

With a recurrence of UC that occurred less than 3 months after the drug-induced remission, an early relapse was noted. Signs of clinical exacerbation were an increase in the frequency of bowel movements with blood discharge and/or characteristic changes detected during endoscopic examination of the colon.

Remission was noted with the disappearance of the main clinical symptoms of the disease and healing of the colon mucosa. At the same time, in the absence of blood admixture in the stool, there were no imperative/false urges with a frequency of bowel movements, clinical remission was noted 3 times a day. In the absence of visible macroscopic signs of inflammation during endoscopic examination of the colon, that is, during mucosal healing, endoscopic remission was noted. In the absence of microscopic signs of inflammation, a histological remission of the NAC was noted.

The NAC course was determined as acute, chronic, continuous, and recurrent. The acute course of UC was noted at less than 6 months from the onset of the disease, the presence of a fulminant or gradual onset. The chronic continuous course of UA was found in the absence of more than 6-month periods of remission on the background of adequate conservative therapy. The chronic recurrent course of UC was found in the presence of more than 6-month periods of remission.

The main clinical manifestations of ulcerative colitis (ulcerative colitis) were characterized by 7 classic signs of the disease. The frequency of their manifestation among patients with UC was not unambiguous. Objective and subjective clinical signs of UC were manifested in a combined form. In total, 291 clinical signs of UAC were detected in 92 patients. At the same time, 3.16 clinical signs of the disease accounted for 1 patient with UC.

The analysis of the frequency of registration of clinical signs, depending on the course of UC, revealed the presence of a high significance of symptoms among patients with an acute form of the disease.

Diarrhea was one of the leading signs of UC and was observed in 75 (81.5%) patients. Among patients with chronic recurrent course of the disease in 87.9% of cases (29 patients), the main clinical sign of the disease was diarrhea, which we noted in 65.8% of cases (25 patients) in patients with chronic continuous course of the disease, and in all patients with acute course.

Abdominal pain was noted in 62 (67.4%) patients with UA. It was present in all patients with acute UC, in 60.5% of cases (23 patients) among patients with chronic continuous UC, and in 54.5% of cases (18 patients) among patients with chronic recurrent UC.

Blood in the feces was detected in 56 (60.9%) patients with UC. It was noted in all patients with an acute form of the disease, in 23 (60.5%) patients with chronic continuous and in 12 (36.4%) patients with a chronic recurrent form of the course of the AAC.

Weakness and malaise were noted in 50 (54.3%) patients. They were noted among all 21 patients with an acute form of the disease, in 16 (42.1%) patients with chronic continuous and in 13 (38.4%) patients with a chronic recurrent form of UC.

Fever, which we noted in 24 (26.1%) patients with UC, was mainly (71.4%) represented by patients with an acute form of the disease. In 9 (23.7%) patients, fever was also detected by us among patients with a chronic continuous form of the course of UC. Fever was not detected among patients with a chronic recurrent form of the course of UC.

In contrast, such a clinical sign as weight loss, which we noted in 13 (14.1%) patients, was more typical for patients with chronic recurrent (27.3%) and chronic continuous forms of the disease (7.9%). This clinical sign was also noted in 1 (4.8%) patient with UC.

In general, the proportional division of the 7 main clinical signs of UC showed a prevalence among patients with chronic recurrent form of the disease of weight loss (69.2%) and diarrhea (38.7%); among patients with chronic continuous UC prevalence of abdominal pain (37.1%) and blood in the stool (41.1%); among patients with acute form The presence of weakness and malaise (42%), nausea and vomiting (90.9%), as well as fever (62.5%) turned out to be characteristic of the course of NAC.

In general, 81 clinical signs of the disease were registered among patients with chronic recurrent UC, which accounted for 2.45 units per patient. In the chronic continuous form of the course of UC, a total of 100 clinical signs of the disease were identified, which accounted for 2.63 units per patient. In patients with an acute form of the disease, the total number of clinical signs was 110 units and 5.24 names per 1 patient.

Thus, despite the increase in the number of clinical signs of UC, as its form becomes more active, more specific symptoms are characteristic of chronic, recurrent and continuous forms of the disease.

The clinical signs of UC were ambiguous depending on the severity of the disease attack. Thus, diarrhea (67.9%) and abdominal pain (60.7%) prevailed in patients with mild attacks. Patients with moderate attack have diarrhea (82.5%), blood in the stool (70%) and abdominal pain (67.5%). Diarrhea (95.8%), blood in the stool (86.5%), weakness and malaise (79.2%), abdominal pain (75%) and fever (54.2%) prevailed in patients with severe UC attacks.

In general, 2.14 units of clinical signs of the disease accounted for 1 patient with a mild form of UC attack, and 3.15 units for those with a moderate form. and a severe form of attack – 4.38 units each .

When analyzing the frequency of distribution of clinical signs of UC depending on the endoscopic activity of the disease manifestation, diarrhea (72%) and abdominal pain (64%) prevailed among patients with minimal activity.

Diarrhea (82.4%), abdominal pain (73.5%), and blood in the stool (61.8%) prevailed in the moderate form of endoscopic UC activity. With a pronounced form of endoscopic UC activity, diarrhea (87.9%), weakness and malaise (72.7%), blood in the stool (69.7%) and abdominal pain (62.6%) prevailed.

In general, 2.52 clinical signs accounted for 1 patient with a minimal form of UC endoscopic attack, and 3 with moderate units and with pronounced – 3.82 units each .

General clinical laboratory parameters were characterized by the presence of anemia in patients with acute total severe UC.

In patients with an acute form of UC, reliable values were found for all the studied general clinical blood parameters. They were characterized by anemia (a decrease in the number of red blood cells and hemoglobin levels by 1.4 times; $p<0.05$), signs of generalization of the body's inflammatory response in the form of increasing leukocytosis (1.7 times; $p<0.05$), an increase in leukocyte levels (4 times; $p<0.05$) and hematological (3.5 times; $p<0.05$) intoxication indices, as well as an acceleration of the erythrocyte sedimentation rate (on average 2.5 times; $p<0.05$).

Among the indicators of biochemical blood tests, we identified an imbalance of electrolytes against the background of increasing hypoproteinemia only among patients with an acute form of UC.

Thus, the most characteristic clinical signs of UC are diarrhea (81.5%), abdominal pain (67.4%), and bloody stools (60.9%). At the same time, the frequency of clinical manifestations in UC is determined by the activity and severity of the disease, which directly affect their growth.

The severity of the clinical manifestations of UC is accompanied by anemia, hypoproteinemia, electrolyte imbalance, as well as laboratory signs of generalization of the inflammatory process in the form of an increase in the leukocyte index and hematological index of intoxication.

As our studies have shown, the various phases and forms of the course of UC have a peculiar clinical picture, which in patients with complications largely reflects a similar clinical picture of the generalization of inflammation.

Conclusions

1. The most characteristic clinical signs of UC are diarrhea (81.5%), abdominal pain (67.4%), and bloody stools (60.9%). At the same time, the frequency of clinical manifestations in UC is determined by the activity and severity of the disease, which directly affect their growth..
2. The severity of the clinical manifestations of UC is accompanied by anemia, hypoproteinemia, electrolyte imbalance, as well as laboratory signs of generalization of the inflammatory process in the form of an increase in the leukocyte index and hematological index of intoxication.

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