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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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www.bsmi.uz

<https://newdaymedicine.com> E:

ndmuz@mail.ru

Тел: +99890 8061882

Makhmudova L.I. E-mail: maxmudova.lola@bsmi.uz

Abdullaev I.A. E-mail: abdullayev.ikrom@bsmi.uz

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan,

Bukhara, st. A. Navoi. 1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ **Resume**

The scientific article summarizes the survey data of 90 patients with IBS who were examined in the polyclinic department of the Bukhara Regional Multidisciplinary Medical Center from 2022 to 2023. The average age of the patients was 33.3 ± 1.5 years. With mild IBS, all patients had abdominal pain syndrome (100%), diarrhea syndrome - in 18.7%, constipation syndrome - in 81.3%, bloating - in 96.9%, a feeling of incomplete bowel movements - in 9.4%, false urges - in 6.3%, mucus secretion - in 15.6%, prolonged strain during defecation occurred in 46.9%. In contrast to the mild form of IBS, the moderate form of IBS was characterized by diarrhea in 54.1%, constipation in 45.9%, a feeling of incomplete bowel movements in 37.8%, and prolonged strain during bowel movements in 59.4%. In severe IBS, there was a significant increase in the proportion of patients with clinical signs such as diarrhea, bloating, feeling of incomplete bowel movements, false urges, mucus secretion, and prolonged strain during bowel movements. (80.9%, 100%, 71.4%, 19.1%, 33.3% and 85.7%, respectively).

Keywords: irritable bowel syndrome, abdominal pain, Bristol scale, diarrhea, constipation.

Relevance

The etiopathogenesis of irritable bowel syndrome (IBS) is complex, in the formation of which a number of etiological factors are involved, activating a number of pathophysiological mechanisms [1]. The most discussed factors in the literature include: eating habits, visceral hypersensitivity, impaired motor activity, disorders in the neuroendocrine system ("brain-intestinal" axis), increased intestinal permeability, the development of inflammation with a "low activity level," and changes in the composition of the intestinal microbiota [2].

The presence of nonspecific inflammation in patients suffering from functional disorders has been experimentally proven. In patients with IBS, there is evidence of an increase in the number of eosinophils, mast cells, and lymphocytes in the duodenal mucosa. Similar data are also available in patients with IBS associated with an increase in mast cells in the intestinal mucosa. For example, Barbara G. et al. in their studies observed a significant increase in the area of the mucous membrane occupied by mast cells, compared to the control group, a large number of mast cells were detected in the degranulation stage. Also, the condition associated with the aggravation of disease symptoms against the background of functional disorders in the colon correlated with an increase in the number of cells [3].

The aim of the study is to develop and validate a symptom-based method for classifying the severity of IBS, in order to improve clinical assessment, treatment decision-making, and outcome evaluation in patients with IBS.

Materials and methods

The scientific article summarizes the survey data of 90 patients with ITS who underwent examination in the polyclinic department of the Bukhara Regional Multidisciplinary Medical Center from 2022 to 2023. The average age of the patients was 33.3 ± 1.5 years. Patients with IBS were divided into two groups: patients with IBS with a predominance of hypermotion or diarrhea - IBS-D - 43 (47.7%) and patients with IBS with a predominance of hypomotor or constipation - IBS-C - 47 (52.3%). In order to reduce the number of patients with mixed and non-classified types of IBS and to avoid statistical errors, they were not included in the study.

The examination methods were carried out in the polyclinic department of the State Medical Center, as well as in the faculty and the department of hospital therapy. The examination methods included clinical-anamnestic, laboratory-instrumental, and prepared questionnaires.

Data processing was carried out using Microsoft Office Excel 2013, Statistica 6.0. The arithmetic mean (M) and standard deviation (m) were used to characterize quantitative indicators with a normal distribution. To characterize the quality indicators, the frequency and fractions (%) of the trait in the sample were used.

Research results and discussion

In order to facilitate the analysis of clinical data, we developed an assessment system. According to it, the absence of clinical symptoms was assessed at 0 points, mild symptoms - at 1 point for moderately pronounced symptoms, and pronounced symptoms - at 2 points. The points collected by each patient were summarized according to clinical symptoms (abdominal pain, diarrhea, constipation, feeling of bloating, feeling of incomplete bowel emptying, false calls, mucus discharge, additional strain during defecation) and were divided into mild, moderate, and severe degrees. Indicators of the assessment criterion for clinical symptoms are presented in Table 1.

Abdominal pain syndrome (100%), diarrheal syndrome in 18.7%, constipation syndrome in 81.3%, abdominal distension in 96.9%, feeling of incomplete bowel movements in 9.4%, false urges in 6.3%, mucus discharge in 15.6%, and prolonged straining during defecation in 46.9% were detected in all patients with mild IBS.

With moderate IBS, in contrast to mild IBS, diarrhea was noted in 54.1%, constipation in 45.9%, feeling of intestinal obstruction in 37.8%, and prolonged straining during defecation in 59.4% of cases.

In severe IBS, a significant increase in the proportion of patients with such clinical signs as diarrhea, abdominal distension, feeling of intestinal obstruction, false urges, mucus discharge, and prolonged straining during defecation was noted (80.9%, 100%, 71.4%, 19.1%, 33.3%, and 85.7%, respectively).

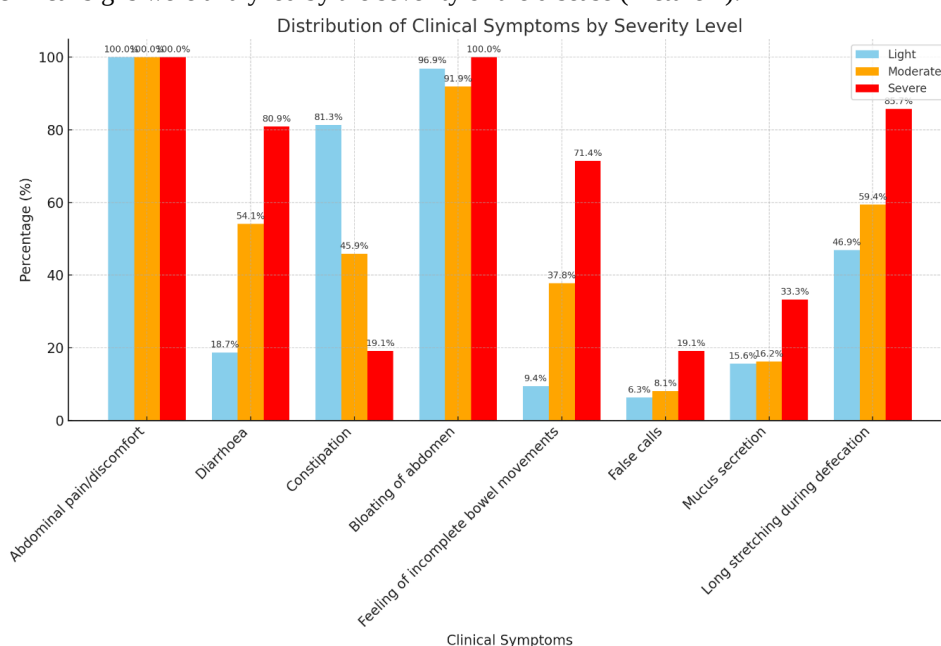
At the same time, the number of urinations was also analyzed by the severity of the disease (Picture 2).

Table 1

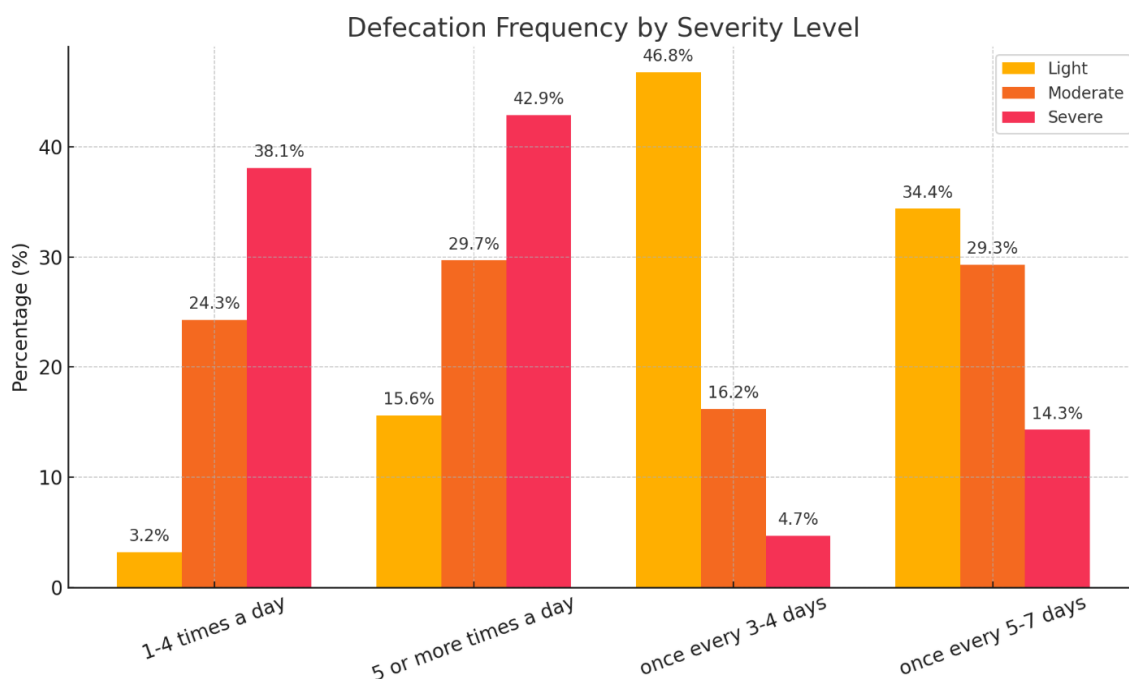
Assessment system by clinical symptoms

No	Main clinical signs	0 points	1 point	2 points
1.	Abdominal pain	"not too serious," rarely	"not too serious," quick	very strong, "terrible"
2.	Diarrhoea	Less than 3 times a day	3-5 times a day	more than 5 times a day
3.	Constipation	once every 2 days	once every 3-4 days	once every 5-7 days
4.	Feeling of bloating	+	++	Too toxic
5.	Feeling of incomplete bowel emptying	+	++	Too toxic
6.	False Calls	sometimes	frequently	constant
7.	Mucus secretion	sometimes	frequently	constant
8.	Additional during toilet attempts	sometimes	frequently	constant

The same clinical signs were analyzed by the severity of the disease (Picture 1).



Picture 1. Frequency of intestinal symptoms by clinical severity of IBS, %



Picture 2. Analysis of defecation by clinical severity of IBS, %

When analyzing the number of urinations by severity of the disease, patients with the predominance of diarrhea in the type of IBS, which is 1-4 urinations per day and 5 or more urinations per day, were more pronounced and amounted to 38.1% and 42.9%, respectively. The presence of constipation was indicated by defecation on 3-4 days and once every 5-7 days in patients with mild IBS, 46.8% and 34.4%, respectively.

The Bristol Stool Form Scale was also analyzed by degrees of severity. In this case, at what severity were patients with fecal forms from type 1 to type 7 more common (Table 2).

Table 2

Frequency of clinical severity of fecal forms according to the Bristol scale, %

Types of stool	ITS course types		
	Light level	Moderate severity	Severe degree
1.	9 (28.1)	4 (10.8)	
2.	17 (53.1)	13 (35.1)	
3.	1 (3.1)	1 (2.7)	
4.	1 (13.1)	2 (5.4)	
5.	4 (12.6)	9 (24.3)	
6.	0 (0)	8 (21.6)	
7.	0 (0)	0 (0)	

Conclusion

Mild IBS was represented by patients with fecal forms of the 1st, 2nd, 3rd, 4th, and 5th types, while moderate IBS was represented by patients with fecal forms of the 1st, 2nd, 3rd, 4th, 5th, and 6th types. Severe ITS also consisted of the same fecal forms of type 1, 2, 3, 4, 5, and 6.

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