**ORMOND’S DISEASE AS A SIDE EFFECT OF DOPAMINE RECEPTORS AGONISTS OF THE ERGOLINE RANGE**

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Retroperitoneal fibrosis (RPF, retroperitoneal granuloma, Ormond's disease) is a nonspecific inflammation of the fibrous fat tissue, which causes symptoms due to the gradual compression of the tubular structures of the retroperitoneal space. The development of this disease is associated with increased production of IgG 4, morphologically characterized by fibrosis, lympho-plasmocyte infiltration of organs and tissues with an abundance of IgG 4-plasma cells, an admixture of eosinophils, and the formation of an obliterating phlebitis. The main symptoms are: constant dull pain, starting in the lower back and radiating to the lower abdomen, groin, genitals. With the course of the disease there is a transition from one-sided pain to two-sided pain. Other manifestations are moderate fever, leukocytosis, increased ESR, edema. Distinguish between primary and secondary RPF: the causes of primary development are autoimmune mechanisms, secondary - sclerotic processes in retroperitoneal tissue, infections, radiation, malignant neoplasms and drug therapy. The most common cause of secondary RTP development is the use of serotonin 5-HT2B receptor agonists.

Dopamine receptor agonists (dopaminomimetics) is a group of drugs used to treat Parkinson's disease, as well as to suppress postpartum or pathological lactation. According to these indications, a group of derivatives of ergot alkaloids: bromocriptine, pergolide, cabergoline is a frequent prescription. These drugs also have agonistic activity against serotonin 5-HT2B-receptors. Since the indications for dopaminomimetic use require long-term and continuous treatment, the frequency of secondary retroperitoneal fibrosis increases with the duration of therapy, it also depends on the sex, since men suffer from Ormond's disease 2-3 times more often than women.

Retroperitoneal fibrosis is treatable, but the tactics of therapy depend on the stage of development: with fibrosis revealed in the early stages, an effectively differentiated use of prednisolone, immunosuppressants (cyclophosphamide, azathioprim, methotrexate), genetically engineered biological agents (rituximab), and resolving drugs (lidase). With late fibrosis, surgical intervention is indicated.

The described side effect is not common, but this does not mean that it does not need to be remembered. The use of dopamine receptor agonists strictly according to indications, with the observance of dosages excluding excess doses, as well as monitoring of side effects and the first symptoms of complications is a necessary point in preventing such a serious pathology as secondary retroperitoneal fibrosis.

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