

PECULIARITIES OF ESOPHAGEAL LESIONS SYMPTOMS IN PATIENTS WITH VARIOUS CLINICAL FORMS OF ANKYLOSING SPONDYLITIS

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Introduction: ankylosing spondylitis (AS) is a systemic disease of the connective tissue, in which, along with damage to the joints, there are multi-organ extra-articular manifestations. Damage of the esophagus, in patients with AS is usually associated with the iatrogenic effect of non-steroidal anti-inflammatory drugs. Meanwhile, the direct nosological causation of esophageal complications also takes place, and, as the original studies show, this reason is not uncommon.

Purpose of the study: to assess the expressiveness of esophageal complaints in patients with various clinical forms of AS.

Materials and methods. we examined 47 patients with AS, mainly men (45), including 33 persons with the central form (CF), and 14 persons with the peripheral form (PF) of AS. The average age of the patients was 38.3 ± 3.7 years, the duration of the AS was from 4 to 17 years. Attention was drawn to such classic "esophageal" symptoms as heartburn, dysphagia, belching, if they were present at least 1 time during the week. When statistically processing the results, the X^2 criterion was determined. It reflected how significantly the empirical and theoretical frequencies of the variables differ from each other. The critical level of significance for testing statistical hypotheses was 0.05.

Results: at least one of the esophageal symptoms was observed in 42 (89.4%) patients with AS, at least two symptoms - in 31 (66.0%) patients, all three symptoms - in 25 (53.2%) patients. The most common complaint was heartburn, which was observed in 35 patients (74.5%), while this symptom was equally common in patients with various forms of AS: 25 (75.8%) cases - among patients with CF and 10 (71, 4%) - among patients with PF. It should be noted that this level significantly exceeded the average population level (20-40%). Complaints about belching and dysphagia were approximately the same - in 32 (68.1%) and 31 (66.0%) patients with AS, respectively. The relative expressiveness of belching was higher in patients with CF (24 - 72.7%) compared with patients with PF (8 - 57.1%); however, there were no statistically significant differences in this symptom ($df = 1, X^2 = 1.099, p = 0.294$).

Conclusions: the frequency of esophageal symptoms in patients with AS exceeds the average population level. This can be explained both by the systemic nature of the lesion and by the anatomical and physiological changes that accompany AS. The central form of AS is more symptomatic (dysphagia, belching). It is probably associated with frequent and severe (compared with the peripheral form of AS) damage to the cervicothoracic spine and, consequently, anatomical and functional changes in the esophagus.