

COLITIS AND ENTERITIS IN PATIENTS WITH COPD

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Introduction. Chronic obstructive pulmonary disease (COPD) is a progressive, life-threatening lung disease that causes shortness of breath. Chronic obstructive pulmonary disease develops slowly and, as a rule, manifests itself in people over 40-50 years old. Often, by this time people "earn" not only COPD, but also colitis, enteritis, gastritis, hepatitis, pancreatitis, etc. In the modern world, it is rare to find a chronic disease without concomitant pathology. And unfortunately, one disease can aggravate the course of another. Therefore, it is very important to know the frequency and structure of possible pathologies that can occur in different chronic patients.

Aim. To study the frequency and structure of inflammatory pathology of intestine in patients with COPD.

Materials and methods. We conducted a study of 50 patients with COPD in the acute phase. Most of those examined were men – 36 people (72%), women – 14 (28%). Mild severity was diagnosed in 17 patients, medium – in 21, severe – in 10, extremely severe – in 2. The mean age was 52.1 (\pm 5.2) years. A scatological and bacteriological examination of feces was carried out, the frequency and shape of stools, the severity of pain and flatulence according to VAS were assessed, according to indications, an endoscopic and X-ray examination of the intestine was carried out. Complications in the form of respiratory failure occurred in 14.4% of patients.

Results and discussions. Functional disorders according to the criteria of the Rome Consensus III were found in 23 (46%) patients, of whom constipation predominated - 6%, with diarrhea - 42%, mixed - in 52% of patients. Inflammatory-

dystrophic changes in the intestinal mucosa with impaired function - in 8 (16%) patients. Of these, 3 patients were diagnosed with "ulcerative colitis" and 1 patient was diagnosed with Crohn's disease. The diagnosis was verified by the data of clinical, laboratory, instrumental and histological methods. According to the localization of the NUC lesion: left-sided - in 26%, total - in 16%, distal - in 58%. In terms of severity (according to Truelove and Witts), mild - in 40%, medium - in 38%, severe - in 22% of patients. In 9 (18%) patients, the revealed changes were attributed to the group of "other non-infectious gastroenteritis and colitis" (according to ICD-10). Mucosal lesions were most often represented by hyperemia - in 58%, erosions - in 36%, hemorrhages - in 6%, contact bleeding - in 50.0%.

Conclusions. Concomitant intestinal pathology was detected in every third of the studied patients, with a predominance of functional disorders. There is a mutual aggravation of the symptoms of the disease, especially in the presence of complications.