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FEATURES OF THE RELATIONSHIP OF THE STATE OF THE MUCOUS BARRIER OF THE GASTRODUODENAL ZONE FROM THE ERADICATION OF HELICOBACTER PYLORI AND FROM THE PHASE OF ULCERING

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ABSTRACT: The purpose of the study to explore the dynamics of changes in the mucous barrier of the gastroduodenal zone depending on the phase of ulcer scarring in patients with associated Helikobacterpylori (HP).

KEYWORDS: Impaired functional, Helicobacter pylori, glycoproteins, duodenal ulcer, diagnosis, fucose deficiency.

INTRODUCTION

Studies were carried out in 67 patients aged 17 to 42 years, including 42 men and 25 women with duodenal ulcer (DU) in the acute stage of the disease. To verify the diagnosis, all patients underwent EFGDS and a rapid urease test. The presence of HPwas determined at the beginning and on the 28th day of treatment. The ulcer scarring phase was determined at the end of treatment with repeated EGDFS. Patients were divided into 2 groups depending on eradication. First group consisted of patients with 3- and 4-component eradicationof HPat the end of treatment, with scarring and incomplete scarring of the ulcer. The second group consisted of patients without eradication of HPat the end of treatment with and without scarring. The state of

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the gastric mucosal barrier was assessed by determining the fraction of insoluble glycoproteins (IGP) in a suspension of insoluble mucous gel, isolated by centrifugation of the basal portion of gastric juice.

RESEARCH RESULTS

In patients with DU, impaired functional state of the mucosal barrier is characterized by a deficiency of the main carbohydrate component, fucose, in IGP. The ongoing antiulcer therapy has a positive effect on the content of IGP fractions during the eradication of HP. However, these changes radically differ in cases of scarring and incomplete scarring of the ulcer.

The results obtained allow us to state that the violation of the synthesis of IGP in the case of Helicobacter pylori association is characterized by a deficiency of the main carbohydrate component - fucose, which is not fully restored even with scarring of the ulcer. Probably, the lack of this component is replenished at a later date after the eradication of HP and scarring of the ulcer. Insufficient correction of the content of fucose and protein deficiency contribute to slowing down the scarring of the ulcer. One of the reasons for incomplete scarring of the ulcer is the deficiency of the protein component of IGP. It has been established that the eradication of HP contributes to an increase in the frequency of ulcer scarring. However, insufficient correction of fucose deficiency during eradicationof HP contributes to the inadequate functioning of protective mechanisms and prolongation of ulcer scarring. Apparently, frequent recurrence and complication of peptic ulcer associated HPoccurs in cases of incomplete recovery of fucose deficiency, despite the eradication of HP, and in cases of lack of eradication, the mechanisms of synthesis of IGP are aggravated.

CONCLUSION

In case of DU associated with HP, the violation of the protective barrier of the gastroduodenal zone is characterized by a significant decrease in the content of fucose in IGP. Insufficient effectiveness of the therapy and prolongation of ulcer scarring, despite the eradication of HP, is due to inadequate correction of fucose deficiency and a decrease in the content of IGP protein.

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