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CLINICAL AND MORPHOLOGICAL CHANGES AND RISK FACTORS OF GASTRIC DAMAGE IN RHEUMATOID ARTHRITIS

Djabbarova M. B
Saidova M.M

Bukhara State Medical Institute

Relevance. Rheumatoid arthritis (RA) is a chronic immunoinflammatory (autoimmune) disease manifested by progressive joint destruction, systemic inflammation of internal organs and a wide range of comorbid diseases associated with chronic inflammation, and often with undesirable drug reactions (ADR). Rheumatoid arthritis (RA) is one of the most common autoimmune diseases, the prevalence of which among the adult population of Russia is 0.5-1.5% and is constantly increasing in all age groups. It is a rheumatic disease of unknown etiology characterized by chronic erosive arthritis (synovitis) and systemic involvement of internal organs.

Purpose

The purpose of the study was to compare the frequency of erosions and ulcers of the stomach and/or duodenum detected in EGDS while taking various NSAIDs.

Subject and Subjects

We collected data from upper gastrointestinal fibroscopy from May 2018 to December 2022 at the Republican Scientific Center for Emergency Medical Care (RNCEMP) Bukhara Branch of 251 patients with RA, of whom all patients underwent upper gastrointestinal fibroscopy. Gastric mucosal erosion and ulcer were classified using a modified LANCA scale. We analyzed these data with multiple regression analyses. Written informed consent of subjects was obtained prior to fibroscopy. They met the revised 1987 RA classification criteria.

Result. The prevalence of endoscopic damage to the gastric and duodenal mucosa in these RA patients was 60,2% (151 cases). Multiple regression analyses showed that prednisolone (PSL), NSAIDs, and proton pump inhibitors (PPIs) were independent risk factors associated with the modified LANCA score. PSL and NSAIDs correlated positively with score, while PPI intake was inversely correlated with score. The modified LANCA score in RA patients treated with both PSL and NSAIDs was significantly higher than in patients treated with PSL alone (without NSAIDs). Patient characteristics and prevalence of gastric mucosal damage A total of 251 RA patients were included in this study. The majority of these patients were male 157 (62,5%), 94 female (37,5%), the median age was 69,3 years, and the median duration of RA disease was 18,7 years. Among these patients, 55% (122 cases) received NSAIDs and 44,5% (98 cases) received corticosteroids. The mean oral corticosteroid dose was 3,7 mg prednisolone (PSL) per day and 37,7% (85 cases) were gastroprotective drugs. When examining patients with suspected RA and gastropathy in the FGDS, 36 of 251 patients (14,3%) had acute gastric ulcers, 43 (17,1%) had acute erosive gastroduodenitis, 72 (28,7%) had acute duodenal ulcers, and the remaining 100 (39,8%) had no changes. The prevalence and severity of gastric and duodenal mucosal damage in these RA patients were as follows: Grade 1- 16,5% (25 cases), Grade 2- 25,1% (38 cases) Grade 3- 27,8% (42 cases) of Grade 4 -17,2% (26 cases) and. Grade 5 13,2% (20 cases).

Conclusions. Our results suggest that GCS and NSAIDs were factors exacerbating gastric mucosal damage, while PPI use was a protective factor. In addition, the combined use of corticosteroids and NSAIDs can provoke the development of stomach ulcers. In most cases, NSAID-gastropathy was not accompanied by pronounced subjective

symptoms, which made it difficult to diagnose it in a timely manner. Obviously, such patients have a risk of developing life-threatening complications, such as gastrointestinal bleeding, while continuing to take NSAIDs without additional prevention methods. In this regard, it is necessary to train doctors in methods for assessing the risk and control of gastrointestinal complications associated with the use of NSAIDs.