

EROSIVE AND ULCERATIVE LESIONS OF THE DIGESTIVE TRACT

Sodikova Dilrabo Tojidinovna

Abstract: Erosive and ulcerative lesions of the digestive tract are one of the most pressing problems in the clinical practice of internal diseases due to their extremely widespread prevalence, the presence of severe complications, often fatal, diagnostic difficulties due to a large number of asymptomatic pathologies and difficulties in rational choice of therapy. Of particular note are the data that during the global pandemic, COVID-19 infection can quite often cause the development of erosive and ulcerative lesions of the gastrointestinal tract.

Keywords: erosions and ulcers of the digestive tract, clinical presentation, diagnostics, treatment.

INTRODUCTION

Erosive and ulcerative lesions of the gastrointestinal tract (GIT) can form both in the upper sections of the digestive tract, including the oral cavity, esophagus and stomach, and in the lower sections - in the small and large intestines. It should be noted that the active use of a number of drugs, the use of toxic substances, and an increase in life expectancy, including in patients with severe concomitant pathology, contribute to the development of erosive and ulcerative lesions of various parts of the GIT. Thus, the use of chemotherapy to treat patients with cancer can induce the development of oral mucositis, the appearance of erosive gastritis and esophagitis, as well as colo- and enteropathy, accompanied by the development of diarrhea syndrome, inflammatory and erosive-ulcerative changes, often threatening the life of the patient [1].

MATERIALS AND METHODS

It should be noted that with some chemo- and radiation therapy regimens, GIT damage can exceed 80%. At the same time, severe forms of intestinal pathology, including perforations and bleeding, can develop in 20-30% of patients receiving various forms of antitumor treatment [2]. Erosive and ulcerative GIT lesions, with the exception of stomatitis, are quite often induced by taking non-steroidal anti-inflammatory drugs (NSAIDs). Data are provided that up to 20-50% of patients regularly taking NSAIDs may have erosive lesions of the gastric mucosa [3]. Erosive lesions of the gastric mucosa can also be associated with the intake of strong alcohol, exposure to bile, bisphosphonates, sodium phosphate and other factors [4]. Despite the existing possibilities for the prevention and treatment of erosive and ulcerative GIT lesions, the total number of severe complications in the form of bleeding and perforations, as well as mortality from them, remain high. At the same time, the prevalence of erosive and ulcerative lesions of the upper sections of the GIT and associated bleeding decreases, while in the lower sections, on the contrary, it increases, which is associated with a decrease in the incidence of Helicobacter pylori infection and the widespread use of ulcerogenic drugs [2].

RESULTS AND DISCUSSION

Of particular note are the data that during the global pandemic, COVID-19 is capable of causing damage to the digestive system in more than 50% of infected individuals, including erosive and ulcerative lesions of the mucous membrane throughout the entire GIT [2]. In this regard, it seems appropriate to introduce into clinical practice drugs that are sufficiently effective not only in therapy, but also in the prevention of erosive and ulcerative lesions of the gastrointestinal tract. One of such drugs, capable of both preventing the occurrence of erosive and ulcerative lesions and strictures throughout the GIT, and effectively achieving epithelialization of damage to the mucous membrane of the oral cavity, esophagus, stomach, small and large intestine, is rebamipide [3]. Oral mucositis. Optimization of management tactics. Oral mucositis is accompanied by inflammation of the mucosa, its erosion and ulceration, and is often observed in cancer patients receiving high-dose radiation therapy to the head and neck (85–100%), stem cell transplantation (75–100%) or standard-dose chemotherapy for solid tumors (5–40%). Moreover, the combined use of chemo- and radiation therapy in patients with head and neck cancer can increase the incidence and severity of oral mucositis [4]. The most effective means of preventing and treating oral mucositis are cryotherapy, laser therapy and growth factor therapy. However, their use in everyday practice is often difficult [2]. The introduction of rebamipide into the system of preventing and treating oral mucositis shows encouraging results. Data are provided that patients receiving courses of radiation therapy and taking rebamipide developed severe mucositis significantly less often: 33.3% versus 83.3% receiving placebo ($p=0.036$) [3]. Later studies confirmed the effectiveness of rebamipide in preventing the development of mucositis in response to chemo- and radiation therapy. Thus, when prescribing rebamipide solution, the time of development of mucositis shifted to later periods: 14.6 ± 6.4 days for the rebamipide group and 11.2 ± 4.4 days for the placebo, respectively [3].

In addition, severe mucositis developed less frequently with rebamipide. Thus, in individuals receiving prophylactic treatment with a 4% rebamipide solution, severe mucositis developed 1.5 times less frequently [4]. The average mucositis severity index according to the Radiation Therapy Oncology Group (RTOG) classification in the rebamipide group was 1.97, while in the placebo group it was 2.81 [1].

Erosive and ulcerative lesions of the esophagus. Optimization of diagnostics and treatment. The most common causes of erosive and ulcerative lesions of the esophagus are gastroesophageal reflux disease (GERD) and drug-induced esophagitis. This group of drugs can directly damage the esophageal mucosa or primarily change the motility of the esophagus, stomach and the pressure level in the lower esophageal sphincter and provoke the development of esophagitis [2]. There are data showing that drug-induced esophagitis in 75.6% of cases develops in the anatomical narrowing of the esophagus, in its middle third behind the left atrium. A number of drugs, such as tetracycline, clindamycin, emepronium bromide, ascorbic acid, and iron sulfate, induce the development of esophagitis, which exists for a short time and passes after stopping the drug. The incidence of such cases of esophagitis is 65.8%. Another group of drugs, such as NSAIDs, primarily acetylsalicylic acid (ASA), induces the development of persistent esophagitis with the possibility of ulcers and strictures [3].

CONCLUSION

Gastrointestinal bleeding is a serious problem. It is reported that the incidence of acute bleeding from the GIT is 150 per 100 thousand population, with a mortality rate of 5–10%. Moreover, bleeding from the upper sections of the GIT is 2–5 times more common than bleeding from the lower sections [4]. Currently, there is a relative increase in erosive and ulcerative lesions caused by taking various drugs, which is associated with an increase in life expectancy and an increase in the comorbidity index, a decrease in *H. pylori* infection, and a high level of consumption of antacids and drugs that suppress the production of hydrochloric acid. An increase in the number of idiopathic gastric ulcers is noted.

REFERENCES

1. Beck KE, Blansfield JA, Tran KQ, et al. Enterocolitis in patients with cancer after antibody blockade of cytotoxic T-lymphocyte-associated antigen 4. *J Clin Oncol.* 2016;24(15):2283-9. DOI:10.1200/JCO.2005.04.5716
2. O'Reilly M, Mellotte G, Ryan B, O'Connor A. Gastrointestinal side effects of cancer treatments. *Ther Adv Chronic Dis.* 2020;11:2040622320970354. DOI:10.1177/2040622320970354
3. Wang D, Mann JR, DuBois RN. The role of prostaglandins and other eicosanoids in the gastrointestinal tract. *Gastroenterology.* 2015;128(5):1445-61. DOI:10.1053/j.gastro.2004.09.080
4. De Petris G, Caldero SG, Chen L, et al. Histopathological changes in the gastrointestinal tract due to medications: an update for the surgical pathologist (part II of II). *Int J Surg Pathol.* 2014;22(3):202-11. DOI:10.1177/1066896913502230