DIRECTIONS OF PREVENTION OF THE CLINICAL COURSE OF CHRONIC COLECYSTITIS IN THE GERONT - SUPERGERONT POPULATION OF FERGANA VALLEY

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https://doi.org/10.5281/zenodo.13378647

Relevance and necessity of the topic. From the results of the research conducted in Uzbekistan, it is known that 6 syndromes dominate the clinical presentation of cholecystitis in the geront and supergeront population: pain syndrome or feeling, dyspeptic syndrome, cholecystocardial syndrome, neurotic syndrome, vegetodystonia syndrome and allergic syndrome. In young and middle age, as well as from clinical studies, these indicators differ by relatively low [1;2;3;4;5].

The aim of the research is to study and determine the epidemiological, clinical and preventive characteristics of cholecystitis in the young, middle-aged, geront and supergeront populations of different regions of Uzbekistan.

Materials and research methods. This study is considered a simultaneous epidemiological investigation and it is based on the analysis of the results obtained in a population of 2682 people. Residents of 6 regions of the country - Andijan, Namangan, Fergana, Jizzakh, Syrdarya and Kashkadarya - were involved in the study. Based on the tasks set in the work, 6 simultaneous epidemiological studies were organized and carried out in the valley and oasis regions of Uzbekistan.

A detailed description of the organization and conduct of the epidemiological study was provided: the screening group was formed, questionnaires were prepared, and the screening group was introduced to the necessary equipment for the study. A procedure for working with the population was created and a procedure for checking the population was developed.

Results and Discussions. On the basis of comorbidity, the characteristics of the clinical course of chronic cholecystitis in the geront and supergeront population and the clinical course in the Fergana Valley were analyzed.

Chronic cholecystitis in the geront-supergeront conditions of the valley, according to the table data, up to 44.1% is confirmed by the clinical course on the basis of comorbidity. Comorbidity is mostly caused by 11 diseases and they

are confirmed as follows: steatohepatitis (n=42/0), chronic viral hepatitis (n=89/0), viral liver cirrhosis (n=9/0), acute ischemic heart disease (n =284/3), glomerular diseases (n=118/2), gastroenterological diseases (n=251/3), neurocirculatory asthenia (n=105/2), joint diseases (n=320/3), respiratory diseases (n =83/1) and anemia (n=213/3).

Chronic cholecystitis detected in total comorbidity (n=1595/18) in the geront population - 27.9% (stoneless type - 24.4% and stone type - 3.5%) and in the supergeront population - 0.3% (Chronic cholecystitis without stones - 0.3% and stony type – 0.00%) is determined by frequency distribution (RR=1.016; 95% Cl=0.480 – 2.148; χ2=0.002? S=0.001; P>0.05).

On the basis of other comorbidities, chronic cholecystitis in the geront and supergeront population of the valley is confirmed with the following detection frequencies: 1) in comorbidity of chronic viral hepatitis - 18.0% (non-stone type - 16.9% and stone type - 1.1% and 0.00% 2) in viral liver cirrhosis comorbidity - 22.2% (Chronic cholecystitis without stones - 22.2% and Chronic cholecystitis with stones - 0.00%) and from 0.00%; 3) on the basis of comorbidity with acute ischemic heart disease - 24.7% (non-stone type - 20.0% and stone type - 4.7%) and 0.00%; 4) in comorbidity of chronic ischemic heart disease - 33.8% (Chronic cholecystitis with stones - 30.3% and Chronic cholecystitis with stones - 3.5%) and 0.7% (Chronic cholecystitis without stones - 0.7% and Chronic cholecystitis with stones – from 0.00%); 5) in the comorbidity of glomerular diseases - 41.7% (non-stone type - 36.7% and stone type - 5.0%) and 0.8% (Chronic cholecystitis without stones - 0.8% and Chronic cholecystitis with stones - 0, 00%); 6) in comorbidity of gastroenterological diseases - 20.5% (Chronic cholecystitis without stones - 17.3% and Chronic cholecystitis with stones - 3.1%) and 0.00%; 7) comorbidity with neurocirculatory asthenia - 21.5% (Chronic cholecystitis without stones - 17.8% and Chronic cholecystitis with stones - 3.7%) and 0.00%; 8) in comorbidity with joint diseases - 22.0% (non-stone type - 18.6% and stone type - 3.4% and 0.00%; 9) in comorbidity with respiratory diseases - 22.6% (in non-stone type - 20 .2% and in stone type - from 2.4%) and in indicators from 0.00%.

Conclusion. The leading comorbidity diseases in the geront-gerontological population of the valley are anemia (increases the risk of severe-complicated course of chronic cholecystitis by 44%), glomerular diseases (increases the dangerous course of chronic cholecystitis by 41.7%) and chronic ischemic heart diseases (Chronic increases the risk of cholecystitis by 33%).

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