

COMPLEX TREATMENT OF SPINAL TUBERCULOSIS IN FUNCTIONAL DISORDERS OF THE GASTROINTESTINAL SYSTEM

Nuriddin N. Tuychiev¹, Primkul Kh. Nazirov²

1 Independent researcher, Republican specialized scientific and practical medical center
phthiology and pulmonology, Uzbekistan
E-mail: mercuri07@bk.ru

2 M.D, Professor, Republican specialized scientific and practical medical center
phthiology and pulmonology, Uzbekistan

ABSTRACT

Complicated forms of tuberculous spondylitis occur in 70% of adults and 100% of children. Recovery from the disease is recorded in 36.5-69.5% of cases, and disability because of complications of the disease - in 67.0-88.8%. Functional changes in the gastrointestinal tract were detected in 44.0% of patients with complicated spinal tuberculosis. Carrying out therapeutic measures for identified diseases has a positive effect on the effectiveness of surgical treatment. [1,2,3,4,5,6].

Key words: tuberculous spondylitis, gastrointestinal tract, expansion, extrapulmonary tuberculosis.

INTRODUCTION

To study the effectiveness of complex treatment of motor-motor dysfunction of the gastrointestinal tract in complicated spinal tuberculosis. Materials and methods: 100 patients with complicated tuberculous spondylitis, of which 60 (60.0%) patients with tuberculous spondylitis and functional disorders of the gastrointestinal tract (group 1), group 2 40 (40.0%) people with tuberculosis spondylitis and no functional disorders of the gastrointestinal tract.

As a comparative group, 20 healthy individuals formed the 3rd group. Patients aged 18 to 20 years accounted for 20.0%, 21-40 years - 35.0%, 41-60 years - 30.0% and over 60 years - 15.0%. The mean age ratio was 37.2 ± 1.2 years. Of the patients examined, 31 were in group 1 (51.6%) and 21 (52.5%) in group 2;

In the 1st group there were 29 women (48.3%), in the 2nd group there were 19 people (47.5%). 56.0% of patients, including 27 (45.0%) in group 1, 19 (47.5%) in group 2, low hemoglobin, 35 (58.3%) leukocytes in group 1, 26 in group 2 (65.0%), in a total of 61 (61.0%) cases $18.3 \pm 1.4 * 10^9 / l$. in terms of volume, the ESR was 61 (61.0%), of which 31 (51.6%) in group 1 and 30 (75.0%) in group 2 ranged from $24.8 \pm 2.8 \text{ mm} / \text{s}$. In both cases, 46.0% in group 1 and 49.0% in group 2, the tuberculosis process was characterized by signs of poisoning, deterioration of clinical laboratory and radiographic findings. In 10.0% of patients with tuberculosis, surgery was performed on the spine affected by tuberculosis in the neck, 27.0% of the chest, 40.0% of the lumbar and 23.0% of the lumbar spine, ie on the basis of an orthopedic regimen for up to one month (Table) №1).

Table 1.**Complications of spinal tuberculosis**

Group	Anterior, lateral abscesses of the spine		Spinal dysfunction	Instability in the spinal segment
	One-sided	Two-sided		
1	48 (80,0%)	51 (85,0%)	39(65,0%)	41(68,3%)
2	29 (72,5%)	30(75,0%)	33(82,5%)	35(87,5%)
Total	77 (77,0%)	81(81,0%)	72 (72,0%)	76(76,0%)

Complaints on clinical examination in group 1 patients include pain in the epigastric region of the gastrointestinal tract, strong and marked pain, burning in the stomach, discomfort in the stomach after a meal, feeling of fullness in the stomach, less pain in the epigastric region, feeling of fullness in the stomach after a meal, functional abdominal pain after defecation, recurrent pain during the day and recurrent throughout the day. It is known that since all functions of the gastrointestinal tract are closely related to motor-motor function, motor-motor function in patients is divided into two types: - starvation peristalsis and digestive peristalsis, ie the state of food mass after entering the gastrointestinal tract. The motor-motor function of the gastrointestinal tract was studied in a real-time mode by the F.Tympner method on a 3.5-5 MHz linear sensor ultrasound machine Interskan-250 (Germany).

The norm of motor-motor function of the gastrointestinal tract was determined at $8.0 \leq T / 2 \leq 21.5$ relative to fluid. The significance of the half-life in the case of slowing gastrointestinal motor-motor function is 30 ± 10.2 minutes, accelerated motor-motor function - 6.2 ± 1.8 minutes, motor-movement function - 12.1 ± 8.9 min rated. The severity of neurological complications is based on the conclusion of a neuropathologist, Frankel H.L. and co-authors., 1969y., and extended Mushkin A.Yu. and co-authors., 1989, rated at 5 levels.

Diagnosis of gastrointestinal motor dysfunction in patients with complicated tuberculosis spondylitis and risk factors for motor and motor dysfunction in patients with spinal cord dysfunction in the preoperative and postoperative period, depending on the location of the tuberculosis process in the tuberculosis-affected spinal segment.

Based on the purpose and function of the study, functional anamnestic and clinical course of the gastrointestinal system in patients with complicated spinal tuberculosis in the preoperative and postoperative period was assessed in 4 rounds (Table №2). The first type (mild) is abdominal pain (range of 2-8 points), long-lasting (rapid recurrent or persistent), persistent (blunt, simmering), diffuse (without clear boundaries), not localized in the last 6 months. The main criterion for this option is that abdominal pain has long been observed in patients. The second option (less developed) is less pain observed in the abdomen (between 6 and 8 points), periodic in nature, with no clear boundaries and diffuse. The third type (advanced) - strong (range of 9 - 13 points), the first appearing periodic in nature, occupying several areas of the anterior wall of the abdomen, not widespread. The fourth type (strongly developed) abdominal pain syndrome (14 - 17 point range) is observed in the first emerging aggressive appearance, diffuse, abdominal asymmetry.

Table 2.

Types of functional disorders in patients with OIT

Group	Types of OIT functional disorders			
	1- type	2- type	3- type	4- type
1- group	12 (20,0%)	8 (13,3%)	13 (21,6%)	13(21,6%)
2- group	10 (25,0%)	13(32,5%)	12(30,0%)	11 (27,5%)
total, %	22 (22,0%)	21(21,0%)	19(19,0%)	30(30,0%)

Clinical radiological examination revealed 66.0% of patients in both groups in the active stage of spinal tuberculosis, 34.0% in active torpedoes and in 3 (6.0%) patients in the same category with pulmonary tuberculosis, inactive. Clinically, tuberculosis of the spine in the active phase began with an acute onset of the disease, an increase in body temperature to 37.0-38.0 C, general weakness, loss of appetite and a significant decrease in body weight. It was noted that in patients with active torpedo spinal tuberculosis, the general symptoms of tuberculosis poisoning are less developed. In the EFGDS Olympus (Japan) study in group 2 patients, the disease was detected in 17 (42.5%) patients. In patients with chronic gastritis 5 (12.5%), ulcer disease 2 (5.0%), gastric atrophy 4 (10.0%), gastric hyperplasia 6 (15.0%) were detected. In the treatment of diseases diagnosed in

patients, broad-spectrum antibacterial, antacid and proton pump inhibitors were prescribed after consultation with a gastroenterologist.

All data were statistically analyzed based on the Student's t-test. Pharmacological drugs prokinetics in order to increase the propulsive activity of the gastrointestinal tract and normalize the bite in the hollow organ under various exposures in the digestive system: domperidone 10 mg, procerin 0.05% - 1.0 m / o, metoclopramide 10 mg 2.0 m / o, which directly stimulates the release of acetylcholine and has a central and peripheral antidopaminergic effect.

CONCLUSIONS AND DISCUSSION

It is known that regenerative, energy-consuming nutrients enter the gastrointestinal tract, and the stages of digestion, absorption and utilization are provided by the motor-motor function of the gastrointestinal tract. In patients with spinal tuberculosis is associated not only with functional disorders of the gastrointestinal tract, but also with temporary dysfunction, dysfunction of the liver, biliary tract and pancreas. The condition is important, as well as the functional status of the internal organs, including the functional status of the gastrointestinal tract. No significant difference in peripheral blood analysis was observed in both groups of patients.

The values of alanine aminotransferase and aspartate aminotransferase in group 1 were (0.97 ± 0.02) and (0.69 ± 0.03) $\mu\text{mol} / \text{l}$, in group 2 (0.58 ± 0.03) and $(0.38 \pm 0, 02)$ mkmol / l , Formed. Anti-tuberculosis drugs were administered based on the basic rules, based on the susceptibility of tuberculosis mycobacteria. Patients examined in the complex treatment of the underlying disease received complex treatment procedures in an strictly orthopedic regimen. Tuberculosis isoniazid 10 mg / kg (600 mg per day), rifampicin 8-12 mg / kg (600 mg per day), ethambutol 15–25 mg / kg, pyrazinamide 15-25 mg / kg, tuberculosis mycobacteria sensitivity was determined based on 3 to 6 months of antipsychotic drug sensitivity. Based on patients, stol 5 tables were ordered.

In both groups of patients, the prevalence of inflammatory processes in the spine, anterior and lateral spinal abscesses, accompanied by various degrees of neurological complications, 12.0% in group 1, 9.0% in group 2 due to allergic reactions to antibacterial drugs, isoniazid 10% -5 , 0 + Vit V6-5% -2.0 administers №30 intravenously and rifampicin 450 mg + glucose 5% -250.0 intravenously. However, in this category of patients, side effects when taking antibacterial drugs against tuberculosis were observed by 6.0% more than in group 2. Despite the complex treatment interventions, 24% of cases in group 1 and 31% in group 2 had worsening neurological complications, so early diagnosis of the underlying disease was considered an indication for surgery.

In both groups of patients, a reconstructive type of spinal cord injury was performed. In the postoperative period in group 1, functional complaints of the gastrointestinal tract improved clinically, pain in the epigastric region decreased by 36.5%, severe pain and burning sensation in the gastrointestinal tract were not observed, and a significant decrease in pain sensation was observed by 49.0%. no feeling of fullness was observed. Few pains in the epigastric area and a feeling of fullness in the stomach area after a meal were not noted. Abdominal pain decreased by 51.0% after functional stools, and no recurrent pain was observed during the day and in one day. Within 2-3 months after surgery, 46 (65.5 ± 1.7) of the 1st group had a decrease in the activity of the spinal cord, 76 (88.5 ± 2.5) of the patients of both groups had tuberculosis. In the segment, local pain disappeared in 91 (92.7 ± 0.7) patients. X-ray obscure abscess shadows were observed in unilateral 44 (84.0 ± 0.7) cases, bilateral abscesses in 97 (98.2 ± 0.3) cases, loss of tuberculosis activity in the spine in 76 (82.3 ± 1.0) cases. On the sixth postoperative day, 1 patient with confirmed pulmonary tuberculosis showed worsening of blood circulation in the coronary posterior wall of the spine, and during the 1st month, serous pleurisy was observed on the operated side of the chest, 2 of them had changes in liver enzymes (increased transaminase) and allergic dermatitis. X-ray spinal abscess was preserved in 3 patients, of which 1 patient developed a body temperature of 37.0-37.5 C for 2 months, and 2 developed toxic hepatitis. Detected changes in the patients' cardiovascular system, lungs, and liver were terminated with targeted pathogenetic treatments. Thus, functional disorders of the gastrointestinal tract complicate the clinical course of complicated spinal tuberculosis and reduce the severity of complex treatment. As a result of complex treatment of functional disorders of the gastrointestinal tract in patients with tuberculosis increases the effectiveness of etiological and surgical treatment, improves the general condition of patients, early disappearance of tuberculosis, stabilization of the tuberculosis process.

CONCLUSIONS

1. Functional disorders of the gastrointestinal tract in spinal tuberculosis aggravate the clinical course of the underlying disease.
2. Impaired motor function of the gastrointestinal tract in spinal tuberculosis complicates the complex treatment of the underlying disease.

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