Multi-existing complications of gastric ulcer and duodenum

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Annotation: this article is written about the complications of gastric ulcer and duodenum.

Key words: perforation, malignancy, infusion-transfusion program, mucus-bicarbonate barrier.

Complications of peptic ulcer can be divided into two groups: 1) arising suddenly and directly threatening the life of the patient (bleeding, perforation); 2) developing gradually and having a chronic course (penetration, stenosis of the pylorus and duodenum, malignancy).

Acute gastrointestinal bleeding still remains a complex and largely unresolved medical problem. Mortality in them, despite modern achievements in surgery, anesthesiology and resuscitation, transfusiology and clinical endoscopy, unfortunately, remains high, reaching 13% during surgical treatment. Mortality is especially high among people older than 60 years (up to 40%). Bleeding as the cause of death in peptic ulcer is in the first place. Ulcerative bleeding can occur both from a chronic, many years existing gastric ulcer, and from an acutely developed ulcer. Abundant, profuse bleeding often occurs from callous, penetrating ulcers along the lesser curvature of the stomach, where large branches of the left gastric artery are located, or from duodenal ulcers located on the posterior and medial walls of the intestine. One of the main causes of high mortality in gastrointestinal bleeding is late hospitalization. No less important reasons are errors made in diagnosing the source of bleeding, an inadequate infusion-transfusion program, an incorrectly chosen amount of surgical assistance, technical errors made during surgery, shortcomings in the postoperative period, late and insufficiently vigorous treatment of complications. In addition, there is an increase in

the number of elderly and senile patients with background dysfunctions of organs and systems in varying degrees of compensation, who have reduced resistance to acute blood loss and surgical trauma. Finally, in some cases, the type of surgical intervention is chosen not depending on the cause and severity of bleeding, but in accordance with the surgeon's personal attachments, which are often based on a small number of observations and are not always justified in this situation.

Classification of indications for surgical treatment of gastric ulcer and duodenal ulcer

Absolute:

- perforation;
- malignancy;
- pyloric stenosis.

Conditionally absolute:

- penetration;
- bleeding.

Relative:

- in the absence of the effect of conservative treatment of gastric ulcer for 1 year, duodenal ulcer - 3 years.

Bleeding from erosions (erosive gastritis) and stress ulcers can be threatening. Erosions, which are small superficial multiple defects of the mucous membrane with a size of 2-3 mm, are located mainly in the proximal stomach. The appearance of erosions and stress ulcers is preceded by severe mechanical trauma, extensive burns, shock, hypoxia, severe surgical trauma, exogenous and endogenous intoxication. The main cause of erosive gastritis is mucosal hypoxia, caused by impaired microcirculation, increased capillary permeability and ischemia of the stomach wall. The mucous membrane is edematous, usually covered with multiple petechiae and hemorrhages, Against the background of a weakening of the protective mucous-bicarbonate barrier, damage to the mucous membrane occurs with hydrochloric acid and pepsin. An

important role in the violation of microcirculation and damage to the mucous membrane is played by the reverse diffusion of hydrogen ions.

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