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DYNAMICS OF THE STRUCTURE OF GASTROENTEROLOGICAL MORBIDITY IN PATIENTS OF DISPENSARY GROUPS OF 20- YEAR OBSERVATION

ABSTRACT

The dynamics of the structure of gastroenterological morbidity is analyzed on the example of 134 patients p. Vilyuchan of the Suntarsky district, who were under clinical observation for 20 years since 1980 and were subjected to repeated examinations (in 1990, 1997 and in 2001).

Keywords: Disease, digestive organs, structure of morbidity, dispensary groups, dynamics.

MATERIALS AND METHODS

Prophylactic medical examination in 1980 passed 422 people (171 men and 251 women), with a total adult population of 495 people, or 85.25% of the population. According to the size of the population p. Vilyuchan, by the time of the second inspection in 1990, out of the first examined, 189 people had left, 135 out of them in connection with the departure and 54 due to death. In 1990, with an adult population of 484 people, 77.3% were examined and 233 people were examined again. More than half of the contingent was people in Age from 18 to 40 years. Individuals aged 60 years and over were 17.6%.

In 2001, 69.19% of the 422 adults surveyed for the out-of-hospital population were examined, including 134 patients registered on dispensary since 1980. According to the data received, in 1980, 76 people were practically healthy (18% of those surveyed), in 1990 - 14 (3.7%), of the 134 people in 2001, only 6 people were practically healthy (4, 48%).

RESULTS AND DISCUSSION

General incidence of adult population p. Vilyuchan of the Suntar region is characterized by high indicators both in 1980 and 1990 and has a tendency to increase in subsequent years.

In the structure of the general incidence of digestive diseases, the leading place is occupied by the leading one. In 2nd place are diseases of the blood circulation system, in 3rd place - in 1980 and 1990 diseases of the respiratory system.

In 2001, the third place went to diseases of the genito-urinary organs (Fig. 1). At the 4-th place in the structure of the general incidence of the adult population - diseases of the musculoskeletal system and connective tissue.

In the dynamics of medical examination for 1980-1990-2001, the growth rates of the incidence of the population is observed in many classes of diseases: the circulatory system, digestive system, musculoskeletal system and connective tissue, nervous system, urogenital

organs due to urolithiasis and uric acid Diathesis. Especially it should be noted the growth of helminthiasis.

Those who were practically healthy during the preventive examination were 180.1 ‰ in 1980, 37.7 ‰ in 1990, 20.54 ‰ in 2001

Analysis of gastroenterological morbidity in the population p. Vilyuchan, according to the data of preventive examinations conducted in 1980-1990-2001, shows a high prevalence of diseases of the digestive organs and their non-growth in dynamics.

The most common diseases of the stomach and duodenum, although in recent years, their decrease in morbidity and specific gravity (Fig. 2).

At the same time there was a statistically significant increase in the diseases of the hepatobiliary system and pancreas and their sharp growth by 2001. It is alarming the sharp growth of calculous and calculous cholecystitis in 1990 with a 4-fold increase in the number of patients with postcholecystectomy syndrome in 2001 and giardiasis cholecystitis. The prevalence of colon diseases continues to be high in 2001, but the highest incidence rates of colon diseases, exceeding the 1980 data by 5.7 times, were noted in 1990 (Fig. 3).

In p. Vilyuchan in the course of 20 years, was followed by 134 people undergoing medical check-up, both in 1990 and in 2001, of which 103 were examined in 1997.

44 patients out of 103 gastroenterological patients, examined in 1997, in 1980 were practically healthy, 11 of which were in those years in childhood and adolescence. By age - these are people who by 2001 have become older (compared to 1980) for 20 years.

In the structure of morbidity the pathology of the digestive organs predominates with a consistent increase in indices. Invariably the 2nd place is occupied by diseases of the circulatory system. At the same time, the number of diseases of the circulatory system has increased.

Of particular note is the sharp increase in diseases of the genitourinary system (urine-stone disease and urine acid diathesis), the musculoskeletal system and connective tissue (osteocondrosis), the nervous system (posttraumatic and discirculatory encephalopathy). Among gastroenterological patients, 9 people suffered from obesity. Attention is drawn to the subsequent growth of cases of tuberculosis of respiratory organs, as well as gynecological diseases, mainly

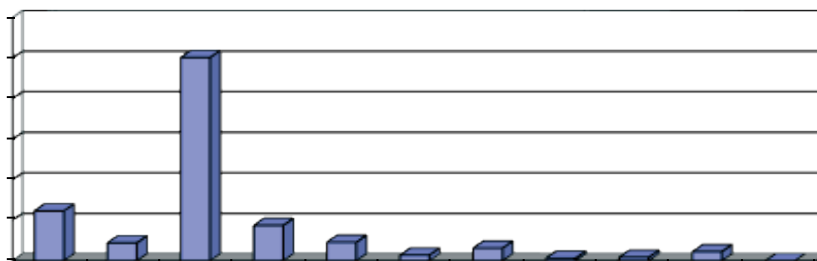


Fig. 1. Morbidity of the population p. Vilyuchan of the Suntarsky district according to the data of the medical check-up of 2001.

1 - diseases of the circulatory system; 2 - diseases of the respiratory system; 3 - diseases of the digestive system; 4- diseases of the urino-genital organs; 5 - diseases of the musculoskeletal system and connective tissue; 6 - diseases of the endocrine system; 7 - diseases of blood and blood-forming organs (anemia); 8 - diseases of the nervous system; 9 - tuberculosis of the respiratory system; 10 - gynecological diseases; 11 - other.

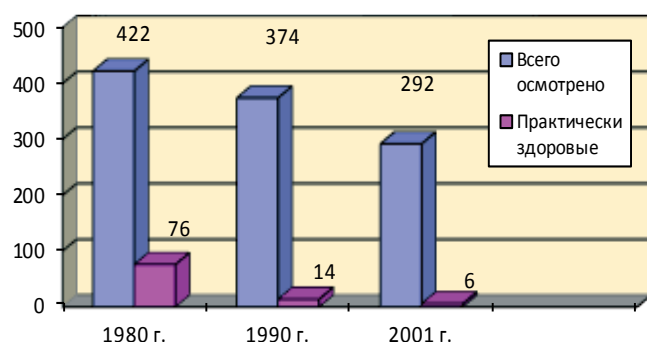


Fig. 2. The contingent of practically healthy according to the data of professional examinations in dynamics.

Those who were practically healthy during the preventive examination were 180.1 ‰ in 1980, 37.7 ‰ in 1990, 20.54 ‰ in 2001

due to uterine myoma. In the described period, there was an increase in the incidence of diseases of food-digestive organs (Fig. 4).

The highest rates of growth in morbidity rates are characteristic for diseases of the hepatobiliary system, pancreas and intestine, mainly due to colonopathy. At the last dispensary examination in 2001, 68 patients from 103 patients of the previous examination of 1997 passed a gastroenterological examination. Among them were 28 men and 40 women. In the dynamics, the increase in the diseases of the gastrointestinal tract was revealed from 237 cases in 1997 to 293 cases in 2001, mainly in women (from 143 to 181 cases, respectively).

In the structure of gastroenterological morbidity there is a decrease in the specific gravity of diseases of the esophagus, stomach, duodenum and stomach with an increase in the diseases of the hepatobiliary system and the pancreas (Fig. 5).

At the same absolute absolute number of patients with esophageal pathology, in the compared years there was an increase in men of reflux esophagitis II and III degree of severity. A high percentage of chronic gastritis with hyposecretion and achlorhydria in recent decades can be related to the age of patients who, by the time of the last two examinations, are older by 17-20 years.

The pattern of changes in the gastric mucosa, confirmed by morpho-endoscopic studies, was traced in 29 healthy and 40 patients with chronic gastritis, examined in dynamics at intervals of 20, 10, 7 years and 3 years. In dynamics, the growth of pathomorphological changes in the gastric mucosa as in practically healthy patients and in patients with superficial gastritis is clearly traced. Already in 1990, only one woman was found to be practically healthy, the rest of the patients,

who were healthy at the first examination, had gastric changes in the gastric mucosa. The aggravation of the degenerative de-structural changes in the gastric mucosa with a persistent decrease in the level of acid formation was noted in 28 of 40 patients with chronic gastritis.

T h e

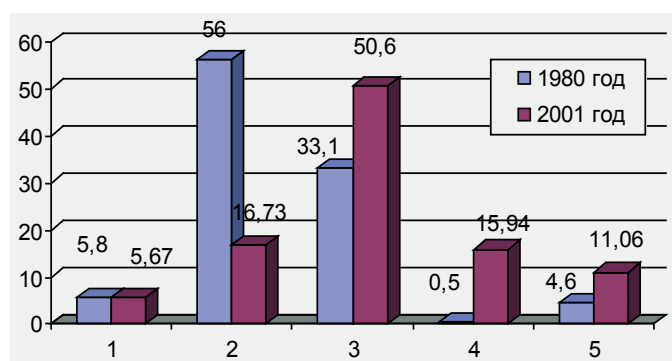


Fig. 3. Gastroenterological morbidity of the population p. Vilyuchany 1 - diseases of the esophagus; 2 - diseases of the stomach and duodenum; 3 - diseases of the hepatobiliary system; 4 - pancreas diseases (pancreatitis); 5- Bowel disease.

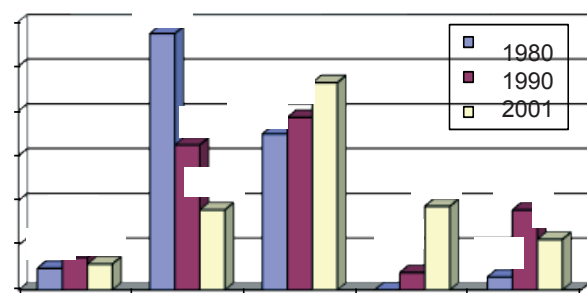
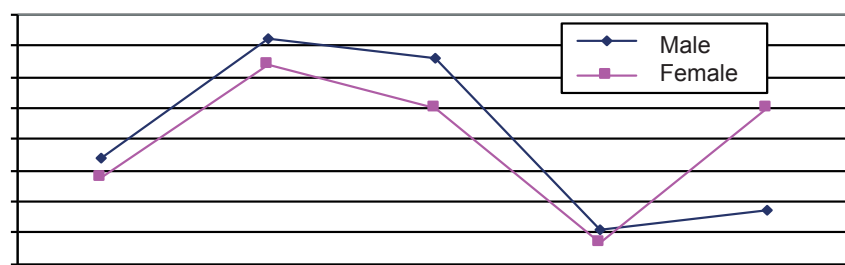


Fig. 4. Structure of gastroenterological morbidity in dynamics 1 - diseases of the esophagus; 2- diseases of the stomach and duodenum; 3- diseases of the hepatobiliary system; 4 diseases of the pancreas; 5 - bowel diseases.

times, indicates the involvement of the esophagogastroduodenoscopy, carried out from 1980 to 2001 in dynamics 4 system in the pathological process, as



2001 год

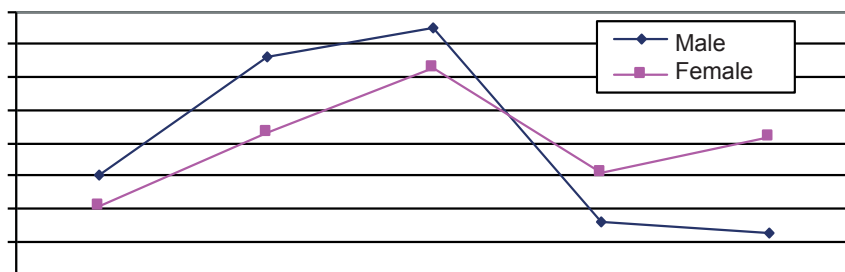


Fig. 5. Structure of gastroenterological morbidity 1 - diseases of the esophagus; 2- diseases of the stomach and duodenum; 3- diseases of the hepatobiliary system; 4 diseases of the pancreas; 5 - intestinal diseases.

well as the violation of the motor and evacuation function of the gastrointestinal tract.

Perennial endoscopic observations of practically healthy individuals and patients with various forms of chronic gastritis confirm the progression of changes in the gastric mucosa with the age of the patient and the absence of reverse development of atrophic gastritis. In patients with chronic gastritis, regardless of its clinical morphological variant, stratification of the pathology of other organs of the digestive tract aggravates the course of the underlying disease.

Among the accompanying pathology in gastroenterological patients, the leading place in 1997 was occupied by diseases of the circulatory system, exceeding the primary index by 5 times in both men and women (Table 2.4.8). Continuing to increase, the diseases of the circulatory system receded to the third place, giving way to diseases of the genitourinary organs and the musculoskeletal system. The frequency of detection of respiratory diseases in gastroenterological patients in the last decade (according to 1997 and 2001) moved to the 4-th and 6-th places. Women with age have a higher proportion of diseases of the endocrine system and anemia (Table 2.4.9).

Thus, the frequency of concomitant pathology is determined by the age and sex of the patient.

Attention is drawn to the intensive growth of osteochondrosis with the age of the patients: in men 6 times, in women 23 times. Compared with baseline data, the frequency of diseases of the musculoskeletal system exceeded in 2001 in men 10 times, in women 45 times. There is concern about the continuing increase in the incidence of urolithiasis, whose incidence in 2001 was many times higher than the primary rates. It is alarming the growth of calculous (from 0 to 20 cases) and lamblia cholecystitis (from 0 to 15 cases).

In the structure of gastroenterological morbidity, the leading role belongs to the diseases of the hepatobiliary system, pancreas and intestines. Dynamic examination with an interval of 10 years allows to assess the degree of progression of the degenerative and dystrophic processes of the gastric mucosa, the risk of transformation into more severe forms of chronic gastritis, the layering of complications of the esophagus and intestine.

The effect of various exogenous and endogenous factors on the development of chronic processes was traced in 102 patients with gastritis with a decreased secretion, examined in dynamics based

on anamnestic data analysis for 12 factors. The average age of men was 49.04 ± 0.95 years, women - 50.92 ± 1.69 years. For 10 years (1980-1990), with a preserved average growth of 154.2 ± 0.9 cm, body weight increased from 56 ± 0.01 to 58.7 ± 0.97 kg.

Hereditary complication in oncological diseases was detected in 33 patients (32.3%) with a distinct predominance of weighting along the line of the father ($19.6 \pm 3.91\%$), the hereditary maternal burden was noted in 8.82 ± 8 , 1% of patients, in the line of both parents and direct relatives - 0.98 ± 0.97 and $2.94 \pm 1.67\%$, respectively.

Of the 102 patients, most do not smoke, including those who quit smoking on the recommendation of doctors in connection with the disease ($59.8 \pm 4.85\%$), $38.24 \pm 4.81\%$ of patients are constantly smoking at least a pack a day. Absolutely do not drink alcoholic beverages $16.67 \pm 3.19\%$ of patients, rarely consuming were $54.9 \pm 4.92\%$. Alcohol consumption once a month was noted in 7.84 ± 2 . 66% of patients who regularly drink once a week - $8.82 \pm 2.81\%$, threw out drinking for various reasons was 9 people ($8.82 \pm 2.8\%$).

One of the risk factors for the disease of the digestive system is tooth decay, noted in all patients examined in the dynamics. An essential role in the development of the disease of the digestive system has alimentary factors. In this case, a special place is occupied by a disturbance of the diet ($62.75 \pm 4.7\%$), consisting of irregular feeding (with long intervals between meals, overeating in the evening). A satisfactory quality of nutrition was noted in $92.16 \pm 2.66\%$ of patients, good - in $6.86 \pm 2.5\%$, unsatisfactory nutrition was established in one. In the daily diet, meat of this group is dominated by meat ($79.41 \pm 4.0\%$), milk and dairy products ($82.35 \pm 3.77\%$), bread and flour products ($90.2 \pm 2.94\%$). The presence of fish in the grocery set is noted in $33.3 \pm 6.6\%$ of patients. Fresh vegetables in nutrition are seasonal in nature and their regular intake during the survey was detected in $8.82 \pm 2.85\%$ of patients. It should be noted a certain tendency to abuse sweets and fatty foods (8.82 ± 2.81 and $17.64 \pm 3.77\%$, respectively).

Conjugation of diseases of the digestive system with the blood group is shown in 46 patients with chronic gastritis with a decreased secretion. Among the surveyed, the largest percentage were people with A (II) blood group (41.3%). Patients with O (I) and B (III) had 11 blood groups (23.9%), and A (IV) blood group was detected in 5 patients (10.9%).

The average age of patients with

chronic gastritis with a decreased secretion corresponded to 50 years, which, perhaps, can be attributed to factors of cancer risk in connection with the hormonal changes and metabolic changes typical for this age period.

Based on the generalization of data, the above exogenous and endogenous factors should be considered as factors contributing to the emergence of the pathological process and its chronicization.

Long-term clinical and epidemiological studies conducted in the dynamics in p. Vilyuchan of the Suntarsky district of the Republic of Sakha (Yakutia), while increasing the level of general morbidity of adults, which shows a progressive deterioration in the health of the population. The obtained data are correlated with the statistical data of the M3 PC (H). For the period 1997-2001. There was an increase in the incidence of diseases of the hepatobiliary system, mainly due to diseases of the gallbladder and bile ducts. There is a tendency to rejuvenate cholelithiasis. It is connected, as it seems to us, not only with the improvement of diagnostics, but above all the true quantitative growth of the disease. Among the reasons that lead to the growth of gastrointestinal diseases, it is necessary to identify metabolic disorders, hypodynamia, lifestyle changes associated with social and economic transformation.

Hypomotor dyskinesia of the bile ducts, which predominate among the indigenous population, regardless of their age, lead to the development of secondary inflammatory processes in the gallbladder. The growth of helminthiasis and diseases of the gallbladder parasitic etiology is of particular concern.

Endoscopic studies with morphological verification, conducted in dynamics in practically healthy people and in patients with chronic gastritis, confirm the progression of pathomorphological changes in the gastric mucosa with the age of the patient, which must be taken into account when developing therapeutic and prophylactic measures.

Analysis of the acid-forming function of the gastric mucosa, carried out in dynamics on the same patients, shows the presence of interrelations of the secretory function of the stomach with the change in the state of the gastric mucosa with the age of patients.

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RESULTS OF NEONATAL SCREENING ON ADRENOGENITAL SYNDROME IN CHILDREN IN THE RS (YA) FOR 10 YEARS

ABSTRACT

The results of neonatal screening in the Republic of Sakha (Yakutia) (RS (Y)) and the endocrinology department of the Pediatric Center RB-1-NTSM for ten years on congenital dysfunction of the adrenal cortex (syn. Adrenogenital syndrome) are presented in the article. Adrenogenital syndrome is a group of diseases with an autosomal recessive type of inheritance, which is based on a defect of one of the enzymes or transport proteins involved in the biosynthesis of cortisol in the adrenal cortex. Neonatal screening for adrenogenital syndrome is an effective method of early diagnosis and treatment of a disease that can prevent the development of disabling complications and death. Coverage of newborns with neonatal screening in the RS (Y) annually increases. With timely treatment of adrenogenital syndrome, the rates of physical development and puberty of the child are approaching the norm. The prevalence of adrenogenital syndrome in the RS (Y) is lower than in the Russian Federation and its regions: in the Ural Federal District, in the Siberian Federal District. The most frequent occurrence of adrenogenital syndrome is observed in Alaska residents, the lowest in China. All patients have a lossy form of the disease. Analysis of patients identified by neonatal screening did not determine significant differences in gender, place of residence. In girls, the diagnosis was made immediately after birth due to the presence of virile syndrome. A case of an incorrect determination of the sex in a girl at birth was described on the patient's medical chart and was diagnosed with hypospadias. Substitution therapy for the majority was started up to 21 days. All patients receive replacement therapy with glucocorticoids and mineralocorticoids (Cortef, Cortineff) from the time of diagnosis in an individual dosage, depending on age. Acceleration of bone age is observed only in one child, in three, a decrease in the rate of growth and a lack of body weight. The organization of neonatal screening for adrenogenital syndrome in the RS (Y) allowed achieving a high percentage of the survey of newborns, reduction of the period of examination and early initiation of substitution therapy, prevention of disability of patients.

Keywords: congenital adrenal cortex dysfunction, neonatal screening, newborn, frequency.

INTRODUCTION

Congenital adrenal cortex dysfunction (ADHD, adrenogenital syndrome (AGS), congenital adrenal hyperplasia) is a group of diseases with an autosomal recessive type of inheritance, which is based on a defect of one of the enzymes or transport proteins that participate in the biosynthesis of cortisol in the adrenal cortex [2].

For the first time the disease was described by Phillips in 1886 as pseudohermaphroditism in a girl at the age of 19 days. In 1924 O.V. Vereshchinsky for the first time in the domestic literature cited information on 12 cases of adrenal-sexual syndrome. In the years 1950-1952. F.C. Bartter, F. Albright, A. Leaf, E. Dempsey, E. Carroll, L. Wilkins deciphered the essence of this disease, the biosynthesis of hydrocortisone. VDKN is the most common pathology of the adrenal glands in children (1 case per 5000 born).

Neonatal screening contributes to the early diagnosis of ACS, especially in boys before the development of clinical symptoms, to the early onset of substitution therapy and the safe social adaptation of children. Coverage of

newborns with neonatal screening in the RS (Y) annually increases. With timely treatment of adrenogenital syndrome, the rates of physical development and puberty of the child are approaching the norm.

All patients have a lossy form of the disease. Analysis of patients identified by neonatal screening did not determine significant differences in gender, place of residence. In girls, the diagnosis was made immediately after birth due to the presence of virile syndrome. A case of an incorrect determination of the sex in a girl at birth was described on the patient's medical chart and was diagnosed with hypospadias. Substitution therapy for the majority was started up to 21 days. All patients receive replacement therapy with glucocorticoids and mineralocorticoids (Cortef, Cortineff) from the time of diagnosis in an individual dosage, depending on age. Acceleration of bone age is observed only in one child, in three, a decrease in the rate of growth and a lack of body weight.

MATERIALS AND METHODS

The order of the Ministry of Health of the Republic of Sakha (Yakutia) of March 20, 2006 was issued to organize

screening, introduce new methods, organize diagnostic and therapeutic care. 01-8 / 4-134a «On the progress of the activities of the section of the national project» Health «on the examination of newborn children for hereditary diseases.» The Order of the Republic of Belarus No. 1-NCM dated August 31, 2006. №01-0108 / 91 «About rendering medical aid to children with cystic fibrosis, adrenogenital syndrome, galactosemia, phenylketonuria and congenital hypothyroidism, revealed by neonatal screening» [5]. The screening procedure includes blood sampling in full-term newborns on day 4 of life, in preterm patients on day 7 and determination of 17-hydroxyprogesterone (17-ONP) levels in samples using special screening kits. The level of 17-SNP in blood samples is determined by the immunofluorescence method (test kits «Delfia 17- α -OH Progesteron», Finland, and «17- α -OH- Progesterone-Immunoskrin», Russia). The following provisions are taken into account when interpreting the indicators of 17-SNP: - the level of 17-SNP for full-term children (the gestation period is more than 37 weeks, the body weight is more than 2000 gr.) Normally up to 30