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ASSESSMENT OF THE GASTROINTESTINAL TRACT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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ABSTRACT

To study the frequency of occurrence of lesions of the gastroduodenal zone in patients with rheumatoid arthritis at the onset (before taking NSAID) and in patients with a rheumatic history. The study involved 104 patients with an established rheumatological diagnosis, treated in the rheumatology department of the III TMA clinic. The patients were divided into 2 groups: group 1 - 80 patients with a rheumatic history of 1 to 5 years and 5 to 10 years or more; Group 2 - 24 patients with a newly diagnosed RA. The state of the gastroduodenal zone (GDZ) was assessed. The results of the study show that lesions of the gastrointestinal tract at the onset of RA are characterized by the severity of subjective clinical signs with a scarcity of the endoscopic picture, and against the background of taking NSAIDs, on the contrary, it is characterized by scanty subjective clinical signs with the severity of the endoscopic picture of lesions of the gastroduodenal zone.

KEYWORDS: Rheumatoid arthritis, gastric ulcer, gastritis, NSAID, GCS.

INTRODUCTION

Rheumatoid arthritis (RA) is a progressive autoimmune disease characterized by a steady progressive course with the development of chronic erosive arthritis (synovitis) and leading to early disability and premature mortality.[1,2] The main problem of patients with RA is that causes the need for long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs), which have a pronounced analgesic effect.

According to the literature, more than 30 million people take NSAIDs every day,[9] the use of which is associated with a number of side effects, primarily from the gastrointestinal tract (GIT).[3,6] In general, endoscopic signs of lesions of the upper gastrointestinal mucosa of varying severity, ranging from swelling and hyperemia to the formation of petechial, erosions and ulcers are detected in 30-50% of patients who taking NSAIDs,[2,5,7] At the same time, in most cases, patients do not have any complaints.

In this research, in terms of a prospective study, we aimed to study the state of the gastrointestinal tract in the onset of RA before taking NSAIDs and in patients with rheumatic history.

MATERIAL AND METHODS

We studied 104 patients with established rheumatologically diagnosis treated in the rheumatology department of the III clinic of TMA. They were divided into 2 groups: 1st -group - 80 patients with a rheumatic history lasting from 1 to 5 years; 2st group - 24 patients with first-time diagnosis of RA. The first study group consisted of 80 patients, including 52 (64.4%) women (aged 20 to 46 years) and 28 (35.6%) men (aged 28 to 53 years). The second group of 24 patients consisted of 19 (79.8%) women (aged 18 to 36 years) and 5 (20.2%) men (aged 20 to 32 years). The scope of the study of patients included anamnesis, complaints, generally accepted clinical and laboratory studies, endoscopic examination (using the "Olympus" device) of the stomach and duodenum. The digital material was processed by the method of variation statistics.

RESULTS AND DISCUSSION

The conducted studies showed that 9 subjects from the first group had a history of peptic ulcer disease of duodenal ulcer, 58 patients were diagnosed with gastritis, 44 (55%) people noted stool disorders of varying degrees, and flatulence for a long time. However, only 16 (19.6%) patients are associated with the use of NSAIDs with the presence of their diseases from the gastrointestinal tract. 20 (25%) patients from this group report the presence of diseases from the gastrointestinal tract even before the establishment of a rheumatologically diagnosis. Only 16 (21.6%) people know about the negative effects of NSAIDs on the gastrointestinal tract. At the time of the survey, complaints from the gastrointestinal tract were noted by 62% of respondents. The most frequent complaints were symptoms of gastroesophageal reflux-heartburn (31%), a feeling of heaviness in the epigastric region (34%) and

bloating (41%-flatulence, rumbling in the abdomen, etc.). At the same time, the presence of constipation in 33% of patients, diarrhea - in 14% is noteworthy. Consequently, 47% of the subjects of group 1 had a violation of the stool.

Endoscopic studies showed the presence of gastritis in 16 (20.1%) patients, gastroduodenitis in 7 (9.8%), erosive gastroduodenitis with combined reflux esophagitis in 12 (14.9%), the presence of erosive esophagitis with gastroduodenitis combined DGBR was observed in 8 (10.3%) subjects with a long history of the disease. Axial hiatal hernia and reflux esophagitis were found in 4 (4.6%) patients, and acute gastric ulcers and duodenal ulcer in combination with erosive esophagitis in 9 (10.8%) patients. At the same time, it should be noted that in half of the patients with endoscopically established duodenal ulcer with erosive esophagitis, clinical manifestations were characterized only by severity in the epigastric region after eating, despite the presence of pain during palpation in the projection of duodenal. Therefore, despite the presence of a "clear" lesion of the gastroduodenal zone, patients have virtually no subjective sensations of this process, which may be associated with the analgesic and anti-inflammatory effect of NSAIDs (diagram 1).

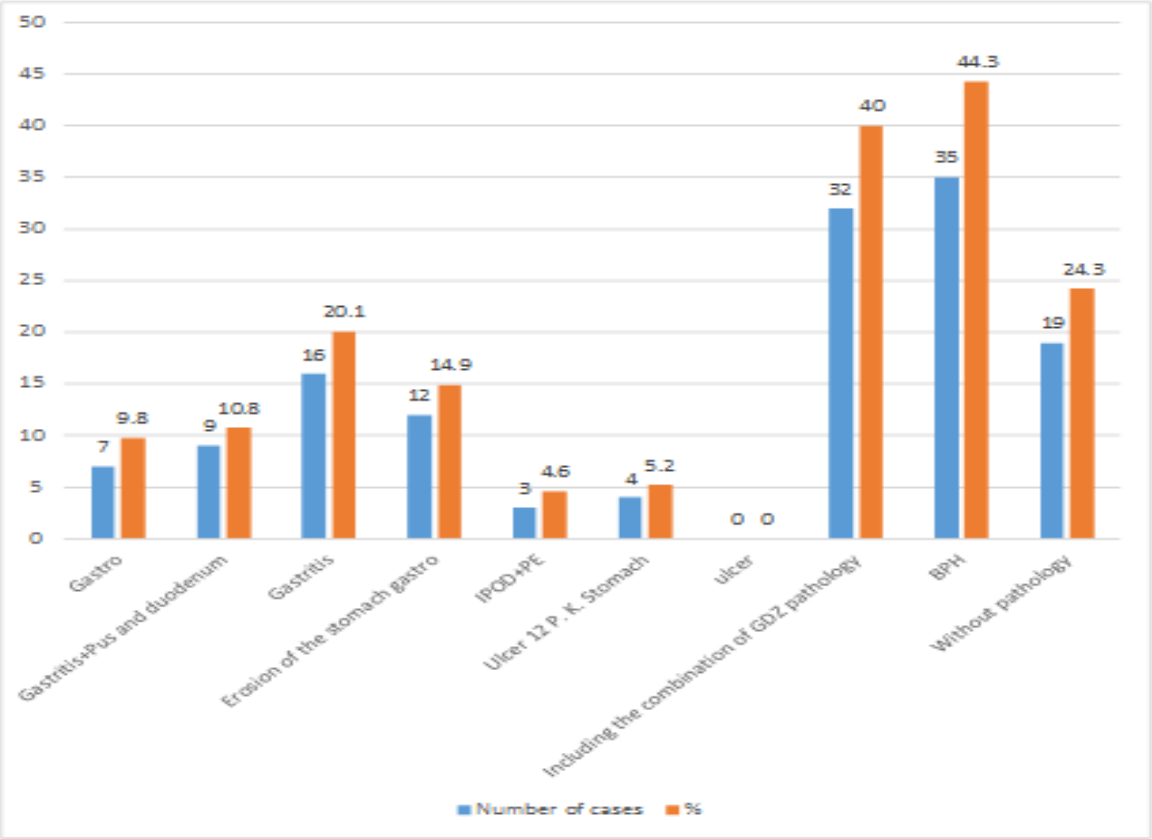

Diagram 1: Frequency of occurrence of certain types of endoscopically established NSAID gastropathies in RA patients in prospective studies.

Indeed, in patients treated with a combination of diclofenac and glucocorticosteroids, the presence of combined pathology of the gastroduodenal zone (GDZ) was noted: in 32 (40%) patients, endoscopic studies revealed the presence of pathology of the esophagus, stomach and duodenum. The presence of reflux esophagitis, chronic gastritis with acute, complete and incomplete chronic erosions, mainly in the antral part of the stomach, as well as changes in the DPC in the form of erosive bulbitis, duodenitis and duodenogastric bile reflux was established.

In general, we found the presence of DGBR in 35 (44.3%) patients of this group. Post-ulcer scars in the bulb of the duodenum were found in 4 (5.2%) patients. Only in 19 (24.3%) patients out of 80 examined in the first group, the endoscopic picture was calm without any changes at the time of examination. And 20 patients had complaints from the gastrointestinal tract, despite the absence of endoscopic signs of GDZ damage (Diagram 1).

The second group of patients with debut of RA -24 people. The survey conducted in the examined group of patients showed the presence of a history of diseases of the gastrointestinal tract in 14 (58.3%) people. Of these, 4 (28.5%) had gastritis, 2 (15.5%) had viral hepatitis in childhood, 1 (14.3%) had colitis, and 6 (39%) patients periodically had stool disorders. At the time of examination of patients, complaints from the gastrointestinal tract were noted in 70 % of respondents. At the same time, complaints from the intestines came to

the fore: - stool disorders in 44%, flatulence, transfusion and rumbling in the abdomen were detected in 25% of patients, from among patients with complaints of the gastrointestinal tract in 30.9% there was the presence of spastic or periodic cramping pains, which stopped after the act of defecation. 25% of patients complained of heartburn, heartburn was accompanied by a feeling of heaviness in the epigastric region, as well as periodic constipation.

Endoscopic studies revealed the presence of an endoscopically positive picture in 10 (42.8 %) patients. At the same time, 4 (15.4%) had gastritis, 3 (10.7%) had a picture of reflux esophagitis in combination with gastroduodenitis, as well as BPH. Erosive gastritis was combined with BPH in 3(10.7%) patients. Only in 2 (6%) patients at the time of examination, the presence of a post-ulcer scar in the bulb of the duodenum was determined. In general, the endoscopic picture of the esophagus, stomach and duodenum at the time of examination in 14 (57.2%) was calm without any changes. However, 26 out of 48 patients who did not have a gastroduodenal pathology as a result of endoscopic examinations had complaints from the gastrointestinal tract, which is 55% of the total number of subjects (diagram 2).

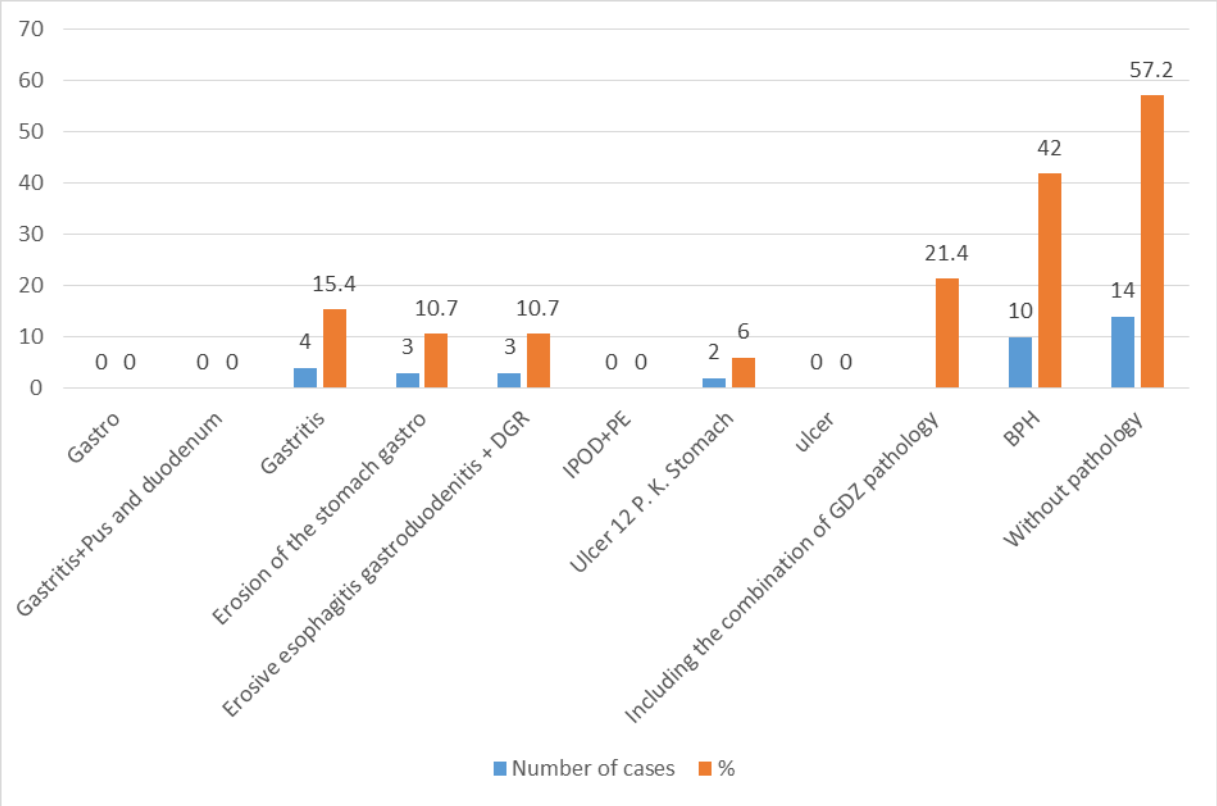

Diagram 2: Frequency of occurrence of certain types of endoscopically established NSAID gastropathies in RA patients in prospective studies.

The obtained results in a prospective study of patients in groups 1 and 2 are differ. So in patients with the first established rheumatologically diagnosis, the pathology of the gastrointestinal tract, judging by the complaints, exceeds the patients of 1st group (with a rheumatic history) and on the contrary, it is noticeably inferior in the endoscopic picture. The obtained data of a prospective study in 2nd group showed a difference in pathology at the onset of the disease and after long-term use of NSAIDs. It is especially necessary to pay attention to the presence of gastrointestinal pathology in the anamnesis and at the time of examination of patients. Based on this, it can be concluded that the pathology of the gastrointestinal tract took place before the onset of the disease, that is, before taking NSAIDs. So RA and taking NSAIDs only aggravate and bring to "condition" the pathology of the gastrointestinal tract.

The almost equal percentage of having pathology in 2nd group suggests certain thoughts. If taking NSAIDs causes gastropathies, then in the first group of pathology GDZ should have been more, but this did not happen. Perhaps, this is due to the secondary adaptation of GDZ to NSAIDs - the phenomenon of prostaglandin gastro protection. A number of authors note that both clinical and endoscopic manifestations tend to regress with prolonged use of NSAIDs due to adaptive mechanisms aimed at leveling the persistent factor of aggression.[8, 10] There is even an opinion that the adaptation of the mucosa to NSAID intake is mediated by a compensatory increase in nitric oxide synthesis.[5]

Moreover, it should be noted that NSAIDs could have damaging effects on other parts of the gastrointestinal tract, in particular on the small intestine. However,

despite the important functional purposes, this department of the gastrointestinal tract often remains unexplored and unexplored due to the relative "inaccessibility". Given the above, the incidence of gastrointestinal tract damage in patients with RA may be much higher.

CONCLUSIONS

1. Lesions of the gastrointestinal tract in patients with RA are due not only to the use of NSAIDs, but also due to the primary involvement in the pathological process.
2. There is a difference in the clinical and endoscopic characteristics of gastrointestinal lesions in patients with RA, depending on the use of NSAIDs.
3. Lesions of the gastrointestinal tract at the onset of RA are characterized by the severity of subjective clinical signs with a poor endoscopic picture, and against the background of NSAIDs, on the contrary, they are characterized by poor subjective clinical signs with a pronounced endoscopic picture of lesions of the gastroduodenal zone.

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