FREQUENCY OF OCCURRENCE OF LESIONS OF THE UPPER GASTROINTESTINAL TRACT IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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Relevance: Digestive diseases are one of the most common and noticeable manifestations of hemostatic, hemodynamic and immunological imbalance in people with CKD. Patients with diabetic nephropathy are at increased risk of developing upper gastrointestinal pathologies due to various factors: increased secretion of hydrochloric acid and gastrin, damage to the gastrointestinal mucosa, HP infection and changes in blood coagulation.

Objective: To assess the incidence of pathologies of the upper gastrointestinal tract in patients with CKD 3a against the background of type 2 diabetes.

Materials and methods of research: During the work, two groups of patients were studied; the first group consisted of 55 patients with CKD 3a + type 2 diabetes. Group 2 consisted of 47 patients with CKD 3a without diabetes. The average age of the patients was 65±4.7, the average GFR was 58±0.9 ml/min 72m2.

According to the study results: Among patients with CKD 3a+DM, the most common pathologies of the upper gastrointestinal tract were: reflux esophagitis (60.0%), superficial gastritis (73.3%) and atrophic gastritis (53.3%). The identified endoscopic findings and HP infection did not have a significant relationship with gender, age and the presence of diabetes. The presence of erosive gastritis among patients without diabetes had a significant relationship with the duration of CKD 3a (p=0.05).

Conclusion: Gastrointestinal symptoms greatly impact quality of life, and complications such as recurrent ulcer bleeding and gastric cancer can be fatal. Patients with CKD require an interdisciplinary approach from nephrologists, gastroenterologists, nutritionists and other specialists.

Literature:

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