CHRONIC ABDOMINAL ISCHEMIC SYNDROME

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Annotation: *The symptom complex that occurs with chronic occlusive lesions of the visceral branches of the abdominal aorta is given in the literature under various names. The term "angina pectoris" is the most common and accepted by most people. The disease has three symptoms: the appearance of anginal pain in the abdomen at the peak of the digestive process after eating, intestinal dysfunction, and progressive weight loss.*

Chronic abdominal ischemic syndrome is understood as a lack of blood circulation in the digestive organs due to chronic lesions of the visceral branches of the abdominal aorta and, from a clinical point of view, abdominal pain and intestinal dysfunction. It usually occurs after eating at the peak of the functional activity of the digestive organs, and in some patients progressive weight loss is observed. Chronic occlusive lesions of the visceral branches of the abdominal aorta have been studied since 1843. During this period, the German pathologist Tademann, while dissecting a corpse, discovered an occlusion in the trunk of the superior mesenteric artery. The introduction of X-ray contrast methods of examination into practice is considered the second stage in the study of chronic disorders of visceral blood circulation. By 1958, Mikkelson and Zaro detected stenosis of the superior mesenteric artery using angiography and for the first time diagnosed angina pectoris in a human being. The exact incidence of the disease is still unknown, which is explained by the difficulty of preoperative diagnosis.

According to pathoanatomical data, damage to the iliac artery occurs in 20-45% of cases, and damage to the superior mesenteric artery occurs in an

average of 30%. S.M. According to Kurbongaleev et al. (1974), in 134 deaths, damage to the abdominal trunk was observed in 19.4% of cases, damage to the superior mesenteric artery in 31.3%, and damage to the inferior mesenteric artery in 49.2%. Damage to the visceral arteries is also detected in angiographic examination in various ways and ranges from 4 to 54% of cases. Chronic abdominal ischemic syndrome can occur for various reasons. These reasons are divided into two main groups. Etiology and pathogenesis.

1. Intravascular - various organic stenosing diseases of the vessels: atherosclerosis, nonspecific aorto-arteritis, fibromuscular dysplasia, aneurysm of the visceral branches, various pathologies, congenital malformations.

2. Extravascular causes that cause compensation of the visceral branches: compression of the abdominal trunk by the diaphragmatic elements, ganglia and bundle of nerve fibers. Deformation of the visceral branches by periarterial fibrosis and compression by tumors of their neighboring organs. The main symptom of chronic abdominal ischemia is pain. The origin of the pain and symptom complex in chronic abdominal ischemia is as follows: tissue ischemia leads to hypoxia, metabolic changes, the development of acidosis, a large accumulation of oxidized products and histamine-like substances, which affect the nerve endings located inside the organ. Signals of tissue ischemia are manifested by pain in the area of the ischemic organ and the vegetative center. This explains the localization of pain in the epigastrium, its transmission under the right ribs, and the spread throughout the abdomen in ischemia in the basin of the superior mesenteric artery. Normally, the flow of blood from one basin to another, as well as the redistribution of blood between different branches of one trunk, ensures the supply of sufficient blood to the organs at this stage. In case of occlusion of the gastrointestinal tract, the lack of blood circulation is compensated by the flow of blood from the basin of the superior mesenteric artery. When the organs supplied with blood from the basin of the superior mesenteric artery are not involved in the digestive process, the flow of blood to

the gastrointestinal tract is sufficient. As the food morsel enters and moves into the intestines, the blood flow decreases sharply, because the intestines themselves need additional blood flow. Reduced blood flow to the splenic basin leads to ischemia of the corresponding organs, primarily the liver, since the liver is functionally active from the beginning to the end of the digestive process. In occlusive lesions of the superior mesenteric artery, ischemia most often develops in the splenic basin. Since the liver needs a sufficient amount of blood throughout the entire cycle of the digestive process, blood leakage from the splenic basins leads to its ischemia.

In occlusion of the superior mesenteric artery, the inferior mesenteric artery (foramen of Riolan) first dilates and participates in replenishing the blood flow. The splenic-mesenteric anastomosis - a somewhat shorter blood supply route - is less involved. The intensity of pain depends on the degree of ischemia of the digestive organs. In the initial stages of ischemic disorders, it is difficult to determine a certain pattern in the periodicity and intensity of the pain symptom complex. However, many patients complain of pain after eating a lot and “breaking the diet”. This forces them to switch to a more cautious diet, which temporarily relieves the condition. Soon, patients notice that the quantity of food is more important than the quality of the food when it comes to pain. Having learned this pattern, they refrain from eating a lot, trying to eat it little by little - “smeal meal syndrome”. Patients are forced to avoid food because of the excruciating pain in the abdomen when eating. A certain pattern can be observed in the onset and duration of ischemic abdominal pain. Most patients complain of pain occurring 15-20 minutes after eating. The pain lasts until the food passes through the small intestine, that is, about 2-2.5 hours. According to various authors, abdominal pain occurs in 10 to 82% of cases. The pain symptom complex is most often observed in circulatory disorders in the abdominal cavity (76.3%), less often in lesions of the superior mesenteric artery (37.4%), and only in 8.1% of cases in lesions of the inferior mesenteric artery

REFERENEC:

1. Gil-Grande LA, Rodriguez-Caabeiro F, Prieto JG et al. Randomized controlled trial of efficacy of albendazole in intraabdominal hydatid disease.

2. Katwinkel-Wladarsch S, Lascher T. Rinder H. Direct amplification and differentiation of pathogenic and non-pathogenic Entamoeba histolytica DNA from stool specimens. Am. J. Trap. Med. Hyg.

3. Knudson MM, Lim RC, Olcott EW. Morbidity and mortality following major penetrating liver injuries. Arch. Suig.