



## INDIRECT ANALYSIS OF THE RESULTS OF CONSERVATIVE AND SURGICAL METHODS OF TREATMENT OF NON-SPECIFIC ULCERATIVE COLITIS

Ruziev Axtam Ergashovich

Bukhara State Medical Institute named after Abu Ali ibn Sina,  
Bukhara, Uzbekistan

Article history:	Abstract:
<p><b>Received:</b> 26<sup>th</sup> January 2021 <b>Accepted:</b> 7<sup>th</sup> February 2021 <b>Published:</b> 27<sup>st</sup> February 2021</p>	<p>Non-specific ulcerative colitis (UC) is a chronic recurrent disease in which the inflammation is diffuse and localized superficially, specifically affects the mucous membranes of the rectum and colon, is an autoimmune disease and is often accompanied by the development of life-threatening complications [12]. The prevalence of NAC in industrially developed countries has become almost epidemic in recent decades [5; 13]. Ulcerative colitis is reported worldwide, but the highest incidence is in North America, Northern Europe, and Australia. YAK is less common in Asia, South America and Japan. Among patients with ulcerative colitis, women are 30% more likely than men. [4]. Conservative therapy for NAC has not yet had an etiological character, so its possibilities are limited [7]. Based on this, the main method of treatment of NAC is surgical. Surgical interventions in NAC are necessary for 10-20 % of patients. In the course of life, from 10 to 30 % of patients with UC are operated on, of which 65-70 % - due to the ineffectiveness of conservative therapy, 20-25 % - due to complications and 10-14 % - due to advanced colorectal cancer [8]. Uncontrolled by, the inflammatory process leads to the progression of systemic toxic reactions and the development of intestinal complications of the disease: bleeding – in 1.5-4 %, toxic dilatation and perforation – in 5-6 % [6]. In the initial stages of the disease, treatment is directed to drug therapy [11]. Traditional basic therapy does not allow us to fully solve the tasks set [3]. Over the past decades, the view of providing surgical care to patients with ulcerative colitis has undergone a significant evolutionary development [1; 9]. To date, the frequency of early postoperative complications in planned interventions reaches 10%, in emergency cases-up to 60%, and the mortality rate ranges from 12 to 50% [2; 10]. The unresolved nature of these issues makes the problem of non-specific ulcerative colitis relevant to its treatment.</p>
<p><b>Keywords:</b> NAC, drug therapy, Ulcerative colitis, conservative therapy</p>	

### 1. THE GOAL.

The aim of the study is to evaluate the results of conservative and surgical methods of treatment of NAC in a hospital setting.

### 2. MATERIALS AND METHODS.

We conducted a retrospective analysis of the results of conservative and surgical methods of treatment of patients with NAC who were in the coloproctology department of the AGMI clinic for the period from 2009 to 2020. All the patients were divided into two groups. The first group includes patients who received conservative treatment, and the second group includes patients who underwent surgery (Table 1).

**Table 1.**

**Analysis of the medical history of patients who were on inpatient treatment at the AGMI clinic with a diagnosis of NAC in the period from 2009 to 2020 (n = 987)**

Method of treatment		Number of patients	% ratio of the absolute number of patients
Conservative treatment		822	83,3
Surgical treatment	Primary operations (hemicolectomies, colectomies)	119	12,1
	Other operations (elimination of colostomy, ileostomy, cecostomy)	46	4,6
Total:		987	100

All patients who were on inpatient treatment were distributed by gender and age (Table 2). This analysis shows that the largest number of patients were of working age and with a small percentage of women predominated

**Table 2.**

**Distribution of patients by gender and age (n=987)**

Age	Number of patients		Total patients	
	men	women	absolute	%
16 – 20	77	79	156	15,8
21 – 30	121	126	247	25,0
31 – 40	104	109	213	21,6
41 – 50	40	57	97	9,8
51 – 60	37	43	80	8,1
61 – 70	90	95	185	18,7
> 70	4	5	9	1,0
Total:	473	514	987	100

Upon admission to the hospital and discharge, all patients were examined according to a single program, including clinical and endoscopic, radiological, morphological, microbiological and laboratory tests in the hospital general clinical scope. After preliminary preparation, endoscopic examinations were performed with AOHUAVLS 150-1 fibrocolonoscope(China). This method is one of the leading methods for making a diagnosis and determining the tactics of managing a patient with UC. All patients used fibrocolonoscopy and rectoromanoscopy. In 27 patients with severe UC, endoscopic examination was limited to rectoromonoscopy, due to the risk of perforation of deep ulcers of the colon. Attention was paid to the identification of symptoms of the manifestation of NAC: mucosal edema, hyperemia, lack of vascular pattern, contact bleeding, the presence of erosions, ulcers, fibrin plaque on the mucosa, as well as pseudopolypes and bleeding granulations.

In the evaluation of ulcers drew attention to their characteristics: the roundness and asterism, stellar, stellate. In severe forms, the mucosa of the colon was destroyed throughout and the surface of the intestine acquired the appearance of a large bleeding ulcer. The bottom of the ulcers was most often located in the mucous membrane, less often in the submucosal layer, in single-severe forms it penetrated into the muscle layer and serous membrane. During irrigoscopy (graphy), attention was paid to the characteristic absence of gaustras, smoothness of contours, ulceration, edema, toothiness, double contour, pseudopolyposis, rearrangement along the longitudinal type of mucosal folds, and the presence of free mucus. After emptying the colon from the suspension of barium sulphate, longitudinal and coarse transverse folds, ulcers and inflammatory polyps with the absence of gaustr are revealed. In patients with severe exacerbation of ulcerative colitis, as well as the diagnosis of possible complications, such as the detection of free gas in the abdominal cavity, the diagnosis of toxic dilatation and intestinal obstruction, a review X-ray examination of the abdominal cavity was performed.

For the selection of conservative treatment, the severity of ulcerative colitis was determined according to the adapted Truelove-Witts criteria (Table 3).

**Table 3.**

**Classification of ulcerative colitis by disease activity (adapted Truelove-Witts criteria)**

Indicators	Легкая	Moderate	Heavy
Bloody chair, day	< 4	≥ 4	≥ 6
Heart rate, beats/min	< 90	< 90	> 90
Temperature, 0C	< 37,5	< 37,8	> 37,8
Hemoglobin, g / l	> 11,5	> 10,5	< 10,5
ESR, mm / h	< 20	< 30	> 30
CRP, mg/l	Norm	<30	> 30

After the diagnosis and general condition, all patients included in the first group (n=822) received conservative treatment aimed at stopping the activity of the process, preventing relapse and progression of the disease, as well as preventing complications, which consisted mainly of the following groups of drugs: 5-aminosalicylic acid (sulfasalazine, mesalazine(5-ASA)), corticosteroids, immunosuppressors, folic acid, B vitamins, as well as symptomatic agents (antispasmodics - papaverine, drotaverine, platyphylline; loperamide; metoclopramide; vitamin K, etamzilat, traneksam) and probiotics (Linex, hilak-Forte).

The treatment was carried out on the background of diet therapy with the exception of dairy products, fresh fruits, vegetables, canned food and a balanced diet of proteins, fats, carbohydrates and vitamins. The patients' nutrition was fractional, up to 4-5 times a day, and the food was mechanically and chemically sparing.

In the severe form of NAC, all the main symptoms of the disease were constantly monitored against the background of complex treatment. If even some stabilization of intestinal symptoms was observed against the background of treatment (the frequency of stools did not increase, the hemoglobin and red blood cells did not worsen), but the signs of intoxication and metabolic disorders did not have a positive dynamics (tachycardia, leukocytosis, high ESR, and hypoalbuminemia persisted), then all of this was regarded as hormonal resistance and indicated the futility of conservative treatment. The futility of conservative treatment was an indication for surgical treatment of patients, whom we included in the second group (n=165). These patients underwent operations. There are different views on the indications of surgical treatment: some consider the indication of the absence of positive dynamics of clinical and laboratory data for no more than 2-3 weeks against the background of complex therapy. Others believe that these terms in some situations are conditional and sometimes patients need to be operated on earlier, if there is no tendency to improve, that is, an individual approach to each patient is necessary.

In our patients, the type of surgery was selected based on clinical and morphological studies, as well as the topical localization of ulcers and erosions in the areas of the colon mucosa (Table 4).

**Table 4.**

**Analysis of the medical history of patients operated on for UC in the period from 2009 to 2020 in the coloproctology department of the AGMI clinic (n = 165)**

Type of operation	Number of patients	% ratio of the absolute number of patients
Left-sided hemicolectomy	58	35,2
Right-sided hemicolectomy	5	3,0
Subtotal colectomy	37	22,4
Total colectomy	19	11,5
Other (elimination of colostomy, ileostomy, cecostomy)	46	27,9
Total patients:	165	100

**3.RESULTS AND DISCUSSION.**

Indirect analysis of conservative and surgical methods of treatment of NAC in hospital conditions shows that in 46.6% of cases, the peak of this incidence falls on the age group from 20 to 40 years, which is the most socially active. These, our data almost do not deviate from the literary data of many world authors. Although conservative therapy is the basis for the treatment of NAC, in this study it was 83.3% of cases, and surgical interventions are performed only in cases of its ineffectiveness or the development of complications in 10-20% of patients according to the world literature, in our patients this figure is 16.7 %. The data obtained indicates that, after all, with the lengthening of the chronically ongoing process aggravates the condition of patients, and as a result, in most cases, it leads to complications up to the threat to the patient's life.

In addition, for more than 10 years, the existing ulcerative colitis is often malignized into an oncological process. And this was confirmed by tests in 8 of our patients who had a history of ulcerative colitis for about 10 years or more.

All operated patients, except for other operations (elimination of colostomy, ileostomy, cecostomy), were also divided into two groups when studying the medical history: the main group included patients (n=64) who received endomesentery lymphatic therapy in the postoperative period, and the control group consisted of patients (n=55) who received only the traditional method of treatment in the postoperative period. The results of these methods of treatment in the postoperative period were also studied in the analysis process. In the postoperative period, complications were observed (Table.6), of which it was impossible to avoid due to the severe condition of the patients.

**Table No. 6.****Evaluation of the structure of intestinal complications observed in the postoperative period in the study groups**

Postoperative complications	Main group		Control group	
	Abs.	%	Abs.	%
Failure of anastomotic sutures	1	1,6	2	3,6
Early adhesive intestinal obstruction	1	1,6	1	1,8
The discharge of the stoma	0	0	1	1,8
Intestinal fistulas	0	0	1	1,8
Functional intestinal insufficiency	2	3,1	3	5,5
Abscesses of the abdominal cavity	0	0	1	1,8
Suppuration of a postoperative wound	1	1,5	2	3,6
Total:	5	7,8	11	19,9

Among the operated patients, in 2 cases, a fatal outcome was observed, the reason for this was a serious condition caused by somatic concomitant diseases of the cardiovascular system of a severe degree and against the background of a severe degree of ulcerative bleeding with cachexia.

The results of complex treatment in the postoperative period with the use of endomesenteric lymphotropic therapy in the operated patients of the main group showed a significant reduction in intestinal complications of 7.8 % compared to patients of the control group of 19.9 %.

**4.CONCLUSIONS:**

1. Based on the results of a retrospective analysis of conservative and surgical methods of treatment of non-specific ulcerative colitis, this disease is often found in young working age, which is the most socially active, especially in women.
2. Indications for planned surgical interventions in NAC are: the observed frequent relapses of the disease, despite the complex conservative treatment, local and general complication of the disease, hormone resistance, high and medium degree of intestinal epithelial dysplasia during the duration of the disease.
3. When using lymphatic therapy in complex treatment in the postoperative period, there was a significant improvement in the general condition of patients and a decrease in complications.

**LITERATURE**

1. Ruziev A.E., Egamov Yu.S . The importance of lymphotropic therapy in the aspect of complex treatment of ulcerative colitis in the postoperative period. Proceeding of 2nd Global Congress of Contemporary Sciences and Advances A Multidisciplinary International Scientific Conference Hosted from Shirvan, Iran www.econferenceglobe.com 5th December, 2020 Page No.: 41-42
2. Ruziev A.E., YU.S. Egamov, A.E. KHaidarov .Non-refuting value of lymphotropic therapy for the prevention of intestinal complications in the postoperative period in ulcerative colitis. Moscow Surgical Journal (Scientific and practical journal) № 3 (73). 2020 r. Page No.: 27-30
3. Ruziev A. E., Kurbanalieva R. The use of lymphotropic therapy in the complex treatment of panaritia in the postoperative period in an outpatient setting. Materials of the 1st Bukhara International Conference of Medical Students and Youth. Volume 1. May 23-25, 2019. city of Bukhara. 118-119 Pages.
4. Ruziev A. E., Egamov Yu. S., Khaydarov S. A. Endomesenteric lymphatic therapy as an etiopathogenetic link in the complex treatment of non-specific ulcerative colitis in the postoperative period. Materials of the Republican scientific and practical conference "Topical issues of surgery in peacetime and wartime". May 30, 2019. Tashkent. 5-8 Pages.
5. Ruziev A. E., Egamov Yu. S., Khaydarov S. A. The value of endomesenteric lymphatic therapy in the complex treatment of non-specific ulcerative colitis in the postoperative period materials of the international scientific and practical forum. Jun, 2019. city of Namangan. 171-173 p.