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Current Perceptions of Chronic Pancreatitis

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Abstract: Chronic pancreatitis is a group of diseases (variants of chronic pancreatitis) characterized by different etiological factors, presence of focal necroses in the pancreas on the background of segmental fibrosis and development of different degrees of pronounced functional insufficiency. Progression of chronic pancreatitis leads to the appearance and development of glandular tissue atrophy, fibrosis and replacement of cellular elements of pancreatic parenchyma by connective tissue. In the publications of recent years there are considerations of some researchers about the stages of course (progression) of chronic pancreatitis. One of them considers the initial period of the disease, the stage of external secretory (exocrine) insufficiency of the pancreas and a complicated variant of the course of chronic pancreatitis, tumors of this organ. However, apparently, other variants of the course of chronic pancreatitis are also possible.

Keywords: chronic pancreatitis, clinic, diagnostics, treatment.

Clinical manifestations of chronic pancreatitis. Analysis of medical documents of patients referred from outpatient and polyclinic institutions to hospital for further examination and treatment with the referral diagnosis of pancreatitis (exacerbation of chronic pancreatitis) and case histories of patients who were diagnosed with exacerbation of chronic pancreatitis as the main diagnosis as a result of the conducted examination showed that often these diagnoses do not correspond to the truth. We found that in some cases there was no evidence of chronic pancreatitis at all (based on the analysis of documents sent from outpatient clinics); in other cases there was chronic pancreatitis in remission, and the main disease that forced the patients to seek medical help, as the examination showed, was an exacerbation of peptic ulcer disease, exacerbation of chronic gastritis, reflux esophagitis or other diseases, the study of the combination of which with chronic pancreatitis is devoted only to a few studies.

Analysis of the results of examination of patients with pancreatic diseases has shown that even today, despite the emergence of new methods of examination, careful clarification of patients' complaints and history of the disease, as well as physical examination of patients remain the most important part of the initial examination, on which the choice of the most important in each case methods of laboratory-instrumental examination, detection or exclusion of chronic pancreatitis, as well as the possible main or other diseases depend to a great extent The main symptoms of exacerbation of chronic pancreatitis - more or less pronounced (sometimes strong in intensity) attacks of pain, localized most often in the left subcostal and/or epigastric region, associated or not associated with food intake, often occurring after meals, various dyspeptic disorders, including flatulence, the appearance of malabsorption with the appearance of steatorrhea, later and with a decrease in body weight. At the same time, not always different symptoms, including the frequency of their appearance and intensity, considered as possible signs of chronic pancreatitis, are combined with each other. When examining patients with chronic pancreatitis during an exacerbation, some of them may show a whitish plaque on the tongue, a decrease in body weight and skin turgor, as well as signs of hypovitaminosis ("sores" in the corners of the mouth, dry and flaky skin, brittle hair, nails, etc.), "ruby drops", "ruby drops", and "ruby drops".

Therapy of chronic pancreatitis. Treatment of patients with chronic pancreatitis largely depends on the severity of its exacerbation (including the presence or absence of various complications), manifested by various, more or less pronounced symptoms in the form of pain, dyspeptic, hypoglycemic, so-called metabolic and/or icteric variants, however, it is often not possible to accurately identify one or another clinical variant. The main approach to the treatment of patients with chronic pancreatitis is to carry out, if necessary, the following therapeutic measures: 1) elimination of pain and dyspeptic disorders, including clinical manifestations of exocrine and intrasecretory pancreatic insufficiency; 2) elimination of inflammatory changes in the pancreas and concomitant lesions of other organs, which helps prevent complications; 3) treatment of complications requiring surgical treatment (performing the necessary operation); 4) prevention of complications and rehabilitation of patients; 5) improving the quality of life. The actual appearance of complications of chronic pancreatitis largely determines, as the disease progresses, and often significantly enhances the clinical manifestations of chronic pancreatitis. In case of severe exacerbation, as is known, in the first 2-3 days, patients are recommended to abstain from eating, take hydrocarbonate-chloride waters (Borjomi and some others) 200-250 ml up to 5-7 times a day (in order to inhibit the secretion of juice by the pancreas) . Subsequently, it is advisable to use food designed for the 5th table. If necessary, products intended for enteral and parenteral nutrition are used. Only in cases of severe gastro- and duodenostasis is continuous aspiration of the stomach contents carried out through a thin rubber probe. As the patients' condition improves, the diet is gradually expanded (up to 4-5 times a day), primarily the amount of proteins increases. Patients are not recommended to consume fatty and spicy foods, sour varieties of apples and fruit juices, alcoholic and carbonated drinks, as well as foods that promote or increase flatulence. In principle, in treatment, depending on the condition of patients, various medications are used: 1) drugs that reduce pancreatic secretion, most often antacids (phosphalugel, Maalox, Almagel, etc.); H2-histamine receptor antagonists (Zantac, quamatel, gastrosidin, etc.); proton pump inhibitors (omeprazole, rabeprazole, esomeprazole, lansorprazole, etc.); anticholinergics (gastrocepin, atronine, platifillin, etc.); in case of exacerbation of chronic pancreatitis, in the absence of exocrine pancreatic insufficiency, enzyme preparations - pancitrate 20,000 or Creon 25,000, one capsule every 3 or 2 capsules 4 times a day during the fasting period (in the first 3 days) and one capsule at the beginning and at the end of meals after resuming food intake. Other enzyme preparations that do not contain bile acids [8], sandostatin, etc. can be used in equivalent doses; agents that suppress the activity of pancreatic enzymes (contrical, gordox, trasylol, etc.); antispasmodics (nosh-pa, buscopan, etc.), prokinetics (motilium, cerucal, etc.); painkillers (baralgin, non-steroidal anti-inflammatory drugs, etc.); antibiotics; plasma-substituting solutions (hemodez, rheopolyglucin, 5–10% glucose solution, etc.). Enzyme preparations are widely used in the treatment of patients with chronic pancreatitis in order to inhibit pancreatic secretion according to the feedback principle - an increased concentration of enzyme preparations (primarily trypsin) in the duodenum and other parts of the small intestine reduces the release of cholecystokinin, which has recently played a significant role in stimulating the exocrine function of the pancreas (enzyme production). It has been noted that the use of enzyme preparations in the treatment of patients with chronic pancreatitis in some of them makes it possible to reduce the incidence and intensity of pain [9]. Inhibition (braking) of the secretory function of the pancreas allows to reduce intraductal pressure and, accordingly, reduce the intensity of the pain syndrome.

The use of pancreatic enzymes still remains the main method of eliminating malabsorption. For the treatment of patients with exocrine pancreatic insufficiency, a number of medications have been proposed, among which a significant place belongs to enzyme preparations (for replacement therapy) containing a significant amount of lipase (up to 30,000 units per single meal in order to improve primarily the absorption of fats) and coated a special shell (inside which there are small-sized microtablets or granules) that protects enzymes, primarily lipase and trypsin, from destruction by gastric juice. This membrane is quickly destroyed in the duodenum and in the initial part of the jejunum: enzymes are quickly released and activated in an alkaline environment. These enzyme preparations are characterized by the absence of bile acids, which can increase pancreatic secretion and even contribute to the appearance of diarrhea. Replacement therapy is indicated when more than 1.5 g of fat is excreted in feces per day, as well as in the presence of steatorrhea in patients with dyspeptic

symptoms/diarrhea and/or weight loss. When treating patients with severe steatorrhea (copious “shiny” stool), the initial single dose of lipase should be at least 6,000 units, if necessary it will be increased to 30,000 units per day [8]. Recently, the use of pancitrate and Creon is most often recommended in the treatment of patients with chronic pancreatitis with exocrine pancreatic insufficiency in Russia. The use of pancitrate 25,000 units in the treatment of such patients has shown its high effectiveness [10] in improving the condition of most patients (within 3 weeks) - reducing the frequency of stool and reducing (eliminating) flatulence, improving appetite and increasing body weight. According to other data [11], the use of pancitrate in the treatment of patients (only 2 capsules 3 times a day during main meals) made it possible to reduce the volume of feces (by 32%) and steatorrhea (by 41%). Almost similar results were obtained by us - 35.5 and 43%, respectively. According to some data [11], an interesting practical fact has been noted - to achieve the effectiveness of using pancitrate (compared to its analogues), 2 times fewer capsules are needed, which is undoubtedly very important in the treatment of patients. In principle, the dose of the enzyme preparation is determined taking into account the severity of exocrine pancreatic insufficiency and the nosological form of the disease. The daily dose of an enzyme preparation for adult patients most often averages from 30,000 to 150,000 units. However, in case of complete insufficiency of the exocrine function of the pancreas, the dose of the drug is increased to the daily requirement of the patients, which to a certain extent depends on the patient’s body weight.

The duration of treatment with enzyme preparations is determined by the attending physician depending on the patient’s condition. Some researchers [7, 12, 13] recommend prescribing enzyme preparations for 2–3 months, followed by maintenance therapy for another 1–2 months until the symptoms of the disease completely disappear. Obviously, for a more effective effect of enzyme preparations, it is advisable for patients to take drugs that inhibit acid formation in the stomach. Unfortunately, 5–10% of patients with chronic pancreatitis with exocrine pancreatic insufficiency [14] do not respond or respond poorly to treatment with enzyme preparations. It is known that with exacerbation of chronic pancreatitis, a more or less pronounced decrease in the production of bicarbonates is possible, the consequence of which is the occurrence of an alkalization disorder in the duodenum. That is why antacid drugs (Almagel, phosphalugel, Maalox, Gastal, Gelusil Lac) are used to neutralize the acid secreted by the parietal cells of the mucous membrane into the gastric cavity, H2histamine receptor antagonists (ranitidine, famotidine) and proton pump inhibitors (omeprazole, lansoprazole, rabeprazole, esomeprazole) in therapeutic doses to inhibit hydrochloric acid (preventing the inactivation of enzymes in the duodenum). The use of these drugs makes it possible to increase the effectiveness of enzyme therapy, including enhancing the effect of lipase. A decrease in gastric acidity increases the percentage of emulsified fats that become more accessible to lipase. When deciding on the advisability of using antacid drugs in the treatment of patients with exocrine pancreatic insufficiency, it is necessary to take into account the fact that antacid combination drugs containing magnesium or calcium reduce the effectiveness of enzyme preparations. In order to compensate for the so-called nutritional deficiency, it is advisable to use medium-chain triglycerides, in particular tricorbone, as well as B vitamins and fat-soluble vitamins A, D, E, K. To treat the exocrine function of the pancreas, many doctors continue to use pancreatin. Standard treatment with pancreatin in a dose of up to 8 tablets, taken by patients with a meal containing 25 g of fat, allows [15] to stop azoorrhea and reduce (but not completely stop) steatorrhea. In most patients with this therapy, a completely satisfactory nutritional state and a relatively asymptomatic course of exocrine pancreatic insufficiency are achieved. In such cases, additional inclusion in the treatment of patients with H2-histamine receptor antagonists (Zantac, quamatel, gastrosidin) or proton pump inhibitors (in addition to standard treatment with pancreatin) in most patients quickly eliminates or significantly reduces steatorrhea and reduces painful diarrhea. Similar results are obtained by using bicarbonates in the treatment of patients. It should be noted that with the progression of chronic pancreatitis with exocrine pancreatic insufficiency, intrasecretory insufficiency may gradually appear. Factors such as malnutrition, including protein deficiency, which directly have a direct or indirect damaging effect on the pancreas, can also affect its endocrine part [16]. This is explained by the fact that the exocrine and intrasecretory parts of the pancreas are closely interconnected and mutually influence each other during the life of

this entire organ. In the treatment of endocrine disorders that occur in some patients with chronic pancreatitis, it is necessary to take into account the likelihood of hypoglycemia and calorie deficiency, which indicates the inappropriateness of restricting carbohydrates in the diet of patients. It must also be remembered that drinking alcohol increases the likelihood of developing hypoglycemia, which must be taken into account when choosing insulin doses.

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ПАТОЛОГИЯСИ БЎЛГАН БЕМОРЛАРДА ЭНДОТЕЛИАЛ ВА ҲУЖАЙРАДАН ТАШҚАРИ МАТРИЦА ДИСФУНКЦИЯСИНИНГ МАРКЕРЛАРИ. *SCIENTIFIC ASPECTS AND TRENDS IN THE FIELD OF SCIENTIFIC RESEARCH*, *1*(8), 141-153.

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