



Chronic Pancreatitis. Etiology, Pathogenesis, Clinic, Diagnosis, Treatment

Jumanazarova Mokhinur Jumanazar kizi

4nd year student of the medical faculty of
the Tashkent Medical Academy

Annotation: this article is devoted to the study of the etiology, pathogenesis, clinic, diagnosis, treatment of chronic pancreatitis.

Key words: proliferative fibrosis, chronic indurative pancreatitis, persistent inflammation, purulent or necrotic masses, pancreatic amylase, lipase.

Chronic pancreatitis is a fairly common disease that is manifested by persistent or recurrent pain and signs of exocrine and endocrine insufficiency. It is characterized by irreversible pathological changes in the pancreatic parenchyma - its wrinkling, in places the disappearance of acini, proliferative fibrosis, as well as stricture of the flow, the formation of stones in it or in the tissue of the gland. It can occur with minimal clinical manifestations or under the guise of other diseases of the abdominal organs (chronic cholecystitis, biliary dyskinesia, peptic ulcer of the stomach and duodenum, hiatal hernia). As a result, it is not possible to establish the true frequency of this disease. Classification. To date, many classifications of chronic pancreatitis and its complications have been proposed. This only indicates that so far not a single universal scheme has been created for the clinical and morphological division of various variants of the course of this disease. According to the nature of morphological changes in the pancreatic tissue, chronic indurative pancreatitis, pseudotumorous, pseudocystic and calcific pancreatitis are distinguished. In patients with a calcifying form of the disease, either wirsungolithiasis (calculi in the lumen of the dilated Wirsung duct) or calcification of the pancreatic parenchyma is noted. There are two main forms of the disease: chronic recurrent pancreatitis, in which there are periodic exacerbations of the disease in the form of acute pancreatitis, accompanied by periods of remission, and primary chronic pancreatitis, occurring without obvious signs acute inflammatory process in the pancreas.

The onset of primary pancreatitis is usually associated with processes in the pancreas itself, for example, after an injury, with alcohol abuse, circulatory disorders of the gland, with some viral diseases, with a narrowing of the main pancreatic duct, which makes it difficult for the outflow of enzymes that the gland excretes. It is also believed that primary pancreatitis can develop with a chronic lack of protein nutrition. In diseases such as cholelithiasis, peptic ulcer, diverticular disease of the pancreas, it suffers a second time. At the same time, joint coordinated work on food processing is disrupted. Edema of the major duodenal papilla, duodenal dyskinesia and duodenostasis, stones in the bile ducts or inflammation in them contribute to the ingress of bile, bacteria, emulsified fat into the



pancreatic duct, or form a mechanical obstacle to the outflow of pancreatic juice, which leads to an increase in pressure and destruction of the walls of the pancreatic ducts. Both factors create conditions for premature activation of enzymes in its tissues, the development of inflammation, necrosis, and hemorrhages.

Chronic pancreatitis is considered to be a polyetiological disease.

The main etiological factors are:

- chronic alcoholism;
 - cholelithiasis, choledocholithiasis;
 - post-traumatic narrowing or obstruction of the pancreatic ducts;
 - exposure to chemicals, including some drugs;
- hyperlipidemia;
- inadequate protein nutrition (malnutrition);
 - hereditary predisposition (lack of L-antitrypsin and other genetic factors);
 - hyperparathyroidism (hypercalcemia),
 - cystic fibrosis (the most common factor in children),
 - idiopathic factors.

Alcoholism is recognized as the most common cause of chronic pancreatitis. At the same time, it is known that it occurs only in every 10th of those who abused alcohol. The average period of development of chronic pancreatitis with alcohol abuse for men is 18 years, for women - 11 years. A typical combination of conditions in which its development is real is the good socio-economic conditions of the patient's life), male gender, age over 35 years, high daily fat intake, daily consumption of more than 20 g of alcoholic beverages (in terms of pure ethyl alcohol).

The pathogenesis of chronic pancreatitis is not well understood. Several methods have been proposed.

The ductal obstruction theory suggests that the disease is associated with ductal obstruction caused by the formation of protein-rich plugs as a result of an imbalance of proteins and bicarbonates for unknown reasons. These plugs calcify and eventually form stones in the pancreatic ducts. If the obstruction of the outflow is chronic, persistent inflammation leads to the development of fibrosis and marked changes in the ductal system with the development of strictures and atrophy. Several years after the onset of the disease, progressive fibrosis and atrophy lead to loss of exocrine and endocrine functions.

The necrosis-fibrosis hypothesis postulates that recurrent episodes of acute pancreatitis with necrosis play a key role in the pathogenesis of chronic pancreatitis. Over the years, the repair process replaces the necrotic tissue with fibrous tissue, which leads to the development of chronic pancreatitis.



In many cases, hypertrophy of the intrapancreatic nervous tissue and perineural inflammation of the part develop, which can contribute to chronic pain. Symptoms and signs of chronic pancreatitis

Abdominal pain and pancreatic insufficiency are the main manifestations of chronic pancreatitis. Pain may appear in the early stages of chronic pancreatitis, before the development of visible structural abnormalities in the pancreas on imaging. Pain is often the dominant symptom in chronic pancreatitis and is present in most patients. As a rule, pain occurs after eating, is localized in the epigastric region, and partially decreases in a sitting position or leaning forward. Attacks of pain are initially episodic, but later tend to become continuous. Approximately 10-15% of patients have no pain, but there are symptoms of malabsorption. Clinical manifestations of pancreatic insufficiency include flatulence, bloating, steatorrhea, malnutrition, weight loss, and fatigue.

Diagnostics

Reliable diagnostic measures to confirm chronic pancreatitis will be:

1. Laboratory methods: complete blood count, general urinalysis, urine test for distase, blood biochemistry (glucose, alpha-amylase, pancreatic amylase, lipase), pancreatic elastase 1 in feces, coprogram. Ultrasound - a study helps to determine the condition of the pancreatic tissue, its ducts. The presence of fluid in the peritoneum (purulent or necrotic masses) is assessed.

1. X-ray determines the presence of stones.

2. CT is a method that gives an idea of the state of the tissues of the affected organ, its size, the presence of necrotic areas and foci of inflammation in it.

3. Endoscopic retrograde cholangiopancreatography - shows the patency of the ducts, changes in their structure. EGDS, if necessary, x-ray of the stomach, endo-ultrasound.

Treatment

When diagnosing acute pancreatitis, emergency hospitalization is indicated.

For the treatment of chronic pancreatitis in remission, the main method will be the appointment of a sparing diet. Diet recommendations - 5 meals a day in small portions, protein foods are preferred. Fried and fatty foods, carbonated drinks, coffee, alcohol are excluded. Of the cooking methods, preference is given to boiled and baked dishes.

Of the medications for the relief of exacerbation of chronic pancreatitis, analgesics and antispasmodics, antisecretory agents and antibiotics are used.

Timely seeking help from specialists helps to avoid severe complications of pancreatitis. Research methods allow you to accurately establish the diagnosis and start treatment on time.



LIST OF REFERENCES:

1. Хирургические болезни: Учебник/ М. И. Кузин, О. С. Шкроб, Н. М. Кузин и др.; Под ред. М. И. Кузина. — 3 - е изд., перераб. и доп. - М.: Медицина,
2. <https://i-zdrav.ru/info/articles/khronicheskiy-pankreatit/>
3. <https://www.gosmed.ru/lechebnaya-deyatelnost/spravochnik-zabolevaniy/gastroenterologiya-bolezny/khronicheskiy-pankreatit/>
4. <https://www.msmanuals.com/ru/профессиональный/заболевания-желудочно-кишечного-тракта/панкреатит/хронический-панкреатит>
5. Лекции по заболеванию хронический панкреатит.