

Clinical Gastroenterological Manifestations as Criteria for the Pathology and Effectiveness of Surgical Correction of Reflux Disease of the Digestive System

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Summary

The presence of numerous complaints of a gastroenterocolitic nature in patients with proven NBZ and CNDP and a sharp regression of these complaints after surgical correction of NBZ and CNDP allows us to conclude that the causes of these pathological manifestations are the failure of the Bauhinia valve and chronic violation of the duodenal patency, and the most adequate surgical aid for elimination of clinical manifestations of reflux disease is bauginoplasty with simultaneous duodenojejunosomy.

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Introduction

Cases of failure of the Bauhinia flap (NBZ), the presence of chronic impairment of duodenal patency, reflux gastritis, gastroesophageal reflux disease (GERD) have been known for a long time. However, until now, practical medicine does not have specific data - is it possible the presence of several pathological conditions on the basis of reflux of the contents of the underlying departments into the overlying ones in one patient. The clinical possibilities of simultaneous correction of reflux - enteritis, reflux - gastritis and reflux - esophagitis are also unknown. The general etiopathogenetic links of these conditions are not known. The causal relationship between the gastrointestinal tract (GIT) and some extraintestinal diseases, in particular bronchial asthma and dermatoses, has not been studied. Basically, numerous complaints of a gastroenterocolitic nature are explained by functional changes in the gastrointestinal tract, in particular, the functional form of chronic duodenal obstruction (CDP) and irritable bowel syndrome (IRS). At the same time, both patients and doctors of various specialties are doomed to a long dialogue, since recovery does not occur. According to our data, in most patients with these complaints, 94% of patients have proven NBZ and the anatomical form of CNDP, which is also diagnosed in patients with duodenal ulcer (PU 12 - PC), gastric ulcer (PU), bronchial asthma (BA), dermatoses [1 - 5]. Therefore, we concluded that the concept of reflux disease should be understood as the simultaneous presence of the following refluxes in patients: colonic, duodenogastric (DGR), gastroesophageal (GER), which implies their simultaneous correction at all levels [1-5].

Complaints from Patients with Reflux Disease.

All patients with reflux disease (RB) complained of abdominal pain, of which 57% of the pain were diffuse, in 7% of patients the pain was localized in the right iliac region, in 3% in the right hypochondrium, in 2% in the left iliac region, in 4% - in the left and right iliac regions, in 9% - in the right iliac and right hypochondrium regions, in 16% - in the right and left hypochondrium regions, in 2% - in the left hypochondrium and left iliac regions.

In addition to abdominal pain, patients with RB were worried about other complaints typical of gastrointestinal pathology: - 95% of patients

noted rumbling in the abdomen, - 79% - bloating, - 71% - constipation, - 65% - diarrhea, - 86% - loosening of the chair, - 88% - feeling of heaviness in the abdomen after eating, - 83% - nausea, - 87% - belching with air, - 95% - bitterness in the mouth, - 79% - bad breath, - 55% - intolerance to milk and other food.

Rapid fatigue occurred in 92% of patients, and in 58% weight loss. In addition to complaints of a gastroenterocolitic nature, 65% of patients noted increased heart rate, 72% - dizziness, 66% - frequent colds (acute respiratory infections, flu, tonsillitis).

Analyzing the clinical manifestations of gastroenterocolitic nature in patients suffering from PUD, PU 12 PK, BA, dermatoses, we can conclude that these complaints are also found in the overwhelming majority of these groups of patients (Table 1).

Thus, patients with NBZ and CNDP, as well as patients with gastric ulcer and duodenal ulcer, bronchial asthma, dermatoses present numerous complaints of the same type of gastroenterocolitic nature, which suggests that this group of patients has a single etiopathogenesis of these pathological manifestations. This category of patients underwent different volumes of operations: bauginoplasty (BP), bauginoplasty in combination with dissection of Treitz's ligament (BP + PCT), bauginoplasty in combination with duodenojejunostomy (BP + DES) - Table. 2.

Analyzing the clinical manifestations before and after surgery, one can note a sharp regression of gastroenterocolitic complaints (Table 2). The identified set of complaints depends on the condition of the small and large intestine. Improvement of the condition of patients after PD, PD + PCT, PD + DES confirms the main role of PD in the elimination of this symptom complex. The number of patients who stopped noticing these pathological manifestations increased from 2 to 11 times, depending on various symptoms.

Nevertheless, in a significant number of cases, clinical signs of CNDP remain in patients who underwent only bauginoplasty or bauginoplasty with PCT. So, after such volumes of surgical aid, the severity in the abdomen remained in 26% and 25% of patients, respectively, for the indicated operations, nausea - in 18% and 21%, belching - in 35% and 38%, regurgitation - in 13% and 21%, heartburn - 38% and 50%. Surgical aid in the form of bauginoplasty and

Table 1. The clinical picture in patients with NBZ and HNBP, YABZh and 12 PCs, BA, dermatoses (in%)

Clinical manifestations	RB (NBZ, KhNDP) N = 318	YABZH and YAB 12 PC N = 149	BA N = 228	Der-mato-zy N = 54
Abdominal pain	100	100	63	78
Abdominal heaviness after eating	79	69	81	51
Belching with air	80	73	61	53
Spitting up food	52	32	45	12
Heartburn in the epigastrium	68	80	74	56
Heartburn behind the breastbone	68	10	74	56
Bitterness in the mouth	73	18	74	15
Nausea	79	73	49	34
Constipation	73	56	47	56
Diarrhea	51	21	43	49
Loose stools	65	27	43	49
Intolerance to milk and other food	44	17	41	44
Fatigue	92	95	92	63
Weight loss	54	46	43	19
Bad breath	75	77	52	17
Bloating	78	80	62	41
Rumbling in the stomach	86	80	62	71
Heartbeat	65	27	77	68
Dizziness	72	16	66	71
Darkening in the eyes	66	14	70	58

Table 2. Clinical picture in patients before and after surgical correction of RB

Symptoms	NBZ, KhNDP (RB) N = 415	After bauginoplasty N = 68	After bauginoplasty + PCT N = 24	After bauginoplasty + duodenojejunostomy N = 19
Stomach pain	415 (one hundred%)	24 (34%) p < 0,0001	8 (35%) p < 0,0001	5 (27%) p < 0,0001
Heaviness in the abdomen after eating	327 (79%)	18 (26%) p < 0,0001	6 (25%) p = 0,0006	2 (12%) p < 0,0001
Nausea	327 (79%)	12 (18%) p < 0,0001	5 (21%) p = 0,0002	2 (12%) p < 0,0001
Burp	322 (80%)	24 (35%) p < 0,0001	9 (38%) p = 0,0038	2 (12%) p < 0,0001
Regurgitation	216 (52%)	9 (13%) p < 0,0001	5 (21%) p = 0,0178	1 (5%) p = 0,0015
Heartburn	282 (68%)	26 (38%) p = 0,0001	12 (50%) p = 0,1901	2 (12%) p = 0,0003
Bitterness in the mouth	303 (64%)	29 (43%) p = 0,001	10 (40%) p = 0,0196	2 (12%) p = 0,0001
Constipation	303 (64%)	11 (16%) p < 0,0001	4 (16%) p = 0,0001	2 (12%) p = 0,0001
Diarrhea	212 (51%)	14 (21%) p = 0,0002	3 (13%) p = 0,0057	2 (12%) p = 0,0064
Relaxation	270 (65%)	17 (25%) p < 0,0001	4 (16%) p = 0,0005	2 (12%) p = 0,0009
Intolerance to milk and other food	183 (44%)	10 (18%) p = 0,0001	3 (14%) p = 0,0122	4 (24%) p = 0,1476
Fatigue	324 (93%)	15 (22%) p = 0,0004	7 (29%) p = 0,0196	3 (18%) p < 0,0001
Weight loss	224 (54%)	13 (19%) p < 0,0001	4 (17%) p < 0,0073	1 (6%) p < 0,0015
Weight loss	317 (75%)	10 (14%) p < 0,0001	3 (14%) p < 0,0001	2 (12%) p < 0,0001
Bad breath	324 (78%)	5 (7%) p < 0,0001	3 (14%) p < 0,0001	2 (12%) p < 0,0001
Bloating	357 (86%)	10 (15%) p < 0,0001	5 (21%) p < 0,0001	2 (12%) p < 0,0001

duodenojejunoscopy turned out to be much more adequate in eliminating the clinical manifestations of CPDP. So, the heaviness in the abdomen after eating remained only in 12% of patients, nausea - in 12%, belching - in 12%, regurgitation - in 5%, heartburn - in 12%.

Thus, the presence of numerous gastroenterocolitic complaints in patients with proven NBZ and CNDP and a sharp regression of these complaints after surgical correction of NBZ and CNDP allows us to conclude that the causes of these pathological manifestations are the failure of the Bauginia valve and chronic violation of duodenal patency, and the most adequate bauginoplasty with simultaneous duodenojejunoscopy is a surgical tool for eliminating clinical manifestations of reflux disease.

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