DIAGNOSTICS OF BLEEDING FROM THE UPPER PART OF THE GASTROINTESTINAL TRACT

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ABSTRACT

Despite the rapid development of diagnostic equipment, the expansion of conservative and surgical treatment methods, and the achievements of anesthesiology and intensive care, mortality from gastroduodenal bleeding (GDB) has remained high for several years and currently amounts to 5-14%, and after surgery - 5.7-35.2%..

Relevance. Despite the rapid development of diagnostic equipment, the expansion of conservative and surgical treatment methods, and the achievements of anesthesiology and intensive care, mortality from gastroduodenal bleeding (GDB) has remained high for several years and currently amounts to 5-14%, and after surgery - 5.7-35.2%.

The purpose of the research work. Improving the results of the complex treatment of gastroduodenal bleeding by optimizing the diagnostic and treatment measures carried out at the stages of emergency medical care.

Materials and methods of the study. The scientific work is based on the results of a retrospective and prospective analysis of the observations and anamnesis of 510 patients with bleeding complications of gastric and duodenal ulcers treated in the emergency surgical departments of the RSHTYOIM BF in 2007-2014.

The study included patients with reliable clinical and endoscopic signs of bleeding from chronic gastric and duodenal ulcers. Patients with an undetermined source of bleeding were excluded from the analysis.

It was found that in 60.5% (510) of the examined patients, the main cause of bleeding from the upper gastrointestinal tract was ulcerative lesions of the stomach and duodenum, while in 39.5% (333) of the patients, non-ulcerative bleeding was detected. All patients whose endoscopic examination revealed bleeding were offered hospitalization in the emergency surgical department. However, some of them (19.6%), mainly patients with mild blood loss, often not understanding the seriousness of the situation, refused hospitalization.

Results and Discussion Additional comorbidities were identified in 204 (40%) of the patients. 110 (21.6%) patients had a single comorbidity, 53 (10.4%) patients had two, and 39 (7.7%) patients had three or more comorbidities. The most common comorbidities were coronary heart disease (46 (9%)) and hypertension (66 (13%)) and their combination.

We assessed the severity of the general condition of patients with gastroduodenal ulcer bleeding according to the classification of A. I. Gorbashko (1986). Thus, 23.8% of patients were hospitalized in mild, 57.6% in moderate, and 18.5% in severe condition.

The hemostasis system was studied in 120 patients with duodenal ulcer disease (DUD). The state of the coagulation, anticoagulant, and fibrinolytic systems, as well as the platelet-mediated hemostasis, was studied in 30 (21.4%) patients with mild blood loss, 30 (21.4%) with moderate blood loss, 48 (34.3%) with severe blood loss, and 12 (22.9%) with severe blood loss.

Conclusions: Urgent surgery for ulcerative gastroduodenal bleeding should be performed only when hemostasis cannot be achieved even with conservative measures, including combined methods of primary and secondary endohemostasis. Persistent profuse gastroduodenal bleeding in patients with chronic ulcer disease is an indication for radical surgery, with gastric resection being the method of choice, which was performed in 84.6% of patients. Organ-preserving interventions were performed in 10% of patients, and palliative interventions, such as wound suturing or excision, were performed in 5.8% of patients.

Reference Literatura s:

1.Khamroev , H. N., & Urokov, Sh. T. (2019). INFLUENCE OF DIFFUSE LIVER DISEASES ON THE COURSE AND PROGNOSIS OF OBSTRUCTIVE JAUNDICE. New Day in Medicine , (3), 275-278.
2.Khamroev , H. N., & Ganzhiev , F. H. (2023). Dynamics of structural and functional disorders of the rat liver during experimental alcoholic cirrhosis. Pr problemsofmodernsurgery , 6 .
3.Khamroev , Kh. N., & Khasanova, D. A. (2023). Jigar morphometrician kursatkichlarining mejord va experimental Surunkali alcoholism қиёсий tasnifi . Journal of Humanities and Natural Sciences , (2), 103-109.
4.Khamroev , Kh. N., Khasanova, D. A., Ganjiev , F. Kh., & Musaev , T. Yes. (2023). Urgent medical help organization to do current problems : Polytrauma and sharp heartbeat vein in diseases help to show issues . Scientific-practical XVIII Republic conference , 12 .
5.Khamroev , H. N., & Tukhsanova , N. E. (2022). A NEW DAY IN MEDICINE. A NEW DAY IN MEDICINE Founders: Bukhara State Medical Institute, LLC "New Day in Medicine ", (1) , 233-239.
6.Хамроев, Х. Н. (2022). Toxic liver damage in acute phase of ethanol intoxication and its experimental correction with chelate zinc compound. European journal of modern medicine and practice, 2(2)