THE EFFECTIVENESS OF THE TREATMENT OF GASTRODUODENAL BLEEDING IN PATIENTS WITH COMORBID PATHOLOGY

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ABSTRACT

Gastroduodenal blood departures high gastrointestinal tract from the way observable urgent situations in line enter , go up lethality and complications characterized by risk . Especially , comorbid pathology exists in patients disease heavy it will pass and clinical outcomes it gets worse . Liver cirrhosis , chronic kidney shortage and heartbeat vein diseases like companion situations blood departure relapse , hemodynamic failure and death danger increases . Therefore for present in the category in patients treatment tactics improvement current problem is considered.

Relevance

Gastroduodenal blood departures high gastrointestinal tract from the way observable urgent situations in line enter , go up lethality and complications characterized by risk . Especially , comorbid pathology exists in patients disease heavy it will pass and clinical outcomes it gets worse . Liver cirrhosis , chronic kidney shortage and heartbeat vein diseases like companion situations blood departure relapse , hemodynamic failure and death danger increases . Therefore for present in the category in patients treatment tactics improvement current problem is considered .

The work purpose

Comorbid pathology exists in patients gastroduodenal blood departures treatment the results assessment and personified approach efficiency justification

Material and methods

Research during gastroduodenal wounded blood cured by withdrawal patients analysis done Comorbid pathology exists clinical results in patients - relapse blood departure , surgical intervention need and lethality indicators was studied . Danger in evaluation Rockall , Glasgow-Blatchford (GBS) and Forrest classifications applied . Also standard endoscopic methods efficiency comorbidity factors under the influence analysis was done .

Results

Analysis to the results according to , comorbid pathology exists in patients blood departure relapse rate reached 47% was determined . In this group lethality indicator is 37.4% did this and high danger level shows .

Liver cirrhosis exists in patients coagulopathy and due to portal hypertension hemostasis to achieve difficulty observed . Chronic kidney in deficiency uremic thrombocytopathy , heart and blood vein in diseases and anticoagulant and antiaggregant therapy blood departure relapse danger amplifier factor as expression It happened .

Standard endoscopic methods of hemostasis (injection , thermal and clip (many) in cases fruit not given and again blood departure circumstances many observed . And this comorbidity in patients traditional treatment of algorithms limited shows .

Danger stratification The use of scales (Rockall , GBS, Forrest) is a clinical decision . reception in doing important gained importance , however in them comorbidity situations complete considering not received due to forecast accuracy limited observed .

Conclusion

Comorbid pathology exists in patients gastroduodenal blood departures heavy course , relapse and lethality high is characterized by the following indicators : Standard endoscopic treatment methods this in the group enough fruit not to give was determined . Because of this danger stratification and comorbidity to comprehensive assessment of cases based personified approach use clinically to the goal suitable is considered .

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