



THE ROLE OF CERTAIN BLOOD COAGULATION SYSTEM FACTORS IN PREDICTING RECURRENT GASTRODUODENAL ULCER BLEEDING

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ABSTRACT

In the structure of complicated forms of ulcer disease, gastroduodenal hemorrhages (GDK) account for 42-47%. Despite the widespread introduction of H-2 receptor antagonists, proton pump inhibitors, and antihelicobacter therapy, the number of patients with disease recurrences and gastroduodenal bleeding is increasing to 60%, and mortality remains above 10%. Between 20 and 220 out of 100,000 people worldwide suffer from stomach and duodenal ulcers, with an annual mortality rate of 246,000. WHO data 2008 (Button L A 2011, Savelyev V C 2013)..

Introduction. In the structure of complicated forms of ulcer disease, gastroduodenal hemorrhages (GDK) account for 42-47%. Despite the widespread introduction of H-2 receptor antagonists, proton pump inhibitors, and antihelicobacter therapy, the number of patients with disease recurrences and gastroduodenal bleeding is increasing to 60%, and mortality remains above 10%. Between 20 and 220 out of 100,000 people worldwide suffer from stomach and duodenal ulcers, with an annual mortality rate of 246,000. WHO data 2008 (Button L A 2011, Savelyev V C 2013).

The incidence of ulcerative GDMs has increased in recent years due to the widespread use of non-steroidal anti-inflammatory drugs in elderly patients.

Material and methods. In this work, we decided to study the role of certain blood coagulation system factors in predicting ulcerative hemorrhages. To address this task, we determined the prognostic indicators of the prothrombin index, fibrinogen, platelets, etc., in 344 patients with acute gastroduodenal ulcerative hemorrhage (AGUDH).

Of the 344 patients with HDL, 322 had no recurrence of bleeding (RB), and 22 had a recurrence. The prognostic coefficient of coagulation system (CC) indicators was determined using the well-known formula of E.V. Gubler (1978).

Analysis of the obtained data. Research has shown that the greater the absolute number of any studied trait, the greater the probability of developing recurrent bleeding (RB) in the patient. Our research results showed a high dependence of RH frequency on the values of thrombocytopenia and thrombotest. Prothrombin index indicators did not exert a significant

influence on the frequency of RH, although there is information in the literature of a reverse nature (Osadchuk M.A. 1998).

Conclusions: A decrease in fibrinogen A below 2g/l, thrombus test V level, and a decrease in platelet count below 150 significantly increase the likelihood of ulcerative hemorrhage.

