



METHODS FOR PREDICTING PEPTIC ULCER BLEEDING

Teshayev Oktyabr Rukhullayevich

Doctor of Medical Sciences, Professor

Tashkent State Medical University, Department
of Surgical Diseases of Family Medicine

Kurbonov Sharif Ruziboyevich

Tashkent City Clinical Hospital № 1

<https://doi.org/10.5281/zenodo.21360174>

ARTICLE INFO

Received: 10th July 2026

Accepted: 12th July 2026

Online: 13th July 2026

KEYWORDS

Currently, the search for ways to reduce the number of complications and mortality in AL is ongoing. One of the directions of this research is the prediction of recurrent bleeding complications (RB) of gastric ulcer and duodenal ulcer, which occur in 20-25% of cases (Saidov V.D., 2000, Lau J.Y., 2011).

ABSTRACT

Ulcer disease (UL) is a chronic, recurrent disease with alternating periods of exacerbation and remission, the leading manifestation of which is the formation of a defect (ulcer) in the wall of the stomach and duodenum (Ivashkin V.T., 2020). In recent years, risk factors for ulcerative hemorrhages include advanced age, comorbidities (CP), male sex, smoking and alcohol abuse, large size of the ulcer defect, painless course of the disease, high hydrochloric acid secretion, stressful nature of ulcerative lesions, and Helicobacter pylori contamination of the gastric mucosa. The probability of gastroduodenal bleeding in such patients increases by 3-5 times, and the risk of death increases by 8 times (Ataliev A.E.2003, Graham D.Y. et al. 2008, Lau J.Y. 2011)..

Ulcer disease (UL) is a chronic, recurrent disease with alternating periods of exacerbation and remission, the leading manifestation of which is the formation of a defect (ulcer) in the wall of the stomach and duodenum (Ivashkin V.T., 2020). In recent years, risk factors for ulcerative hemorrhages include advanced age, comorbidities (CP), male sex, smoking and alcohol abuse, large size of the ulcer defect, painless course of the disease, high hydrochloric acid secretion, stressful nature of ulcerative lesions, and Helicobacter pylori contamination of the gastric mucosa. The probability of gastroduodenal bleeding in such patients increases by 3-5 times, and the risk of death increases by 8 times (Ataliev A.E.2003, Graham D.Y. et al. 2008, Lau J.Y. 2011).

Currently, the search for ways to reduce the number of complications and mortality in AL is ongoing. One of the directions of this research is the prediction of recurrent bleeding complications (RB) of gastric ulcer and duodenal ulcer, which occur in 20-25% of cases (Saidov V.D., 2000, Lau J.Y., 2011).

Changes in the endocrine cells (G,EC, D,ECL) of the gastric mucosa play an important role in the genesis of ulcerative colitis (Saidov V.D. et al., 2000-1995).

Therefore, the results of histochemical studies of the 4 most frequently encountered types of endocrine cells of the gastric mucosa (ESM), conducted by R. A. Mammadov (2003) in 60 patients with various complications of JI, are of interest. According to the author, such a

prognostic approach reduced the recurrence of ulcerative hemorrhages from 14.9% to 2.2%, and postoperative mortality from 8.6% to 3.2%.

According to L.P. Strussky (2003), RK after endoscopic hemostasis occurs in 69% of patients belonging to the Forest Ia classification, 30% in Forest II and 1% in Forest III.

Melnik I.V. 2007, Mavlyankhodzhaev R.Sh 2009 determine a number of clinical, laboratory, endoscopic, anamnesic, anthropometric, and other data to optimize treatment tactics for recurrent ulcerative hemorrhages and calculate the risk level of ulcerative colitis using a scoring scale, actively applying individualized treatment tactics for gastroduodenal hemorrhages (GDK).

G.K. Zherlov (2006) measured the microcirculation indicators on the surface of the ulcer crater's mucosa using physical methods to predict the risk of gastric duodenal ulcer and, after moving 3-4 cm from the edge of the ulcer, determined the average arithmetic value of each site several times. The bleeding risk coefficient was calculated using the formula and expressed as the ratio of the microcirculation index of the ulcerative site to the periulcerative one.

The following group of authors - Barishnikova N.V. 2009, Shakurova N.R. 2008, Osadchuk A.M. 2009 using urease and morphological methods to investigate gastric ulceration and DPC NR, consider ulceration NR to be the cause of exacerbation of the ulcerative-inflammatory process. According to these researchers, the complete eradication of NR statistically significantly reduced the incidence and degree of inflammation. In the absence of ER eradication, no positive changes occurred in the ESR 2 months and 1 year after treatment. As seen from the literature review on GDK, there are no universally recognized schemes or scales for forecasting the development of the Republic of Kazakhstan. A significant disadvantage of computer-based forecasting programs in the Republic of Kazakhstan is their bulkiness and the need to account for a large number of initial parameters.

In this regard, we consider it relevant to seek non-complex, objective prognostic criteria for RH based on pathogenetic features and characterizing the dynamics of the local pathological process, such as blood NO, adhesion of vascular endothelial molecules, gastric and intraperitoneal hemorrhage, thrombocytopenia, and the presence of hemorrhagic shock in the anamnesis.