

34. HEPATOGENIC GASTRODUODENAL ULCERS: CLINICAL-EVOLUTIONARY AND THERAPEUTIC PARTICULARITIES

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Introduction. The problems of gastroduodenal surgery against the background of liver pathologies over the years require multiple interdisciplinary discussions related to diagnosis and treatment. Complications of gastroduodenal ulcers in cirrhotic patients to date lead to major discussions of both pre- and postoperative morbidity and mortality. Very often the primary symptomatology in cirrhotic patients with hepatogenic ulcers is gastroduodenal hemorrhage, being a phenomenon that imposes major surgical difficulties.

Aim of study. Highlighting epidemiological factors, developmental mechanism and methods of surgical treatment of hepatogenic gastroduodenal ulcer.

Methods and materials. The study included 15 cirrhotic patients admitted to the Surgery Clinic No. 2 being diagnosed with gastroduodenal ulcer bleeding. Cirrhosis was confirmed according to the data of the outpatient or diagnostic card used clinical, biochemical and histological methods. The whole group of patients at the time of hospitalization was investigated endoscopically, where in FEGDS in 100% of cases a gastric or duodenal ulcer complicated by hemorrhage was established.

Results. The following diagnostic methods were used to assess the morphofunctional condition of the stomach and duodenum: FEGDS, radioscopy of the stomach and duodenum, duodenography. Of all investigated studies, there were 11 patients with ulcer anamnesis and 4 primary gastroduodenal ulcers detected. In 8 patients after stopping the bleeding drug, 3-4 bioptates from the antrum region were taken during FEGDS control to identify H. pylori. Following the synthesis of the results found, we determined in 6 patients the positive test at H.Pylori.

Conclusion. Early diagnosis of H. pylori in patients with chronic liver disease will have a beneficial curative effect, as this infection remains an additional risk factor in the genesis of gastroduodenal ulcer bleeding in cirrhotic patients.