

# Changes in Gastroenterological Symptoms Depending on the Selected Treatment Scheme in Patients with Functional Dyspepsia, Inflammatory Diseases of the Periodontium

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**Abstract** In order to solve these issues, we used standard treatment in the first group, and in the second group, we proposed, eradication therapy using antibiotics clarithromycin, amoxicillin, proton pump inhibitor - esomeprazole, prokinetic therapy using itomed and cytoprotective therapy using rebagit combined with conservative antihelicobacter. we analyzed the dynamics of gastroenterological symptoms in the group. Complete cessation of clinical symptoms was recorded in 80.2% of cases in the first group and 3.3% in the second group. On the day of completion of eradication, prokinetic and cytoprotective therapy (day 14) in the patients of the second group, except for pain syndrome in one patient, almost complete reduction of all the above-mentioned symptoms was noted, while in the first group, pain remained in 4 patients.

**Keywords** Eradication therapy using antibiotics clarithromycin, Amoxicillin, Proton pump inhibitor – esomeprazole

## 1. Introduction

In this case, the intensity of pain syndrome in these patients did not decrease significantly. The pain syndrome of moderate intensity was preserved in the patients, especially on an empty stomach, which disappeared when taking food, as well as when taking antacids. The regression of the dyspepsia syndrome corresponded to the change of the pain syndrome. In this case, the syndrome of intestinal dyspepsia was more stable and at the end of the treatment, it mostly stopped.

In the first group, 16 patients, in the second group, in 2 patients, against the background of eradication, the recurrence of symptoms of dyspepsia in the form of diarrhea was noted. After 1.5 months, no gastroduodenal symptoms appeared in the second group, only one patient had flatulence and constipation.

Effective eradication was observed in 97% of patients who received complex eradication, prokinetic, cytoprotective therapy for two weeks. Effectiveness of the combined therapy against the background of the traditional therapy of the periodontium is the effectiveness of the therapy of inflammatory diseases of the periodontium.

Complex conservative therapy of eradication using antibiotics, clarithromycin, amoxicillin, esomeprazole proton pump inhibitor, prokinetic therapy using itomed and cytoprotective therapy using rebagit led to the elimination of microorganisms from periodontal pockets in combination with standard conservative treatment of periodontal disease. After half a year, a control study also confirmed the high efficiency of the proposed complex course in relation to reinfection and decontamination of *H. pylori*, while *H. pylori* infection remained in GDS in patients who did not receive eradication therapy.

## 2. Materials and Methods

Noting the high efficiency of the developed combined eradication, prokinetic and cytoprotective therapy, it is necessary to carry out comprehensive dental rehabilitation as a means of treatment and prevention of FD exacerbations.

Control of eradication therapy of *H. pylori* infection was carried out 4 weeks after the end of therapy using the rapid breath urease test (TNUT) method. 69 patients participated in the study.

When the results of the study were analyzed, it was found that after the complex of eradication, prokinetic and cytoprotective therapy, the infection of the gastric mucosa with *H. pylori* was significantly reduced. In the second group, *H. pylori* infection remained during the control period in only 2 patients who received therapy, and in the first group,

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infection was noted in 78.3% of patients.

Thus, the scheme of functional dyspepsia therapy proposed by us showed a high clinical and eradication efficiency in relation to *H. pylori* infection, which was confirmed in the second group of patients, which is reflected in the good results achieved in stopping the dyspeptic and pain syndrome in patients with inflammatory periodontal diseases and functional dyspepsia. found the opposite.

### 3. Result and Discussion

We also examined the dynamics of dyspepsia complaints and cessation of pain syndrome in patients with FD and periodontitis: the first group - 62 patients with positive data of *H. pylori* and the second group - 47 patients with negative *H. pylori*.

Pain syndrome before the start of therapy was noted in 38 patients in the first group (61.3%). Pain syndrome expressed in 14 of them; in 10 people - pain of moderate intensity; 8 people had mild pain. On the 3rd day of treatment, the intensity of the pain syndrome stopped in 9 patients (14.5%); pains of moderate intensity - in 6 patients (9.7%); pains of low intensity disappeared in 5 (8.1%) patients. On the 5th day of therapy, pain of moderate intensity was noted in 2 patients (3.2%); dull pains - observed in one (6.4%) patient; No patient complained of pain on the 7th day of treatment.

Before the start of therapy, pain syndrome was detected in 28 patients in the second group (59.6%). Expressive pain syndrome in 4 of them; in 16 people - pain of moderate intensity; Mild pain was recorded in 8 people. On the 3rd day of treatment, the pain syndrome of expressed intensity stopped in 2 (4.3%) patients; pains of moderate intensity - in 9 patients (19.1%); pains of low intensity - disappeared in 6 (12.8%) patients. Pain syndrome expressed on the 5th day of therapy was noted in 1 patient (2.1%); pains of moderate intensity - in 3 patients (6.4%); dull pain - was noted in 7 (14.9%) patients. On the 7th day of treatment, 1 patient (2.1%) complained of pain of low intensity.

In the first group, 24 patients (38.7%) had dyspepsia syndrome before treatment. Expressed dyspeptic syndrome was found in 6 of them; in 16 people - moderately expressed dyspepsia syndrome; Dyspeptic syndrome was noted in 2 persons. 3 (4.8%) patients had dyspeptic complaints on the 3rd day of treatment; moderately expressed dyspeptic complaints - in 10 (16.1%) patients; poorly expressed dyspeptic complaints - observed in 8 (12.9%) patients. On the 5th day of therapy, moderately expressed dyspeptic complaints occurred in 3 (4.8%) patients; mildly expressed dyspeptic complaints were noted in 5 (8.1%) patients. On the 7th day of treatment, dyspeptic complaints were not detected in the patients.

In the second group, 36 patients (76.6%) had dyspeptic syndrome before treatment. Expressed dyspeptic syndrome was found in 8 of them; in 22 people - moderately expressed dyspepsia syndrome; Dyspeptic syndrome was noted in 6 persons. Dyspeptic complaints expressed on the 3rd day of treatment were stopped in 4 (8.5%) patients; moderately

expressed dyspeptic complaints - observed in 15 (31.9%) patients; mildly expressed dyspeptic complaints were noted in 3 (6.4%) patients. Dyspeptic complaints expressed on the 5th day of therapy were noted only in 1 patient (2.1%); moderately expressed dyspeptic complaints in 3 (6.3%) patients; mildly expressed dyspeptic complaints - observed in 5 patients (10.6%). On the 7th day of treatment, dyspeptic complaints were not detected in the patients.

One month after the treatment measures, dyspepsia conditions in the form of nausea, swelling in the epigastrum remained only in 5.2% of patients with *H. pylori* infection.

From this, we conclude that in patients with inflammatory periodontal diseases and functional dyspepsia, regardless of the presence or absence of helicobacter pylori infection (*H. pylori*), it is appropriate to combine eradication, prokinetic and cytoprotective treatment with traditional periodontal treatment.

In patients with FD, the use of the above-mentioned therapy together with complex rehabilitation and supportive periodontological treatment leads to an increase in the effectiveness of therapy and a prolongation of periods of remission of periodontitis, which is confirmed by a decrease in clinical indicators and dental index values.

Conducted studies can be the basis for considering *H. pylori* as a possible etiological factor of the occurrence of this pathology, which causes disturbances of gastric and duodenal motility, changes in visceral responsiveness, detected in most patients with FD. *H. pylori* eradication, prokinetics of intestinal efficiency, and the implementation of complex therapy for the elimination of intestinal mucus permeability disorders are mandatory measures that doctors must take, because it not only leads to a steady regression of disease symptoms, but also reduces the risk of developing inflammatory diseases in the oral cavity and periodontium.

A review of modern data shows that attention to the problem of dyspepsia is considered huge. The concept of the pathogenesis of functional dyspepsia is undergoing major changes. Currently, the etiopathogenesis of FD shows a complex multifactorial process, the causal relationships of which are being actively studied. Perhaps a combination of a number of physiological, genetic, environmental and psychological factors in a particular patient develops a combination of OIT sensory-motor disorders, as a result of which - symptoms of dyspepsia appear. The data that *H. pylori* is more often detected in FD with epigastric pain syndrome compared with postprandial distress syndrome is of interest and practical importance. FD disorders of gastric and duodenal motility function (in particular, weakening of the motility of the antral compartment, slow evacuation from the stomach) were noted to be more pronounced in *H. pylori* positive patients compared to *H. pylori* negative patients.

Helicobacter infection of the gastric mucosa leads to the development of chronic Helicobacter gastritis, which is observed in a number of patients with disturbances in the function of the gastric rhythm, lack of fundal relaxation, expansion of the antral part of the stomach, and weakening of its postrandial motility. In other words, the development

of FD symptoms can be considered as a consequence of *H. pylori*-infected, long-term chronic inflammation of the gastric mucosa, which leads to motility and visceral sensitivity disorders in the gastroduodenal region. The treatment of functional dyspepsia represents a complex task and changes following new ideas about its pathogenesis. Modern meta-analyses made it possible to expand the indications for the appointment of eradication, prokinetic, cytoprotective therapy, which can be actively used in the treatment of not only epigastric pain syndrome (EOS), but also postprandial syndrome (PDS).

In the subjective status of examined patients with functional dyspepsia, after eating, heaviness in the epigastrium, a feeling of swelling, a feeling of rapid satiety when taking a small amount of food, nausea and belching, as well as dyspeptic complaints and pain syndrome, manifested by mixed complaints of varying degrees, were revealed. We found that hyperacidity predominated in patients with FD (164 patients – 71.3%); among examined patients, normacidity was noted in 26.5% of cases (61); hypoacidity – in 2.2% of cases (5 people). In patients with various forms of functional dyspepsia, when assessing the correlation between the intensity of the acid-producing function of the stomach and the pain syndrome, it was found that hyperacidity was observed in 104 of 132 patients with pain syndrome (78.9%), while the pain syndrome was expressed in 24 patients (23.1%.) in the patient; moderate pain syndrome – in 52 (50%) patients; mild pain syndrome was found in 26 (25.0%) patients.

As a result, we found that the presence of pain syndrome in functional dyspepsia is reliably associated with high acid production in the stomach ( $r < 0.05$ ), and normacid and hypoacid conditions are often observed with pain syndrome of medium and low intensity.

When 230 patients with functional dyspepsia were examined, the diagnosis of *Helicobacter pylori* lesions in the gastroduodenal area was determined by the rapid urease test method - in 142 patients (61.7%) [8]. Infection with *H. pylori* prevailed in the group of patients with SEB (65.6%). Among patients with PDS, infection with *H. pylori* was noted in 38 (43.2%) patients. The results of the study showed that *H. pylori* was detected in 48.27% of healthy individuals according to the data of the rapid urease test. The data of our study indicate that the frequency of dyspeptic disorders prevails in patients contaminated with *H. pylori* in the gastroduodenal area. The most common symptoms of this combination are nausea and regurgitation, flatulence, as well as burping of air and food.

Based on the obtained data, it can be concluded that the presence of *H. pylori* contamination in the gastroduodenal area is associated not only with inflammatory diseases in the periodontium, but also with a severe clinical course of

functional dyspepsia. Abdominal pain syndrome, high frequency and expressiveness of dyspepsia disorders are characteristic of these patients. The data of the research conducted by us determine the necessity and necessity of a comprehensive dental examination in patients with functional dyspepsia.

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