

**ETIOLOGY OF DIVERSIONARY COLITIS , TREATMENT AND PREVENTION
METHODS**

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Annotation: Diversionary colitis is an inflammation of the disconnected segments of the colon that occurs after the application of a stoma. The disease develops due to a violation of energy metabolism and changes in the microflora in the distal loop of the intestine. Clinical manifestations include mucosal and bloody discharge from the rectum, intense abdominal pain, and tenesmus. For the diagnosis of colitis, rectoromanoscopy, colonoscopy with biopsy, and histological analysis are prescribed. If it is impossible to eliminate the colostomy, treatment is carried out conservatively. Drugs of local and systemic action that have anti-inflammatory, metabolic, and antiseptic effects are prescribed.

Key words: diversionary colitis, drug, blood vessels.

Diversionary colitis (disconnected colon syndrome) is one of the most common complications in patients undergoing colostomy — assisted bowel resection. Its manifestations of varying severity occur in all patients, with vivid clinical symptoms developing in about 30% of cases. Pathology is of great clinical significance, since it aggravates the course of the postoperative period and is an infectious and inflammatory focus, which under unfavorable conditions can cause severe complications.

A direct factor in the development of diversionary colitis is the imposition of a colostomy, in which the distal parts of the large intestine are turned off from the digestive tract. Such operations are performed for bowel cancer, severe forms of ulcerative colitis (UC) and Crohn's disease, intestinal obstruction, and congenital abnormalities of the gastrointestinal tract. The probability of colitis does not depend on the height of the stoma, the age and general condition of the patient.

Numerous clinical observations show a pattern between the risk of diversionary colitis and the underlying disease in the patient. In primary and metastatic bowel cancer, the probability of pathology reaches 100%, and its severe course and poor susceptibility to treatment are characteristic. Among patients with chronic inflammatory bowel diseases, the probability of developing the syndrome reaches 91%.

In the mechanism of development of diversionary colitis, a special place is occupied by an imbalance between useful and harmful intestinal microflora, which inevitably occurs when the natural process of promoting fecal matter is disrupted. In the lumen and on the walls of the intestine, the number of aerobic bacteria increases, which damage the mucous membranes and provoke inflammation. The situation is aggravated by immune disorders and a decrease in the number of local protective factors, which contributes to rapid and deep damage.

An important role is played by reducing the level of short-chain fatty acids (SCFA). These substances are necessary for metabolic processes in colonocytes and cover up to 70% of the energy needs of the intestine. When they are deficient, epithelial cells become more

sensitive to damaging effects. Another function of SCFA is the relaxation of vascular smooth muscles, so when they are deficient, vasoconstriction and ischemia of the colon mucosa occur.

Classification

In practical coloproctology, there is no generally accepted systematization of diverse colitis. Some authors suggest using endoscopic imaging data to determine the severity of the lesion. Diagnostic criteria are the intensity of mucosal edema, the presence of intramucosal hemorrhages, and contact bleeding of the intestinal wall. According to the intensity of these signs, colitis is divided into mild, moderate and severe.

Symptoms of diversionary colitis

Clinical manifestations of the disease affect about a third of patients with a removed intestinal stoma. The first symptoms may occur between 1 month and 3 years after surgery. The main complaint of patients is pathological discharge from the rectum, which is represented by a mixture of blood, mucus, pus. Often, the patient can not control such discharge, which creates problems in maintaining hygiene and introducing an active life.

About 15% of patients with diversionary colitis complain of intense cramping pain in the lower abdomen. They occur without any connection with the peculiarities of nutrition, medication, or other external factors. Tenesmus is also characteristic — painful urge to defecate, which can be accompanied by muco-bloody discharge. If the disease persists for a long time, weakness, dizziness, pallor and other symptoms of anemia occur.

Complications

Diversionary colitis is associated with activation of pathogenic flora, so it increases the risk of purulent-inflammatory complications. Up to 30% of patients suffer from suppuration of the laparotomy wound, about 11% - from purulent inflammation of the tissues around the colostomy. When a patient with diversionary colitis undergoes surgery to close the stoma, the probability of failure of the anastomosis reaches 27%, the risk of postoperative mortality increases to 6.7%.

Diagnostics

In the presence of colostomy and characteristic clinical symptoms, the diagnosis of diversionary colitis is not difficult for a coloproctologist. A preliminary diagnosis is established already at the stage of collecting an anamnesis and physical examination. To confirm the nosology and assess its severity, a set of diagnostic methods is prescribed:

- Rectoromanoscopy. Visual examination of the rectal mucosa is necessary to quickly confirm the diagnosis and identify characteristic inflammatory changes. The study is performed for most patients, with the exception of cases of rectal bleeding and severe pain syndrome.
- Colonoscopy. Endoscopic diagnostics is prescribed to study the entire surface of the switched-off part of the intestine. On examination, edema, granularity, and spot

hemorrhages on the mucous membrane are determined. With a severe variant of diversionary colitis, contact bleeding, erosions, and deep ulceration are detected.

- Histological examination. Microscopy of biopsies reveals chronic inflammation, infiltration of tissues with eosinophils, and disorders of the intestinal crypt anatomy. It is characterized by follicular lymphoid hyperplasia, crypt abscesses.
- Laboratory tests. To assess the activity of the inflammatory process, a blood test is performed for acute phase indicators. To detect the presence and severity of post-hemorrhagic anemia, a clinical blood test, iron, ferritin, and transferrin tests can help. According to the indications, bakposev of the discharge from the anal canal is performed.

Differential diagnosis

The endoscopic and histological picture of the disease is similar to the manifestations of non-specific ulcerative colitis with moderate activity. These pathologies are easily differentiated by the presence or absence of a colostomy. Difficulties arise if the patient was initially diagnosed with UC, for which the bowel stomy was performed. Deep ulceration of the intestinal wall requires targeted microscopic examination to exclude oncopathology.

The only radical method of treatment is reconstructive surgery to close the stoma and restore the passage of feces through the intestines. This is the best option for patients who have had a colostomy temporarily installed as one of the stages of surgical treatment of neoplasms, perforations and other pathologies. Elimination of colostomy and maintenance therapy aimed at restoring bowel function can help to get rid of the manifestations of diversionary colitis.

If removal of the stoma is not possible, medication is prescribed. Doctors have difficulties defining common principles for the conservative administration of such patients, so the treatment program is selected individually, taking into account the intensity of symptoms. For pathogenetic therapy, drugs with SCFA are prescribed that normalize metabolic processes in the intestine. With intense inflammation, medications based on 5-aminosalicylic acid are used.

For diversionary colitis, local therapy is performed: intraluminal intestinal sanitation, enemas with corticosteroid solutions, which have a powerful anti-inflammatory effect and help in severe cases of the disease. Occasionally, innovative areas of therapy are used, such as fecotransplantation. Treatment is aimed at normalization of colonic microflora, improvement of energy processes in colonocytes.

Prognosis and prevention

Drug therapy partially relieves the patient of unpleasant symptoms and improves the quality of life, but it is not able to completely eliminate the unpleasant manifestations of colitis. The outcome of the disease is determined by the severity of the course and dynamics of the underlying pathology, which caused the need for stoma installation. Prevention of diversionary colitis consists in closing the colostomy as early as possible, if this is permissible for medical reasons.

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