

**INFLAMMATION,ETIOLOGY,DISEASES AND TREATMENTS OF THE SMALL
INTESTINE**

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Abstract: This article provides information on diseases caused by inflammation of the small intestine and the ways in which it treats diseases. Inflammation of the small intestine that enters the digestive system is a pathological condition. There can be various causes for their inflammation. In case of inflammation of the small intestine, it is necessary to be treated with speed, as it can lead to bad complications.

Keywords: inflammation, enteritis, intestinal, treatment, treatment, pathology, anomaly, digestion, small intestine.

Chronic enteritis is an inflammatory and dystrophic pathology of the small intestine, leading to a disorder of its digestive, transport and barrier functions. Symptoms include local (stool disorders, flatulence, abdominal pain) and general (fatigue, irritability, headaches and dizziness, skin, nail and hair problems, endocrinopathy) signs, disorders of all types of metabolism. The diagnostic program includes BAC stool analysis, coprogram, ultrasound, X-ray and endoscopic examination with biopsy. The treatment is conservative, it consists in the appointment of a diet, antibacterial, substitution and symptomatic therapy. Chronic enteritis is a polyethological pathology that develops as a result of dystrophy and atrophy of all layers of the small intestine wall, manifested by a disorder of all its functions (transport and absorption of nutrients, barrier, immunological, endocrine function). It was after studying the morphological transformations occurring in the intestine in chronic enteritis that it became clear that this disease is not so much inflammatory in nature as dystrophic (associated with a disorder of nutrition and blood supply to the small intestine wall). Depending on the level of lesion (initial or final sections of the small intestine), the disease may have the features of jejunitis (lesion of the jejunum) or ileitis (pathology of the ileum).

Despite the fact that the exact figures indicating the incidence of chronic enteritis are unknown, this pathology is widespread in the population. Thus, in specialized departments of gastroenterology dealing with the study of pathogenesis, clinic and treatment of diseases of the small intestine, patients with this pathology make up at least 90%.

Reasons

Infectious factors

The most common culprits of chronic enteritis are infectious diseases that occur with damage to the gastrointestinal tract. The greatest importance belongs to salmonellosis, shigellosis, staphylococcal infections, yerseniosis, giardiasis; infection with campylobacter, pseudomonads, proteas, enteroviruses. The role of protozoal and helminthic invasions (ascariids, cryptosporidia, broad tapeworm, etc.) is not excluded.

Alimentary factors

Alimentary factors are also relevant: mechanical injury to the mucous membrane of the small intestine with too dry and dense food, an excess of spices and spicy seasonings in the diet, food poor in carbohydrates and proteins, alcohol abuse. However, isolated alimentary factors do not provoke the development of pathology. Conditionally, this group of causes can include food allergies, the effect of toxins and salts of heavy metals on the intestines, ionizing radiation; long-term use of certain medications (steroids, NSAIDs, cytostatics, antibiotics).

Anatomical anomalies

Various developmental anomalies are also considered etiological factors. Experts assign an important role to the insufficiency of the ileocecal valve and the development of reflux-caused chronic enteritis due to the re-entry of the contents of the large intestine into the small intestine.

The insufficiency of the sphincter apparatus of the large duodenal papilla also leads to the formation of chronic inflammation. In this pathology, there is a continuous outflow of bile and pancreatic juice into the lumen of the gastrointestinal tract. Digestive juices have an excessive stimulating effect on the peristalsis and motility of the small intestine, leading to impaired blood supply and nutrition, and subsequently intestinal dystrophy. Chronic enteritis can also be caused by abnormalities of the structure of the small intestine, megacolon, gastrointestinal surgeries, adhesions and ischemia of the abdominal organs.

Pathogenesis

The main links of pathogenesis are inflammation of the mucous membrane with subsequent disruption of its regeneration; violation of local immunity in the small intestine, which promotes the penetration of microorganisms into the thickness of its wall, the production of antibodies to intestinal flora, food, and own tissues. An important role is also played by the development of intestinal dysbiosis, which leads to increased release of bacterial toxins, impaired digestion and absorption of nutrients (especially fats), chronic diarrhea and dehydration.

There is a disorder of the function of the gastrointestinal endocrine apparatus of the small intestine, which leads to the progression of changes and aggravation of disorders of reparative processes; violation of both abdominal and parietal digestion; development of fermentopathies; changes in intestinal motility according to hypo- or hypermotor type.

Symptoms of chronic enteritis

Intestinal symptoms

The signs of this pathology are divided into local and general. Local ones include tongue congestion, stool disorders, flatulence, abdominal pain; general ones include a violation of all types of metabolism, endocrine insufficiency, and damage to other organs.

A typical symptom of this pathology is frequent (up to 20 times a day) stools. The urge to defecate occurs immediately after eating, the amount of feces is increased in volume. During defecation, trembling in the extremities, tachycardia, arterial hypotension, and weakness may occur. Feces are liquid and contain undigested lumps of food and fiber. If fat metabolism is significantly disrupted, steatorrhea is noted – fecal masses are putty-like, clay-gray in color, shiny. With the predominance of fermentation processes, feces are foamy, its reaction is acidic. Putrefactive processes cause the fetid smell of feces, its alkaline reaction.

Flatulence is manifested by bloating and pain after defecation and gas discharge. It occurs more often in the afternoon, when intestinal digestion is especially active. Abdominal pain in chronic enteritis can be caused by intestinal spasm, flatulence, mesadenitis (inflammation of the intestinal mesentery), ganglionitis (inflammation of the vegetative ganglia), mixed causes.

Common symptoms

The general manifestations of chronic enteritis are usually noted only in moderate to severe cases, they are caused by impaired digestion and absorption of nutrients in the small intestine. These include weakness, irritability, constant malaise, headaches, deterioration of the skin, hair and nails, changes on the part of the tongue ("varnished", with tooth prints on the sides).

In chronic enteritis, a violation of the metabolism of fats, carbohydrates, protein, vitamins, and trace elements is recorded. Disorders of protein metabolism are expressed by progressive weight loss, atrophy of skeletal muscles, hypoproteinemia, edema. Altered fat metabolism is manifested by thinning of the subcutaneous fat layer, steatorrhea, and a decrease in the amount of triglycerides and cholesterol in the blood.

Failures in carbohydrate metabolism are much less common and are accompanied by the development of fermentation processes in the intestine, hypoglycemic conditions, and milk intolerance. Chronic enteritis is characterized by disorders of mineral metabolism (most of all, hypocalcemia), electrolyte (decreased levels of sodium, potassium, magnesium, phosphorus and other trace elements) and water-salt metabolism. The absorption of individual vitamins (C, B12, B1, B2, PP, A, K, D) is also inhibited.

Endocrine disorders are inherent in at least a third of patients with this pathology, mainly with a severe course. They are manifested by polyendocrine insufficiency. With a prolonged course of chronic enteritis, chronic gastritis, hepatitis, pancreatitis develop, which worsen the patient's condition and prognosis of the disease.

For a mild course of chronic enteritis, the predominance of local symptoms is typical, weight loss usually does not exceed 5 kg. The course of moderate severity is recorded with weight loss of up to 10 kg, the appearance of general symptoms of the disease. The severe course is characterized by the predominance of general symptoms in the clinical picture of the disease, progressive emaciation.

Diagnostics

The diagnosis of chronic enteritis is established on the basis of a complex of laboratory and instrumental examination methods. A full range of studies is prescribed by a gastroenterologist:

Laboratory tests. Blood tests show signs of anemia, decreased levels of protein, electrolytes, trace elements, and hormones. The coprogram reveals maldigestion and malabsorption; bacteriological analyses of feces – growth of pathological microflora; analysis of feces for dysbiosis is positive. Tests for helminthiasis and the determination of antibodies to yersinia are mandatory.

Intestinal endoscopy. Assessment of morphological changes in the small intestine is possible during EGDS, intestinal endoscopy. During this study, a biopsy of the intestinal mucosa is necessarily performed, followed by a histological examination.

Radiography. The motility of the small intestine is characterized by contrast X-ray examination. OBP X-ray examination, stomach X-ray are performed according to indications for differential diagnosis and detection of concomitant gastrointestinal diseases. Chronic enteritis should be differentiated from non-ulcerative chronic colitis, tuberculosis and intestinal amyloidosis, Crohn's disease, enzyme enteropathies, and extracretory pancreatic insufficiency.

Prognosis and prevention

The prognosis of chronic enteritis with a properly organized treatment process is favorable, the severe course of the disease usually requires additional examination to identify severe concomitant pathology. Prevention of chronic enteritis consists in the prevention and timely treatment of intestinal infections and acute enteritis, which can result in a transition to a chronic form; observance of a healthy lifestyle and nutrition; exclusion of etiological factors of this disease; sanitary education of the population.

Literature:

1. Salomov, S., Aliyev, H. M., & Rakhmanov, R. R. (2022). MORPHOMETRIC INDICATORS OF THE GROWTH OF THE THICKNESS OF THE LAYERS OF THE VISUAL CORTEX (FIELD 17, 18, and 19) OF THE LEFT AND RIGHT HEMISPHERES OF THE BRAIN IN A HUMAN IN POST-NATAL ONTOGENESIS. *Galaxy International Interdisciplinary Research Journal*, 10(1), 875-878.
2. Izbosarovna, O. M. (2022). FLOWERING PLANTS USED IN LANDSCAPING WORK. *British Journal of Global Ecology and Sustainable Development*, 10, 184-190.
3. Izbosarovna, O. M. (2022). CARE AND FEEDING OF CARP FISH. *British Journal of Global Ecology and Sustainable Development*, 10, 108-113.
4. Ачилова, З. (2023). Словообразовательные и грамматические трудности при переводе испанского текста на русский. *Центральноазиатский журнал образования и инноваций*, 2(6 Part 6), 220-224.
5. Ачилова, З. П. МЕТОДЫ ОБУЧЕНИЯ ПРИ ПЕРЕВОДЕ ПОЛИТИЧЕСКИХ ВЫСТУПЛЕНИЙ Эргашев Алишер Фарход угли.
6. Nozimjon o'g, S. S., & Mahramovich, K. S. (2024). The Chemical Composition Of The White Carrak Plant And Its Medicinal Role. *Texas Journal of Medical Science*, 29, 78-80.

7. АЧИЛОВА, 3. LAS PARTICULARIDADES DE LA COMPETENCIA COMUNICATIVA DE LOS ESTUDIANTES.

8. Nozimjon o'g'li, S. S., & Makhmudovich, A. H. (2024). The Most Effective Drugs in the Treatment of Myocarditis Disease. Health & Medical Sciences, 1(2), 6-6.