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RISK FACTORS FOR SMALL BOWEL INJURY IN RHEUMATOID ARTHRITIS

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SUMMARY

A scientific review of the literature is designed to identify small bowel damage in rheumatoid arthritis, one of the pressing problems of modern medicine, and issues of small bowel disease prevalence and risk factors are considered. Recent studies have shown a higher risk of small bowel injury and related complications. In rheumatoid arthritis, small bowel damage is more common than it is diagnosed. As a result, early diagnosis of small bowel ulcers in patients with rheumatoid arthritis has important clinical and prognostic value. One of the frequent complications of rheumatoid arthritis pharmacotherapy is damage to the small intestinal tract, development of resistance to conventional therapy, destruction of the intramural nervous system of the intestine, changes in conditionally pathogenic microflora, and disruption of the intestinal immune system, often leading to disability.

This situation is exacerbated by the constant increase in morbidity among the population, often leading to disability. According to the predictions of the experts of the World Health Organization, in the middle of the 21st century, diseases of the digestive system will occupy one of the leading places. The occurrence of small bowel disease in rheumatoid arthritis depends primarily on the duration of the disease and the nature of the inflammatory process. In patients with rheumatoid arthritis, pathology of the small intestine occurs in 1/3 of all cases. According to WHO, in the middle of the 21st century, diseases of the digestive system will occupy one of the main places. The higher the activity of rheumatoid arthritis, the risk of developing enteropathy is 1.5 times higher. The research data showed that the drugs used in the damage of the small intestine, as well as the drugs used in the prevention of the disease, appeared under the influence of the drugs. All this information is currently fully verified. The issue of small bowel damage in rheumatoid arthritis is poorly understood and requires further research to fully elucidate it.

Key words

rheumatoid arthritis, risk factors, enteropathy.

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Rheumatic diseases are one of the oldest pathologies of mankind and are among the most common diseases of the 21st century. In recent decades, certain advances have been made in the field of theoretical and clinical rheumatology. E.A. Galushko and E.L. According to Nasonov, rheumatic diseases include more than 80 diseases and syndromes. [1,3,6] Rheumatoid arthritis (RA) is an autoimmune disease characterized by the development of chronic destructive polyarthritis, frequent involvement of other systems in the pathological process. Extra-articular structural damage in RA can have a significant impact on disease outcome [5,9,11]. Among the inflammatory rheumatic diseases of the joints, RA occupies one of the first places in terms of prevalence and associated temporary and permanent disability. According to V.A. Nasonova [1994], 6% of rheumatological patients are disabled, and more than 20% of them have RA. The steady development of the pathological process, despite the use of modern therapy methods, not only causes a significant functional deficiency of the musculoskeletal system, but also shortens the life expectancy of patients by 4-10 years, increases the mortality rate, which exceeds the general population [Pincus T., Callahan L., 1992]. Systemic manifestations of RA patients: general vasculitis, rheumatoid nodules, lymphadenopathy, damage to lungs, heart, liver, kidneys, and other organs and systems will have a bad outcome: [E.N. Dormidontov. et al., 1982; R.M. Balabanova 1990]. Among the extra-articular manifestations of RA, damage to the gastrointestinal tract is the least studied, but the most severe process is intestinal amyloidosis, which occurs in 11% of patients and is usually accompanied by amyloidosis of other internal organs [Wegner M., 1988; Kobayashi N.. et al. authors., 1996; Hisawa K. etc. authors., 1997]. Functional and morphological changes in the stomach are described [Oskolkova A.B., 1972; Kravchenko L.F., Kurganskaya A.V., 1972; Sotnikova T.I. et al., 1990; Fries I. and others, 1990] and intestines [Izmaylova M.Kh. et al., 1984; Friezen B.I., 1998], especially, may be related to the pathogenesis of diseases of the mucosa of the main joints. However, the interpretation of these changes is difficult because of the adverse effects of the drugs that patients have had to take for years. Thus, in the literature of recent years, many studies have appeared analyzing the effect of non-steroidal anti-inflammatory drugs (NSAIDs) on the mucosa of the small intestine in patients with rheumatoid arthritis [Kalinin A.V. 1994; Ivashkin V.T., 1994; Nasonova V.A., 1994; Muravyov Yu.V., Nasonova V.A., 1991Agrawal N., Aziz K., 1998]. NYaQVs that inhibit the production of prostaglandins reduce the resistance of the mucous membrane of the small intestine to the strong effects of hydrochloric acid and pepsin, which leads to the development of enteropathy and gastric ulcer [Svintsitsky A.C., 1990; Roth S 1986; Kurata U., 1990; Porro G. et al., 1997], which in some cases can threaten the life of patients. The risk of damage to the small

intestinal tract increases with the use of glucocorticosteroids (GCS) and, possibly, long-term "main" drugs, in particular, immunosuppressants [Nasonova V.A., E.L. Nasonov., 1995]. Small intestinal mucosa in patients with RA it is impossible to exclude the negative effect of the layer and the infectious factor, because it is currently an important component of the pathogenesis of gastroduodenal injuries [Grigoriev P.Ya., Isakov V.A. , 1991; Lopnov A.F., 1993; Hentschel Eva et al., 1993; Blazer M., 1998].

Conclusions In rheumatoid arthritis, small bowel involvement is more common than it is diagnosed. As a result, early diagnosis of small bowel ulcers in patients with rheumatoid arthritis has important clinical and prognostic value. The most common symptom of RA small bowel damage is gastropathy. In patients with RA, the motor and secretory function of the small intestine is impaired [6, 10, 12], which is chronic among these patients [10,20].

enteritis is three times more common [11,19], and peptic ulcer disease is more common [15,16,18]. A number of researchers considered the nature of these changes in the context of the systemic nature of rheumatoid inflammation, believing that atrophic gastritis is the main immune disorder [13,17]. So A.I. Strukov [5,9,14] noted that cellular infiltration of the small intestinal mucosa corresponds to the concept of immune inflammation. D. Malone stated that the appearance of ulcers is more related to the nature of RA than to the anti-inflammatory drugs used by patients [3,6,18]. Nevertheless, on the one hand, the specific severity of immune disorders in the small intestine due to the underlying disease, and on the other hand, the harmful effect of the mucosal lining of the drugs that patients are forced to take, are debatable. In the literature of recent years, the main attention in the development of small intestine diseases is focused on drug-induced enteropathy [3,7,11]. The pathogenesis of these enteropathies is not fully elucidated and should probably not be considered outside of the processes that may appear in accordance with the general immunopathological laws characteristic of RA as a systemic disease. Especially now, superficial gastroenteritis -atrophic gastritis, which represents any chronic enteritis as an ongoing immune pathology according to the standard scheme, is assumed: [1,3,3,21].

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