



MODERN UNDERSTANDING OF IRRITABLE BOWEL SYNDROME.

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Relevance of the problem. In accordance with the recommendations of the International Working Conference, irritable bowel syndrome (IBS) is defined as a complex of functional (i.e. not associated with organic bowel lesion) disorders lasting over 3 months, the main clinical symptoms of which are abdominal pain that decreases after defecation, accompanied by flatulence, rumbling, a feeling of incomplete bowel evacuation or imperative urge to defecate, as well as dysfunction: constipation, diarrhea or their alternation. IBS is one of the most common diseases in the structure of gastroenterological pathology and occurs, according to various sources, in 40-70% of the total number of people seeking medical help. It is important to emphasize that this disease mainly affects young and middle-aged people. The high frequency of the disease and its involvement in people of the most working age determine the special clinical and social significance of the syndrome under discussion. The problem is aggravated by the fact that today there is no unified understanding of the etiology and pathogenesis of IBS. The mechanisms of the development of disorders in patients with IBS are associated with a violation of the nervous and humoral regulation of the intestinal motor function. In the development of intestinal motility disorders in patients with IBS, the leading role is played by a change in the sensitivity threshold of visceral receptors of the intestinal wall, which determine the perception of pain and intestinal motor function. Nevertheless, in the problem of IBS pathogenesis, an important aspect remains the study of serotonin receptors (5-hydroxytryptamine-ex-HT), which are localized in the central nervous system and are considered pain receptors. Possible causes of these disorders are diverse: psychosomatic disorders, endocrinopathy (menopause, dysmenorrhea, diabetes mellitus), excessive microbial colonization of the small intestine and dysbacteriosis of the colon. According to a number of authors, the decisive role in the pathogenesis of functional intestinal disorders is played, first of all, by psychoemotional disorders (in 72%) associated with the pathological development of personality according to the type of anxiety-phobic, hypochondriacal, depressive or hysterical syndromes. Inadequate reaction of these people to stress and other interactions often leads to disorders of regulation of intestinal function, since it becomes an organ of mental maladaptation. However, clinical manifestations of mental disorders and their relationship with functional disorders of the intestinal tract remain unexplored.

Recent studies characterize IBS as a disease accompanied by changes in the microflora of the colon. The ability of the intestinal microflora to produce neurotransmitters that affect the enterin system and thereby change the secretion and motility of the intestine, as well as the threshold of visceral sensitivity, indicates the importance of dysbiotic changes in the pathogenesis of IBS. There are isolated studies proving the role of microorganisms in the development of intestinal motility disorders

in IBS. The positive therapeutic effect of probiotic drugs in IBS also confirms this point of view. There are also well-founded assumptions about the development of complications in the form of recurrent bacterial segmental colitis in some patients with IBS. However, the role of intestinal microflora disorders in the mechanism of IBS development and progression has not yet been clarified. Consequently, the development of the main issues of IBS remains an extremely urgent task and all of them (from etiology, diagnosis to treatment) are awaiting a solution.

In this regard, **the aim of this study** was to investigate the pathogenesis, diagnosis and treatment of irritable bowel syndrome.

Study objectives: to study the clinical features and diagnosis of irritable bowel syndrome; to study the features of psychosomatic disorders in IBS; to clarify the role of intestinal microflora disorders in the mechanism of irritable bowel syndrome development; to study the features of immunological and morphological changes in patients with IBS; to study the dynamics of clinical, laboratory and endoscopic manifestations under the influence of therapy and to evaluate the effectiveness of various types of therapy.

Results of the study. It has been shown for the first time that psychosomatic pathology plays an important role in IBS. Depressive disorders predominate in 30% of patients, hypochondriacal personality changes in 11.9%, and anxiety-phobic changes in 16.4%. A close relationship between functional disorders of the colon and psychosomatic disorders has been established. It has been established for the first time that patients with IBS with predominant constipation have a decrease in the level of serotonin in the blood, and with predominant diarrhea, on the contrary, an increase in it compared to healthy individuals. Patients with IBS with diarrhea have a noticeable disorder of the immune system: a decrease in T-lymphocytes, activation of the B-system of immunity, which is manifested by an increase in their number and an increase in the content of IgG in the blood. Practical significance of the study results. The obtained results contribute to the improvement of the solution of complex differential diagnostic problems of irritable bowel syndrome associated with functional disorders of the colon and its organic lesions. The results of our research allow us to determine the scope and tactics of treatment measures, optimize interventions aimed at reducing painful manifestations, and contribute to improving the quality of specialized care for patients with IBS. The drug Dpcetel effectively relieves spasms, stops pain syndrome and normalizes the tone of the intestinal wall, without causing atony of the colon. This is very important both during colonoscopy and for restoring full evacuation function of the intestine. The established changes in the immune status of patients with IBS, which play an important pathogenetic role in the development of the disease and its course, dictate the need to use immunocorrective drugs. In 68% of patients with IBS, bacterial overgrowth (*Clebsiella* and *staphylococcus*) was detected in the small intestine, while antibiotic treatment significantly reduces the symptoms of the disease. In case of small intestinal bacterial overgrowth syndrome, one of the following drugs is effective: tetracycline hydrochloride (200 mg x 4 times after meals) or furazolidone (0.1 g x 3 times a day). The choice of therapeutic intervention depends on the nature and severity of clinical manifestations of IBS and psychosomatic disorders. For patients with IBS with a predominance of constipation and depressive disorders, it is

advisable to prescribe antidepressants in combination with prokinetics against the background of a diet enriched with dietary fiber.

Conclusions. In the spectrum of psychosomatic pathology of patients with IBS, depressive disorders prevail (30%), in second place are personality disorders of a hypochondriacal and anxiety-phobic nature (11.9% and 16.4%, respectively). Depressive disorders are accompanied by pronounced manifestations of hypomotor dyskinesia, with the development of persistent constipation, and in anxiety states, on the contrary, hyperkinetic processes with the manifestation of diarrhea prevail. Transient stool disorders, sometimes occurring with constipation, and sometimes with diarrhea, are more typical for people with severe hypochondria. In IBS, visual endoscopic characteristics of the colon mucosa significantly diverge from the results of histological examination. Inflammatory changes in the intestine are endoscopically detected only in 27% of patients, and in histological examination of biopsies of the colon mucosa, they are found in 73% of patients. In patients with IBS with predominant constipation, there is a simultaneous decrease in T- and B-cells by 24% and 34%, respectively, which indicates a decrease in the activity of the cellular link of immunity. In IBS with persistent diarrhea, there is suppression of the T-system of immunity (a decrease in T-x - 24%, T-s - 27% and activation of the B-system of immunity), which was accompanied by an increase in the number of B-cells (30%) and the content of IgG (46%) in the blood. The severity of these changes depended on the duration and severity of the disease and the age of the patients. In patients with IBS with predominant constipation, dysbiotic changes in the intestinal microflora were established in 20%, and in IBS with diarrhea, pronounced intestinal dysbacteriosis was noted in 54% of cases, which was associated with long-term use of antibiotics. For patients with IBS with a predominance of constipation, a decrease in the level of serotonin in the blood (on average by 43%) was characteristic, with the predominance of diarrhea, on the contrary, an increase in the concentration of serotonin in the blood (on average by 53%) compared to healthy individuals, which indicates the important role of biogenic amines in the pathogenesis of this syndrome. Therapeutic effects in IBS depend on the nature of clinical manifestations and the characteristics of psychosomatic disorders. With a predominance of constipation and depression, it is important to combine the prescription of a diet enriched with dietary fiber with antidepressants and prokinetics.

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