

MORPHOLOGY OF EROSIVE GASTRIC GASTRITIS

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Abstract: Erosive gastritis is an acute or chronic disease of the stomach, accompanied by a violation of the integrity of its inner shell, the formation of surface defects on it – erosions. Sometimes it is asymptomatic, in other cases it is manifested by vivid symptoms in the form of abdominal pain, nausea, vomiting, blood impurities in vomit and feces. If left untreated, it is complicated by the formation of stomach ulcers, anemia and other serious diseases. Contacting a doctor at the first signs and symptoms of erosive gastritis, regular routine checkups will help identify the problem in a timely manner and begin effective treatment that will normalize the patient's condition in a short time and prevent the development of complications.

Gastric erosions are defects of the mucous membrane that occur at the site of necrosis sites that do not reach its muscular layer. The estimated incidence of this pathology in different regions of the Russian Federation ranges from 15 to 30%, but it is probably higher due to the frequent asymptomatic course and associated underdiagnosis. More than half of patients who have been taking nonsteroidal anti-inflammatory drugs for a long time suffer from erosive gastritis, and even after their withdrawal, the risk of developing this condition remains elevated.

Erosive gastritis is three times more common in men than in women, and the acute form of the pathology is characteristic of young patients, and the chronic form is characteristic of the elderly. A third of erosions are complicated by bleeding, which in three percent of cases is so severe that it ends in death.

Gastritis with erosions can develop due to the pathological reproduction of *Helicobacter pylori*, when parasites and microorganisms enter the body. Erosion in the stomach is formed by excessive consumption of alcoholic beverages, diabetes mellitus, in the presence of harmful working conditions, and prolonged use of NSAIDs. In some cases, prolonged fasting, improper diets, and low immunity can also provoke erosive gastritis.

When microorganisms enter the body in combination with provoking risk factors, the protective function of the body decreases. Bile is released, pepsin and acids are produced in large quantities — this reduces the ability of the epithelium to recover, which means that the protective function of the organ no longer works as it should. As a result, erosions, ulcers, and defects form on the walls of the stomach.

- Kinds
- According to the features of the endoscopic picture, there are three types of erosive gastritis:
 - hemorrhagic (superficial deep mucosal defects with a pale corolla, covered with a bloody crust);
 - flat (do not rise above the surface of the mucous membrane, have full-blooded edges, covered with a whitish coating);
 - hyperplastic (somewhat edematous, raised above the surface of the mucous membrane, superficially similar to polyps, localized on the ridges of the folds of the membrane).
- Erosions that epithelize within 2-7 days are considered acute, and 30 or more days are considered chronic.

- Symptoms
- In most cases, erosive gastritis is asymptomatic – the patient does not experience any unpleasant sensations and does not know that he is ill. Less often, symptoms of pathology may include:
 - nausea, vomiting with an admixture of blood, and sometimes "coffee grounds" (a sign of severe bleeding);
 - black chair;
 - feeling of discomfort, heaviness, and fullness in the epigastrium, more intense during or immediately after eating;
 - unpleasant bitter or sour taste in the mouth;
 - belching with air, food;
 - heartburn;
 - rumbling in the stomach, bloating of the intestines;
 - stool disorders (constipation, diarrhea).
- Erosive gastritis occurs due to an imbalance between the protective functions of the mucous membrane and the action of aggressive factors.
- Normally, the inner layer is protected from hydrochloric acid and pathogenic microorganisms by a special barrier, which consists of mucus, bicarbonates and epithelial cells capable of regeneration. When this barrier is breached, the epithelium becomes very vulnerable.
- The main causes of erosion:
 1. Helicobacter pylori
 - The bacterium destroys the protective layer and causes inflammation. It is one of the main causes of erosions and chronic gastritis.
 2. Taking nonsteroidal anti-inflammatory drugs (NSAIDs)
 - Prolonged use reduces the protective properties of the epithelium and negatively affects the health of the stomach.
 3. Poor nutrition
 - Regular consumption of fatty, spicy, sour or too hot dishes irritates the stomach and weakens its barrier properties. Skipping meals and overeating also exacerbate the problem.
 4. Bad habits
 - Smoking and alcohol consumption increase the production of hydrochloric acid and slow down the regeneration of the epithelium.
 5. Chronic stress
 - Constant psycho-emotional stress causes vasospasm, disrupting the blood supply to the inner lining and reducing resistance to damaging factors.
 6. Concomitant diseases of the gastrointestinal tract
- Classification
- According to the intensity of the course, gastritis can be:
 - Acute erosive — it begins suddenly and is accompanied by severe symptoms, including pain, nausea and vomiting. It most often develops against a background of severe stress or taking aggressive medications.
 - Chronic erosive — proceeds slowly, often asymptotically, but gradually causes permanent organ damage.
- By origin (etiology):
 - Primary — develops as an independent disease.
 - Secondary — occurs as a complication of other gastrointestinal pathologies.
- By the number and nature of erosions:
 - Isolated cases — usually no more than three and are easily treatable.

- Multiple — they cover a significant part of the organ, which requires long-term complex therapy.
 - By morphology:
 - Flat — have a smooth surface and are covered with a whitish coating.
 - Hyperplastic — characterized by pronounced swelling of the epithelium and may resemble tumors.
 - Hemorrhagic — accompanied by bleeding and the formation of small bloody foci.
 - Symptoms
 - Pathology can occur both asymptotically and with a pronounced clinical picture. Many patients do not suspect anything about the disease until they have an endoscopic examination.
 - However, in some cases, the symptoms still make themselves felt:
 - Pain in the pit of the stomach (in the upper abdomen).
 - Nausea and vomiting.
 - Constant feeling of fullness of the stomach.
 - Belching with an unpleasant taste.
 - Plaque on the tongue.
 - Constipation, diarrhea, or their alternation.
 - Heartburn, which often occurs after eating.
 - Rumbling in the stomach and flatulence.
 - Decreased appetite.
 - Fatigue and weakness caused by anemia.
 - Increased irritability and asthenia due to stomach discomfort.
 - What happens if left untreated — complications
 - Gastric bleeding — in severe cases, it is manifested by vomiting with blood ("coffee grounds") and black stools (melena). Without timely help, blood loss leads to anemia or hemorrhagic shock.
 - Ulceration — constant irritation of the mucous membrane leads to a deepening of erosions and their transformation into ulcers. The ulcer affects the muscular layer of the stomach, heals longer and can be complicated by perforation or perforation in other organs.
 - Transformation into cancer — prolonged gastritis, especially associated with *Helicobacter pylori*, increases the risk of cancer. This is due to chronic inflammation, metaplasia, and epithelial dysplasia.
 - Diagnostics
 - The examination includes several stages:
 - Consultation and examination by a doctor
 - The gastroenterologist finds out the nature of the symptoms, their duration, frequency of exacerbations, nutritional characteristics and the presence of bad habits. The family history of gastrointestinal diseases and medications taken (for example, NSAIDs, glucocorticosteroids, antibiotics) are being clarified. The doctor examines the tongue, pays attention to its plaque, checks the condition of the skin (pallor may indicate anemia). Palpation of the abdomen reveals pain in the epigastric region, which is characteristic of inflammation.
 - Laboratory tests
 - General blood test with ESR — helps to identify anemia, inflammation and other abnormalities.
 - Stool analysis for hidden blood is used to diagnose internal bleeding, especially if it does not manifest itself symptomatically. Тесты на хеликобактер пилори.
- Инструментальные методы

• Fibrogastroduodenoscopy (FGDS) — allows you to see erosions, assess their size, shape and depth. If necessary, the doctor takes a biopsy to clarify the nature of the damage.

Radiography with contrast is a method used to identify organ deformities, "niches" and motor disorders.

• pH-metric — measuring the acidity of gastric juice allows you to identify hyperacid conditions that contribute to the development of erosions.

Ultrasound of the abdominal cavity organs is used for differential diagnosis, assessment of other organs of the gastrointestinal tract and search for concomitant pathologies.

Principles of therapy

Therapy is aimed at eliminating the causes, protecting the inner layer of the stomach, relieving symptoms and preventing complications.

The treatment approach is based on:

1. Exclusion of provoking factors

The patient is advised to give up smoking, alcohol, adjust the diet and avoid stressful situations. If the erosion is caused by taking medications, such as NSAIDs, they are replaced with safer drugs or temporarily discontinued.

2. Treatment of helicobacter pylori infection

If *Helicobacter pylori* is detected, a course of eradication using antibiotics and proton pump inhibitors is prescribed.

3. Protection of the mucous membrane

Drugs that form a protective barrier are prescribed, which prevents further damage and improves epithelial regeneration.

4. Elimination of complications

In case of bleeding or deep erosions, modern methods of stopping bleeding are used — endoscopic hemostasis.

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