

STUDYING CLINICAL AND LABORATORY ANALYSIS AND THE EFFICACY OF ETHORICOXIB IN PATIENTS WITH RHEUMATOID ARTHRITIS.

Ruzmetova Inobat Yangibaevna

Relevance. Rheumatoid arthritis is an autoimmune rheumatic disease of unknown etiology, characterized by chronic erosive arthritis (synovitis) and systemic damage to internal organs. From the point of view of the pathogenetic mechanisms of the formation of RA, it is a heterogeneous disease. The pathogenesis of RA is based on genetically determined autoimmune processes, the occurrence of which becomes possible with a deficiency of the T-suppressor function of lymphocytes. A factor of unknown etiology leads to the development of an immune response.

The purpose of our research was an assessment of the efficacy, tolerability and safety of the use of the drug Etoricoxib at a dosage of 90 mg 1 time per day after meals for 4 weeks for the treatment of rheumatoid arthritis in patients with concomitant erosive and ulcerative lesions of the upper gastrointestinal tract in the stage of remission / moderate exacerbation on the background of prophylactic therapy with the drug pantap (pantaprazol) at a dosage of 20 mg 2 times a day with a comparison of the drug diclofenac.

Materials and methods. Patients were examined in the amount of 101, who had a reliable diagnosis of PA, an average degree of activity. The patients were of middle age ($41 \pm 15,8$). Pathology on the part of the gastrointestinal tract was revealed by a thorough clinical examination. Of the 101 patients who were under observation, there were 76 women and 25 men with RA, of which 41 (23.6%) had NSAID gastropathy during EFGDS at the first stage of the study. The comparison group consisted of 40 patients taking non-selective NSAIDs (diclofenac 150 mg/day) and 20 juveniles taking selective NSAIDs (etoricoxib 90 mg/day) without the development of gastropathy. The control group consisted of 15 practically healthy individuals. All patients underwent endoscopic examination. 87.2% of patients with PA had complaints about belching. Heartburn and epigastric pain were observed in 69.2% and 66.7% of patients with PA, respectively. The data obtained are close to the results of earlier studies. So, dyspepsia and pain in the epigastrium disturbed from 20% to 90 % of patients taking NSAIDs. When comparing the frequency of complaints of pain and heaviness in the epigastric region, heartburn, belching, nausea in patients with PA, significant differences were found ($p > 0.05$).

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It can be assumed that the clinical manifestations of taking NSAIDs are not a characteristic feature for a particular pathology. Thus, epigastric pain, heartburn, belching were detected in more than 80% of patients.

Considering that the prevailing number of patients had superficial changes in the mucous membrane of the gastroduodenal zone, it should be noted that the severity of clinical manifestations did not correlate with the severity of endoscopic changes, there was clinical and endoscopic dissociation. Indicators of 24-hour pH-metry in the study of basal intragastric acidity in rheumatological patients were revealed differently directed changes from normal values, in contrast to the control group, where the basal normal state prevailed ($p < 0.05$). Consequently, the secretory apparatus of the stomach in patients with PA has certain changes that are more pronounced in the group of patients with PA. These deviations in RA may be due to the involvement of the stomach in the immune inflammatory process, which is also confirmed by a number. Therefore, it is the patients who first start taking NSAIDs that require special attention from the attending physician in terms of timely diagnosis of gastroduodenal complications.

Conclusions. The results show that etoricoxib has approximately equal efficacy and even has superiority in terms of safety. When using etoricoxib in patients with PA, dyspeptic syndrome develops in 5% of patients, gastropathy in 5%, characterized by multiple hemorrhages of the coolant, , the optimal indicators of all links of the hemostasis system and blood rheology are recorded. The effectiveness of the therapy of NSAID-gastropathy with proton pump inhibitors was determined, assessed according to EFGDS. During endoscopic observation of the dynamics of epithelialization and erosive-ulcerative lesions of the mucosa, significantly faster healing was revealed in a group of patients, who received colloidal bismuth subcitrate as part of complex therapy.