

**PROPHYLACTIC DESCRIPTION IN GASTRODUODENAL WOUND
COMPLICATIONS IN LONG-LIVED POPULATIONS**

Pakirdinov A.S., Mamasoliev N.S., Madazimov M.M.

Andijan State Medical Institute

Introduction. The treatment of Gastroduodenal ulcers and their complications is widely used in modern surgery, the main reason for which is considered to be insufficient epidemiological, non-invasive, retrocyrian examinations in the population of especially long-lived ones, or their unpopularity in practical gastroentology. Because, mainly for these reasons, gastroduodenal wounds are transported late, that is, at the stage of perforation and or bleeding. V.P.Sajin and hammual. (2013), Lebedov I.V. and hammual.(2016), Levine M. Et al. (2018) and Hu V. et al. (2017) confirmed in major studies that it is currently a general guideline in general management departments for gastric surgery (in all age groups, including longevity populations) as a complication of wound disease (Sajin V.P., Savelev V.M., Sajin I.V., Klimov D.E. and b.k. Lechenie bolnix s visokoy veroyatnostyu razvitiya yazvennix gastroduodenalnix krovotecheniy // surgery. Magazine im. N.I. Pirogova. 2013; 7:21-22.).

In the case of long-lived populations, however, the study of complications of gastroduodenal sores is of great importance.

The purpose of the study: to study the Clinico-epidemiological and prophylactic description of gastroduodenal ulcers in the population of longevity in the origin of bleeding and perforation complications.

Material and method: a long-lived population was allocated to the study and they were fully examined. Long-livers living in all cities and districts of the Andijan region were subjected to a comprehensive examination directly at home, and constant contact was established with them, treatment and preventive work were carried out without interruption.

The essence of the examination was conveyed to each Examiner and their loved ones, the examination was carried out on the basis of the WHO survey- "Steppboz" - for the identification and assessment of GDYA and its risk factors. When evaluating Gastroduodenal ulcers, P.Ya.The Grigoriev (1986) classification was used. In addition to all-clinical examinations (Anamnesis, physical examinations), the diagnosis was made based on esophagogastroduodenoscopy (according to special instructions) and ultrasound examination. Geriatric features were taken into account when diagnosing, mainly clinical and questionnaire methods (Steppe questionnaire) were used. Clinical symptoms and physical examination data were used.

To diagnose and assess the level of bleeding from Gastroduodenal wounds, laboratory examination methods (determination of hemoglobin and hematocrit, determination of hemocoagulation and blood elements in the stool) were used. In the identification and evaluation of cases of bleeding from Gastroduodenal ulcer (gastritis, duodenitis, stomach and 12th-finger intestinal ulcer), Sydney tachycy criteria were also used(1990).

Results of the study: in the population of 719 long-lived individuals, according to the results of the examination, wound complications were analyzed in the layer of the population infected with gastroduodenal ulcers. Accordingly, 14 out of 126 patients experienced bleeding in 11.1% and 3 patients experienced perforation complication in 2.3%.

Conclusion: taking into account the indicators of bleeding from gastroduodenal wounds and perforation complication in the population of longevity in digital analyzes from clinical-epidemiological descriptions, it is advisable to provide preventive preventive measures, primary and secondary prevention in this population.