

CLASSIFICATION OF DISEASES CAUSED BY HELICOBACTER PYLORI

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ABSTRACT: H. pylori is a bacteria that can cause peptic ulcer disease and gastritis. It mostly occurs in children. Only 20% of those infected have symptoms. Symptoms include dull or burning stomach pain, unplanned weight loss and bloody vomit. H-pylori-caused ulcers are commonly treated with combinations of antibiotics and proton pump inhibitors.

KEYWORDS: Helicobacter pylori, gastritis, infection.

INTRODUCTION

H. pylori (Helicobacter pylori) are bacteria that can cause an infection in the stomach or duodenum (first part of the small intestine). It's the most common cause of peptic ulcer disease. H. pylori can also inflame and irritate the stomach lining (gastritis). Untreated, long-term H. pylori infection can lead to stomach cancer (rarely).

H. pylori bacteria are present in some 50% to 75% of the world's population. It does not cause illness in most people. H. pylori infection mostly occurs in children. It's more common in developing countries. In the U.S., H. pylori bacteria are found in about 5% of children under the age of 10. Infection is most likely to occur in children who live in crowded conditions and areas with poor sanitation.

If you have an H. pylori infection, you have an increased risk for stomach cancer later in life. If you have a strong family history of stomach cancer and other cancer risk factors, even though you may not have symptoms of a stomach ulcer, your healthcare provider may recommend being tested for H. pylori antibodies. In addition to screening and treatment, your provider may suggest some lifestyle changes, such as including more fruits, vegetables and fiber in your diet. Regular checkups with your provider and following their recommendations can reduce your cancer risk.

H. pylori multiply in the mucus layer of the stomach lining and duodenum. The bacteria secrete an enzyme called urease that converts urea to ammonia. This ammonia protects the bacteria from stomach acid. As H. pylori multiply, it eats into stomach tissue, which leads to gastritis and/or gastric ulcer.

A stomach ulcer, also called a gastric ulcer, is an open sore that develops in your stomach lining. You can also get one in your duodenum, the first part of the small intestine that your stomach feeds into. Duodenal ulcers and stomach ulcers are both types of peptic ulcers. They're named for pepsin, one of the digestive juices that are found in the stomach and that sometimes leak into the duodenum. These juices are a contributing factor in peptic ulcer disease.

Peptic ulcers occur when the protective mucous lining in your stomach and duodenum has been eroded, allowing gastric acids and digestive enzymes to eat away at your stomach and duodenal walls. This eventually results in open sores that are continually irritated by the acid. If left untreated, they can begin to cause serious complications, such as internal bleeding. Over time, they can even wear a hole all the way through. This is a medical emergency.

Stomach ulcers are very common in Western countries. In the United States, there are about 4 million cases per year. Some estimates say that 1 in 10 people will have one at some point in their lives. That's because many of the causes that contribute to stomach ulcers are common in Western life. Fortunately, these causes are usually easy to trace and to reverse, giving ulcers a chance to heal and your stomach lining a chance to repair.

The two most common causes are:

H. pylori infection. This common bacterial infection affects up to half of people worldwide. It primarily lives in the stomach. In many people, it doesn't seem to cause problems. Their gut immune systems keep it in check. But a portion of those infected have H. pylori overgrowth. The bacteria continue to multiply, eating into the stomach lining and causing chronic inflammation and peptic ulcer disease. H. pylori infection is associated with about 60% of duodenal ulcers and 40% of gastric ulcers.

Overuse of NSAIDs. NSAID stands for "non-steroidal anti-inflammatory drug." These include common over-the-counter pain relief medications such as ibuprofen, naproxen and aspirin. NSAIDs contribute to ulcers in several ways. They irritate the stomach lining on contact and repress some of the chemicals that defend and repair the mucous lining. Up to 30% of people who take NSAIDs regularly develop peptic ulcers. Up to 50% of all peptic ulcers are caused by the overuse of NSAIDs.

If you don't have symptoms, you don't need to be treated. If you've been diagnosed with H. pylori, avoid taking nonsteroidal anti-inflammatory drugs. These drugs can increase your risk of developing an ulcer.

H. pylori-caused ulcers are treated with a combination of antibiotics and an acid-reducing proton pump inhibitor.

Antibiotics: Usually two antibiotics are prescribed. Among the common choices are amoxicillin, clarithromycin (Biaxin), metronidazole (Flagyl) and tetracycline.

Proton pump inhibitor: Commonly used proton pump inhibitors include lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), rabeprazole (Aciphex) or esomeprazole (Nexium).

Bismuth subsalicylate: Sometimes this drug (eg, Pepto-Bismol) is added to the antibiotics plus proton pump inhibitor combinations mentioned above. This drug protects the stomach lining.

Combination treatment is usually taken for 14 days.

One newer medication, Talicia, combines two antibiotics (rifabutin and amoxicillin) with a proton pump inhibitor (omeprazole) into a single capsule.

If your child follows the treatment plan and takes all medication to its completion, the chance that an infection would return within three years is less than 10%. In addition, treatment may heal stomach ulcers. It can take weeks to months for symptoms to completely go away.

Your healthcare provider will repeat a breath and/or stool test after waiting at least two weeks after proton pump inhibitor treatment has finished and four weeks after completing antibiotic treatment.

REFERENCES

1. American Academy of Pediatrics. Helicobacter Pylori Infections (<https://www.healthychildren.org/English/health-issues/conditions/abdominal/pages/Helicobacter-Pylori-Infections.aspx>). Accessed 8/31/2021.
2. National Institute of Health. National Cancer Institute. Helicobacter pylori and Cancer (<https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/h-pylori-fact-sheet>). Accessed 8/31/2021.
3. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN). Helicobacter Pylori (H. Pylori) (<https://gikids.org/digestive-topics/helicobacter-pylori/>). Accessed 3/4/2021.
4. Merck Manual Consumer Version. Helicobacter pylori infection (<https://www.merckmanuals.com/home/digestive-disorders/gastritis-and-peptic-ulcer-disease/helicobacter-pylori-infection?query=h%20pylori%20infection>). Accessed 8/11/2021.
5. Nozimjon O'g'li, S. S., & Maksimovna, M. M. (2022). THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT. Conferencea, 31-33.
6. Nozimjon O'g'li, S. S., & Kasimjanovna, D. O. (2022, November). ORIGIN, PREVENTION OF MENINGITIS DISEASE, WAYS OF TRANSMISSION AND THE USE OF DIFFERENT ROUTES IN TREATMENT. In E Conference Zone (pp. 37-40).
7. Nozimjon O'g'li, S. S. (2022). CAUSES OF THE ORIGIN OF OSTEOCHONDROSIS, SYMPTOMS, DIAGNOSIS AND TREATMENT METHODS. Conferencea, 76-77.
8. Nozimjon o'g'li, S. S. (2022). INFORMATION ABOUT THE STRUCTURE OF THE MEMBRANE OF EPITHELIAL TISSUE AND GLANDS. British Journal of Global Ecology and Sustainable Development, 10, 65-69.
9. Nozimjon o'g'li, S. S. (2022). First Aid Medication and Remedies for Heart Failure. Academia Open, 7, 10-21070.
10. Nozimjon o'g'li, S. S., & Xasanboy o'g'li, A. A. (2021). Quantitative Indicators of Villi Cells in the Intraepithelial Part of the Small Intestine. EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION, 1(2), 19-21.
11. Mavlonovna RD. Factors That Increase the Activity of Women and Girls in Socio-political Processes at a New Stage of Development of Uzbekistan. JournalNX,;7(07):61-6.
12. Mavlonovna, R. D. Participation of Uzbek Women in Socio-economical and Spiritual Life of the Country (on the Examples of Bukhara and Navoi Regions). International Journal on Integrated Education, 4(6), 16-21.
13. Mavlonovna, R. D. (2021, May). PARTICIPATION OF WOMEN IN EDUCATION AND SCIENCE. In E-Conference Globe (pp. 158-163).

14. Mavlonovna, R. D., & Akbarovna, M. V. (2021, July). PROVISION OF FAMILY STABILITY AS A PRIORITY OF STATE POLICY. In Archive of Conferences (pp. 34-39).