



MODERN ASPECTS OF DIAGNOSIS AND TREATMENT OF ULCER BLEEDING IN PATIENTS WITH LIVER CIRRHOSIS

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Relevance

Upper gastrointestinal bleeding remains one of the most frequent and life-threatening emergencies in gastroenterology and surgery. The greatest difficulty is represented by ulcer bleeding in patients with liver cirrhosis, as it is accompanied by portal hemodynamic disorders, coagulopathy, as well as immune and metabolic dysfunctions.

According to modern literature, mortality in ulcer bleeding among patients without comorbid pathology ranges between 5–10%, whereas in the presence of liver cirrhosis it reaches 20–40%. This is associated with hepatic decompensation, high recurrence rate, infectious complications, and multiple organ failure.

Diagnosis of ulcer bleeding in patients with cirrhosis is complicated by its similarity to portal gastropathy and variceal bleeding of the esophagus and stomach. In such conditions, a comprehensive approach using endoscopic, laboratory, and instrumental methods, as well as improved differential diagnostic algorithms, is required.

The treatment strategy should consider not only local hemostasis but also correction of coagulation disorders, portal hypertension, and systemic inflammatory response. Modern methods of endoscopic hemostasis (clipping, injection therapy, hemostatic coatings), combined with rational drug and pathogenetic therapy, make it possible to reduce the risk of recurrence and mortality.

Therefore, the study of modern aspects of diagnosis and treatment of ulcer bleeding in patients with liver cirrhosis is an urgent task of important clinical and socio-economic significance.

Aim of the study. To improve the effectiveness of diagnosis and treatment of ulcer bleeding in patients with liver cirrhosis through the analysis of clinical, endoscopic,



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and laboratory data, optimization of differential diagnostic methods, and development of a rational strategy for complex hemostasis and pathogenetic therapy.

Materials and methods. The study was carried out in 2020–2024 at the Bukhara branch of the Republican Scientific Center for Emergency Medical Care and the Department of “Surgical Diseases and Resuscitation” of the Bukhara State Medical Institute. A total of 2876 patients with upper gastrointestinal bleeding were analyzed: 62% had gastroduodenal ulcers (GDU), 28% — esophageal varices (EV), and 10% — drug-induced ulcers. The study group included 81 patients with cirrhosis and ulcer bleeding (60 with GDU, 21 with combined EV and GDU). Clinical-laboratory, endoscopic, and instrumental diagnostic methods were used, as well as assessment of comorbidities and risk factors.

Results. In patients with liver cirrhosis, ulcer bleeding showed a more severe course: average blood loss was 25–30% higher, relapses and infectious complications were observed twice as often. Endoscopic diagnosis made it possible to verify the source of bleeding in 94% of cases. Combined methods of endoscopic hemostasis (adrenaline injection + clipping/hemostatic coatings) achieved primary hemostasis in 89% of patients; however, relapses occurred in 18% of patients with cirrhosis versus 7% without it. The use of comprehensive drug therapy (proton pump inhibitors, hemostatics, correction of coagulopathy) together with endoscopic hemostasis reduced mortality to 14%, while with standard therapy it reached 28%.

Conclusion. Ulcer bleeding in patients with liver cirrhosis has a more severe course, characterized by greater blood loss, higher recurrence, and complication rates. Effective treatment strategy should include early endoscopic diagnosis, combined methods of endoscopic hemostasis, and mandatory correction of coagulation disorders and portal hypertension. A comprehensive approach reduced the recurrence rate and mortality by almost 2 times, confirming the clinical and social significance of optimizing diagnosis and therapy in this category of patients.