



International Conference on Modern Science and Scientific Studies

Hosted online from Madrid, Spain

Website: econfseries.com

20th December, 2024

CRITERIA FOR ESTABLISHING THE DIAGNOSIS OF CHRONIC PANCREATITIS

Umarova T. A.

Assistant of the department of clinical laboratory diagnosis with the course of clinical laboratory diagnostics of PGD;

Kudratova Z. E.

PhD, Ass.Professor of the department of clinical laboratory diagnosis with the course of clinical laboratory diagnostics of PGD;

Khaydarova Maftuna

Cadet of the department of clinical laboratory diagnosis with the course of clinical laboratory diagnostics of PGD; Samarkand state medical university Samarkand, Uzbekistan

The diagnosis of chronic pancreatitis is established on the basis of: anamnestic data (characteristic complaints of attacks of abdominal pain and clinical signs of exocrine or endocrine insufficiency of the PG, detection of chronic pancreatitis before) physical examination (painful abdominal wall muscles at palpation in the area of pancreas projection) laboratory examination (signs of exocrine and endocrine insufficiency of the pancreas according to functional tests) instrumental examination (calcifications in the parenchyma and ducts of the pancreas, dilation of the main pancreatic duct and its branches according to CT, MRCPG, ESPBZ) [5,6,7,8,9].

Keywords: chronic pancreatitis, palpation, main pancreatic duct, exacerbation period, parenchyma;

Physical examination in the period of exacerbation of CP allows to determine the painfulness in the Schoffar zone at palpation of the abdomen, combined with moderate resistance of the muscles of the anterior abdominal wall; positive Mayo-Robson symptom - painfulness at palpation in the area of the left rib-vertebral angle. Determination of alpha-amylase, lipase activity in serum is not a diagnostic



International Conference on Modern Science and Scientific Studies

Hosted online from Madrid, Spain

Website: econferences.com

20th December, 2024

marker of CP, but its determination is recommended for patients with CP in the first day of hospitalization and further in dynamics during one hospitalization for the diagnosis of complications and recurrence of acute pancreatitis on the background of CP. For diagnostics of exocrine pancreatic insufficiency in clinical practice in patients with CP it is recommended to determine the activity of pancreatic elastase-1 in feces. Elastase-1 retains relative stability compared to other enzymes of PG during its passage through the gastrointestinal tract. The greatest advantage is the determination of elastase in feces by enzyme immunoassay (using monoclonal antibodies): this method determines only human elastase, so the test results do not depend on replacement therapy. The test is non-invasive and relatively inexpensive, but has low sensitivity in mild to moderate extrinsic secretory failure of the PG, and low specificity in certain gastrointestinal pathologies unrelated to the PG [7,8,9].

The sensitivity of the method is 63% in mild extrasecretory insufficiency. The diagnostic accuracy of fecal elastase is sharply reduced in cases of accelerated passage, diarrhea, and polyfecalia, leading to false-positive results (low elastase values) due to dilution of the enzyme; a similar situation may be noted with excessive bacterial growth in the small intestine due to bacterial hydrolysis of elastase. The degree of exocrine pancreatic insufficiency can be assessed after the main manifestations of exocrine pancreatic insufficiency (diarrhea, steatorrhea) have subsided/minimized with initial therapy with modern enzyme preparations [1,2,3].

Reduced elastase content in feces indicates primary exocrine pancreatic insufficiency (0-100 $\mu\text{g/g}$ - severe; 101-200 - moderate or mild). Respiratory test. The respiratory test consists of oral administration of a C-labeled substrate (a mixture of triglycerides), which is hydrolyzed in the intestinal lumen to a degree proportional to the activity of pancreatic lipase.

Exhaled CO is determined by mass spectrometry or infrared spectroscopy, but, as with other indirect tests, this analysis has variable sensitivity and specificity, which depends on a large number of factors, in connection with which we can observe contradictory research results of recent years [4,5,6].



International Conference on Modern Science and Scientific Studies

Hosted online from Madrid, Spain

Website: econfseries.com

20th December, 2024

It should be acknowledged that the improvement and unification of this methodology, the use of standard validated equipment, and strict adherence to the test methodology all together open up broad prospects for its widespread use [7,8,9].

Determination of fat content in feces. Standard coprological examination with microscopy of neutral fat droplets is characterized by low sensitivity, therefore, when using it to verify steatorrhea and assess the effectiveness of treatment, it is necessary to conduct the analysis 3 times and take into account the patient's diet [12,13].

The method of quantitative determination of fat content in feces was developed as early as 1949, it is sensitive for diagnostics of insufficiency of PG function at late stages. The test is performed against the background of adherence to a high-fat diet for 5 days in the absence of enzyme replacement therapy, stool collection is carried out within 72 hours. In the norm, the fat absorption coefficient is at least 92%. The method of quantitative determination of fat content in feces is used mainly within the framework of clinical studies, in routine clinical practice it is rather difficult to apply it [8,9,10,11].

References

1. Kudratova Z. E. et al. Current modern etiology of anemia //Open Access Repository. – 2023. – Т. 10. – №. 10. – С. 1-4.
2. Burxanova D. S., Umarova T. A., Kudratova Z. E. Acute myocarditis linked to the administration of the COVID 19 vaccine //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 11. – С. 23-26.
3. Кудратова З. Э. и др. Атипик микрофлора этиологияли ўткир обструктив бронхитларининг ў зига хос клиник кечиши //Research Focus. - 2022. - Т. 1. - №. 4. - С. 23-32.
4. Kudratova Z. E, Normurodov S. Etiological structure of acute obstructive bronchitis in children at the present stage - Thematics Journal of Microbiology, 2023. P.3-12.



International Conference on Modern Science and Scientific Studies

Hosted online from Madrid, Spain

Website: econfséries.com

20th December, 2024

5. Kudratova Z. E., Tuychiyeva S. K. Atipik mikroflora etiologiyali o'tkir obstruktiv bronxitlar etiopatogenezining zamonaviy jixatlari. *Research Focus*, 2023, B. 589-593.
6. Kudratova Z. E., Karimova L. A. Age-related features of the respiratory system. *Research Focus*, Tom 2, P. 586-588.
7. Исмадинова Л. К., Даминов Ф. А. Современная лабораторная диагностика хронического пиелонефрита у детей // *Journal of new century innovations*. – 2024. – Т. 49. – №. 2. – С. 112-116.
8. Isomadinova L. K., Daminov F. A. Glomerulonefrit kasalligida sitokinlar ahamiyati // *Journal of new century innovations*. – 2024. – Т. 49. – №. 2. – С. 117-120.
9. Isomadinova L. K., Qudratova Z. E., Shamsiddinova D. K. Samarqand viloyatida urotiliz kasalligi klinik-kechishining o'ziga xos xususiyatlari // *Центральноазиатский журнал образования и инноваций*. – 2023. – Т. 2. – №. 10. – С. 51-53.
10. Isomadinova L. K., Qudratova Z. E., Sh B. F. Virusli gepatit b fonida Covid-19 ning klinik laborator kechish xususiyatlari // *Journal of new century innovations*. – 2023. – Т. 30. – №. 3. – С. 60-65.
11. Isomadinova L. K., Yulayeva I. A. Buyraklar kasalliklarning zamonaviy diagnostikasi // *Центральноазиатский журнал образования и инноваций*. – 2023. – Т. 2. – №. 10 Part 3. – С. 36-39
12. Kudratova Zebo Erkinovna, Tamila Abdufattoevna Umarova, & Sirojeddiova Sanobar. (2024). Modern types of immunoenzyme analysis methods old problems. *Web of Discoveries: Journal of Analysis and Inventions*, 2(6), 67–70.
13. Набиева Ф. С., Мусаева Ф.Р. Лабораторная диагностика острого гломерулонефрита // *Journal of new century innovations*. – 2023. – Т. 30. – №. 3. – С. 150-152.