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EXAMINATION OF COLON DYSBIOSIS IN CASE OF EXOCRINE PANCREATIC INSUFFICIENCY AGAINST OSTEOARTHRITIS IN THE ELDERLY

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Introduction. Modern examinations revealed a high incidence of chronic pancreatitis (CP) with primary osteoarthritis (OA), especially in patients of elderly and old age [1, 2]. In CP, maldigstication and malabsorption often develop dysbiosis of the colon (DC), which has been overwhelmed by comorbid pathologies [3].

The aim of the study. Study the degree and depth of colon dysbiosis in patients with chronic pancreatitis in combination with primary osteoarthrosis in a group of patients of elderly and old age.

Materials and methods. The examination included 32 patients with CP and primary OA aged 65 to 75 years (Group II) and 28 patients with CP and primary OA aged over 75 years (Group II). The control group consisted of 30 healthy people. The degree of exocrine pancreatic insufficiency (EPI) was determined by the level of

fecal elastase-1, which was determined by enzyme immunoassay using standard Bioserv Elastase-1-Elisa sets. The diagnosis of primary OA is established on the basis of unified diagnostic criteria, the X-ray stage of primary OA is due to J.H. Kellgren and J.S. Lawrence. Investigation of coproculature on DC according to the method of R.V. Epstein-Litvak and F.L. Vilshanskoy.

Results. When examining patients with DK of various degrees, it was revealed in both groups: in the I group, 12 (37,5%) patients had DK 1 st.; in 9 (28,1%) - DK 2 st.; in 11 (34,4 %) patients microflora state was within the age range; in group II, 13 (46,4%) patients had DK 1 st., 13 (46,4%) - DK 2 st., 2 (7,2%), the microflora state was within the age range.

Conclusion. In the group of patients over the age of 75 years, dysbiotic disorders were statistically more profound than in the group of patients 65–75 years, which indicates a statistically more significant severe clinical course, provided that CP is comorbid with primary OA in older patients. In terms of future research, it is planned to study CP in combination with primary OA in the age aspect with the development of a program for the correction of manifest violations.

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