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DYNAMICS OF A SYNDROME OF MALDIGESTION IN PATIENTS WITH CHRONIC PANCREATITIS WHILE TAKING PANCREATIN

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Introduction: Treatment of maldigestion in patients with chronic pancreatitis is directed towards the correction of exocrine insufficiency of abdominal salivary gland by means of the use of drugs, containing pancreatic ferments. Out of them, the preference is given to minimicrospheric forms of ferment drugs, covered by intestinally soluble membrane.

Research material and methods: 24 patients with chronic parenchymatous pancreatitis were examined; they received basal therapy including pancreatin in the form of minimicrospheres 25000 and 40000 UN during the meal three times a day. The efficacy of the therapy was evaluated on the 7th and 14th days of treatment. The dynamics of a syndrome of maldigestion was assessed according to clinical criteria and indications of scatological study of faeces. The group of examined consisted of 12 males in the age 47.92 ± 3.11 and 12 females – 47.33 ± 2.22 . Prescription of the disease constituted 5.83 ± 1.02 years.

Research results: Before the treatment, starch was detected in patients with chronic parenchymatous pancreatitis – 1.6 ± 0.24 ; neutral fat – 2.04 ± 0.16 ; fatty acids – 2.12 ± 0.23 ; soap – 1.5 ± 0.5 ; undigested muscle fibers – 1.8 ± 0.2 . In 7 days of treatment by pancreatin with 25000 UN positive clinical and dynamics of scatological study in 63% of patients were marked during the eating: decrease of steatorrhea manifestation: neutral fat – 0.93 ± 0.18 , fatty acids – 1.07 ± 0.15 , soap – 0.73 ± 0.15 ; reduction of creatory manifestation – undigested muscle fibers – 0.8 ± 0.17 . 9 patients (38%) with insignificant positive dynamics took pancreatin 40000 UN per meal for the following 7 days. On the 14th day of treatment, 7 patients were marked with the disappearance of soap, reduction of neutral fat – 0.43 ± 0.2 and fatty acids – 0.57 ± 0.2 , decrease in manifestation of creatory – 0.71 ± 0.18 . Dysbiosis of the third degree was detected in 2 patients with the absence of positive dynamics under additional examination.

Conclusion: 1. The efficiency of substitutive therapy correlates with the indications of a syndrome of maldigestion under chronic pancreatitis and provides with a possibility to select an adequate dose of ferment drug, taking into consideration the data of scatological study of faeces. 2. The presence of accompanied pathology may affect on the syndrome of maldigestion in patients with chronic pancreatitis.