

A COMPARATIVE ASSESSMENT OF THE ENDOSCOPIC PICTURE OF AN ESOPHAGUS AT PATIENTS WITH PREDOMINANT PATHOLOGY OF LUNGS

*Hryb V., Kozlova N.**

*The Byelorussian state medical university, Minsk, 3rd clinical hospital of Minsk**

Introduction. It is admitted now, that there is a close connection of many lung diseases with a pathology of a esophagus.

Puorpose of study. The purpose of this research is to perform a comparative assessment of changes of an esophagus for revealing their features and possible importance at patients with the most often pathology of lungs (a pneumonia, a chronic non-obstructive bronchitis, a bronchial asthma, a chronic obstructive pulmonary diseases).

Materials and methodology. For this purpose the data of endoscopic examinations, which have been performed patients of the pulmonology department of the 3rd clinical hospital of Minsk, were analysed. The attention was paid attention to presence of the following changes: esophagitis, erosion and insufficiency lower esophageal sphincter.

Results. 162 patients were examined. 76 patients were with pneumonia (Pn), 33 patients with chronic non-obstructive bronchitis (CNB), 36 patients with bronchial asthma (BA) and 18 - with chronic obstructive pulmonary diseases (COPD). Erosion and inflammation were revealed at COPD patients more often (55,5 %), less - at BA patients (13,9 %, $\chi = 4.115$, $p = 0,042$). The Insufficiency of lower esophageal sphincter was revealed with various frequency: from 21,2 % (at patients with CNB) to 44,7-55,5 % (at patients with Pn, BA and COPD), but there was no difference statistically. Some features were revealed at an estimation of a combination as changes of a esophagus with insufficiency lower esophageal sphincter, so on the contrary. It turned, that at patients COPD insufficiency lower esophageal sphincter was combined with an inflammation and erosion of a esophagus in 44,4 % of cases that was authentic more often, than at patients with BA (8,3 %, $\chi = 4.382$, $p = 0,036$). In turn, at all patients changes of a esophagus (erosion and an inflammation) with high frequency were combined with insufficiency lower esophageal sphincter (80-81,3 %), except for CNB patients, where such combination was observed only in half of cases. General frequency of changes of a esophagus at patients with a pneumonia, CNB, BA, and COPD has made accordingly 53,9; 33,3; 58,3 and 66,6 %.

Conclusion. Thus, endoscopy changes of a esophagus is often phenomenon at patients with leading pathology of lungs. Presence of some features esophagopathii testifies about the more essential role gastroesophageal reflux in the mechanism of a chronic obstructive pulmonary diseases.