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IMPROVEMENT OF METHODS OF ENDOSCOPIC DIAGNOSIS OF PATHOLOGICAL CHANGES OF THE STOMACH

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The development of endoscopic technology has significantly expanded the possibilities of diagnosing stomach diseases (atrophic gastritis, peptic ulcer disease, dysregenerative precancerous changes in the mucosa, stomach cancer) [1]. However, the specificity of such studies places high demands on the professional skills of the endoscopist, endoscopic technique, objectification of the revealed results, and in the case of performing a biopsy, an in-depth morphological study of the sampled material. An important issue remains the number of biopsies, as well as the loci that the endoscopist chooses to take the material. Subjectivity in making such an important decision often costs the patient's life. That is why endoscopists use the technique of endoscopic chromogastroscopy (EC) - intravital staining of the gastric mucosa [1,2] for a more balanced choice of the place for gastrobiopsy. Dysregenerative changes in the gastric mucosa are classified as precancerous changes and include intestinal metaplasia (IM) and epithelial dysplasia (ED).

The aim of the study was to study the advantages of EC in the diagnosis of benign and malignant gastric pathology.

Materials and methods. The border of the proximal part of the antral part of the stomach vary widely. It is known that the border between the body and the antral part of the stomach is a transition zone, the width of which does not exceed 5 mm. The distance between the goalkeeper and the transition zone along the small curve is 3-16 cm, and along the large one - 5-14 cm. The border of the antrum was established with the help of Congo red dye (0.5% solution), which changed its color from red to black in the acid-producing zone of the stomach (body of the stomach). Focal pathological changes in the stomach from the intact mucosa during endoscopy were visualized using a 0.2% indigo carmine solution. When irrigating the gastric mucosa with this solution, there was an active uptake (absorption) of the dye by foci of dysregenerative changes, diffusion of the dye through the membrane of atypical cells. The use of indigo carmine solution, which does not stain the gastric mucosa, is based on the distribution of the dye on the surface of the mucous membrane, contrasting its relief and pathologically changed areas, which improves the endoscopic visualization of the changed areas of the organ. At the same time, areas of IM are also colored black, which enables the endoscopist to take a biopsy from them.

Results and discussion. When using the EC method by using the dye Congo red in 120 patients with gastric ulcer of the 1st type according to Johnson, it was established that the "favorite" localization of ulcers of this particular localization was precisely the transition zone along the lesser curvature of the stomach, as the most vulnerable place for benign gastric ulcers**.** This fact indicates that the leading factor in the development of gastric ulcers of the 1st type according to Johnson is duodeno-gastric reflux, which is registered in more than 60% of patients.

When using the EC technique with indigo carmine solution, it was established that there were no manifestations of ED in the periulcerous zone in the foci of IM. While in the peritumorous zone in 60.5% of cases cases of dysplasia of the metaplastic epithelium of a severe degree (cancer in sity) were detected.

Studying the most frequent localization of foci of dysplasia of the metaplastic epithelium, it was established that the main location of this pathological process was in the antrum (71.4%), less often - in the body of the stomach (13.6%). In the case of the localization of the specified precancerous changes in the antrum, the ulcer was, as a rule, in the body of the stomach, and when they were localized in the body, in the antral region, respectively.

Conclusions. Thus, EC makes it possible to clearly define the boundaries and dimensions of the antral part of the stomach, as well as to visualize the localization and extent of pathological changes in the gastric mucosa, to detect violations of the topography and structure of the mucous membrane of the organ. When verifying severe dysregenerative changes on the part of the gastric mucosa, there is a need to perform multiple targeted biopsies of these areas to determine further treatment tactics.

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