AGE-RELATED PATHOMORPHOLOGICAL CHANGES OF DYSREGENERATIVE PROCESSES IN NON-SPECIFIC ULCERATIVE COLITIS

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Abstract: The thesis is devoted to the development of extraintestinal manifestations against the background of chronic intestinal disease. Features of damage to the axial skeleton, nature and characteristic localization of inflammatory pseudotumor, conservative treatment tactics. A clinical observation of a patient with ulcerative colitis is presented.
Keywords: Inflammatory pseudotumor, nonspecific ulcerative colitis, method, spondyloarthritis.

INTRODUCTION

Nonspecific ulcerative colitis (NUC) refers to chronic inflammatory bowel diseases and, according to definition, is accompanied by necrotizing inflammation of the colon mucosa, characterized by exacerbations, progressive course and complications (narrowing of the intestinal lumen, perforation, bleeding and others).

MATERIALS AND METHODS

In addition to NUC, chronic intestinal diseases include Crohn's disease (CD). Morphological changes in NUC vary depending on the different stages of the disease. The pathological process often begins in the rectum and gradually spreads to the proximal intestine. The rectum is always affected, and changes in the ampulla of the rectum and anal canal are especially intense.

RESULTS AND DISCUSSION

NUC occurs in all age groups, including infants, but the disease predominantly debuts during puberty. The inflammation process in NUC is autoimmune in nature. Breakdown of immune tolerance due to an immune defect activates pro-inflammatory cytokines in the intestinal mucosa, causing its primary damage with subsequent chronic inflammation.

Genetic studies help differentiate between NUC and Crohn's disease. NUC is characterized by HLA DR2, while Crohn's disease is characterized by a combination with the HLA DR1 or DRW5 haplotype [1].

In chronic inflammatory bowel diseases, the entire immune system is activated, but it has its own characteristics. Facts have been obtained that in NUC there is an expression of T-helper-2 and interleukin-5 (eosinophil colony-stimulating factor), and Crohn's disease is characterized by the expression of T-helper-1 and interferon-γ.

One of the rare complications of chronic inflammatory diseases is the appearance of pseudotumors. Inflammatory pseudotumors (IP) are a group of diseases of non-tumor etiology that clinically mimic the tumor process and its complications [2]. Typical localizations of pseudotumors include the lungs, mesentery, intestines, liver and spleen [3]. Pseudotumors can have a highly polymorphic cellular composition, including myofibroblasts, plasmacytes, histiocytes and other cellular elements such as neutrophils and eosinophils. There is no uniform classification of pseudotumors. Someren, based on the histological picture, proposed to distinguish three groups: xanthogranulomatous type, plasmacytic granulomatous type and fibrosclerosing type of pseudotumor [3].

Table 1

Extraintestinal manifestations of inflammatory diseases of the colon

Autoimmune, associated with disease activity	Autoimmune, not related to disease activity	Обусловленные длительным воспалением и метаболическими нарушениями

Arthropathy (arthralgia, arthritis). Skin lesions (erythema nodosum, pyoderma gangrenosum). Damage to the mucous membranes (aphthous stomatitis). Eye damage (uveitis, iritis, iridosis) clitis, episcleritis)	Primary sclerosing cholan- git, pericholangitis. Ankylosing spondylitis, sacroiliitis (rare). Seronegative rheumatoid arthritis (rare). Psoriasis	Cholelithiasis. Liver steatosis, steatohepatitis. Peripheral vein thrombosis, thromboembo- pulmonary artery. Amyloidosis

The question of tactics for managing such patients remains open. According to the literature, the surgical method of treatment is most often used, however, in our opinion, this is due more to oncological alertness and post factum diagnosis than to a real clinical need.

Clinical observation. Patient E.

Diagnosis: nonspecific ulcerative colitis (HLA-DR2 associated) Juvenile chronic spondyloarthritis (HLA-B7 associated) against the background of chronic inflammatory bowel disease. Total alopecia. Inflammatory pseudotumor of the retroperitoneum. Duodenal ulcer.

The first episode of hemocolitis occurred at the age of 3 and was regarded as an acute intestinal infection; no additional studies were conducted. On colonoscopy dated February 12, 2023, the mucous membrane of the sigmoid and rectum is swollen, with multiple small submucosal hemorrhages, in places with pinpoint surface defects. In connection with the seeding of Sh.flexneri, on February 15, 2023, she was hospitalized in an infectious diseases hospital with a diagnosis of Flexner's dysentery, hemocolitis, severe form, protracted course. The child was discharged with clinical improvement on March 14, 2023.

CONCLUSION

The given clinical example demonstrates an unusual case of NUC with onset at 3 years of age. Identification of the HLA DR2 haplotype typical for NUC helped to establish the correct diagnosis, despite the presence of duodenal lesions typical of Crohn's disease in the child. During the period of completion of puberty, against the background of a subclinical course of the inflammatory process of the intestine, violent extraintestinal manifestations appeared. The exacerbation of the disease occurred in the form of spondyloarthritis with high inflammatory activity. Predominant damage to the axial skeleton is associated with the presence of the HLA B7 haplotype in the girl [3].

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