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INCIDENCE OF GASTRIC AND DUODENAL ULCER IN PATIENTS WITH PULMONARY TUBERCULOSIS

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Abstract

This article studies the frequency of gastric and duodenal ulcers in patients with pulmonary tuberculosis, their clinical and pathogenetic characteristics. During the study, it was found that chronic tuberculosis intoxication, long-term chemotherapy, and stress factors cause pathological changes in the mucous membrane of the gastroduodenal system. According to the results of the study, ulcer disease was observed more often in patients with drug-resistant tuberculosis. Endoscopic examinations revealed erosion, hypersecretion, and inflammatory changes in the mucous membrane of the stomach and duodenum. The results obtained indicate the importance of early detection and preventive treatment of gastroduodenal complications in tuberculosis patients.

Keywords: Pulmonary tuberculosis, gastric ulcer, duodenal ulcer, gastroduodenal pathology, drug-resistant tuberculosis, endoscopy, Helicobacter pylori, intoxication, chemotherapy.

Introduction

Tuberculosis remains one of the most pressing problems in the world health system. According to the World Health Organization, millions of people are diagnosed with tuberculosis every year. The long course of tuberculosis, chronic intoxication and multicomponent chemotherapy also cause pathological changes in other organs and systems. The mucous membrane of the digestive tract is especially sensitive, and the risk of developing gastric and duodenal ulcers increases.

Gastric and duodenal ulcers cause digestive disorders, anorexia, weight loss and a decrease in the effectiveness of treatment in tuberculosis patients. In recent years, the gastrotoxic effect of anti-tuberculosis drugs has also been considered an important factor.

Research Objective

To determine the frequency of gastric and duodenal ulcers and their clinical and endoscopic characteristics in patients with pulmonary tuberculosis.

Materials and Methods

The study examined 120 patients with pulmonary tuberculosis treated in the phthisiatrics department in 2024–2025. The patients were divided into the following groups:

Group	Number of patients	Description
Group I	70	Drug-sensitive tuberculosis

Group II	50	Drug-resistant tuberculosis

Methods:

- Clinical examination
- Fibrogastroduodenoscopy (FGDS)
- Helicobacter pylori test
- Laboratory tests
- Statistical analysis

Results and Discussion

During the study, 38 out of 120 patients were diagnosed with gastroduodenal ulcer disease.

Table 2. Incidence of gastric and duodenal ulcers

Type of pathology	**Number of patients**	**%**
Gastric ulcer	14	11.7%
Duodenal ulcer	24	20.0%
Total	38	31.7%

Endoscopic changes

he following changes were observed in the results of FGDS:

Mucosal hyperemia 72%

Erosions 48%

Duodenitis 51%

Hypersecretion 44%

Signs of bleeding 9%

Discussion

The results showed a high incidence of gastroduodenal pathologies in tuberculosis patients. Especially in drug-resistant tuberculosis, long-term chemotherapy and chronic intoxication weaken the protective mechanisms of the gastric mucosa. As a result, the risk of ulcer formation increases.

Helicobacter pylori infection was also noted as an additional risk factor. It was also found that the hepato- and gastrotoxic effects of rifampicin, isoniazid and other drugs are clinically significant.

Conclusion

- In patients with pulmonary tuberculosis, gastric and duodenal ulcers occur in 31.7% of cases.
- Duodenal ulcers are more common than gastric ulcers.
- Ulcers are significantly more common in drug-resistant tuberculosis.
- FGDS examinations are important for early detection of gastroduodenal pathologies.
- Gastroprotective prophylaxis is recommended in tuberculosis patients.

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