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INTERNAL DISEASES PATHOLOGY OF INTESTINE

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ABSTRACT

This article is a scientific study of the ethno genesis of intestinal diseases, pathology of intestinal obstruction, ethno genesis of intestinal cancer and puts forward theoretical and practical views. The important thing is not to be afraid of surgery. The patient also needs to be reassured that he or she will recover. If there are people in the family who have the disease, their children or grandchildren are also more likely to develop it. Ulcerative colitis is one of these complications in which the intestinal wall is scarred and does not wrinkle. In acute ulcerative colitis, the lining of the rectum swells and becomes red, and then ulcers appear. During treatment, the patient should have frequent colonoscopies to check the condition of the colon. [1] Otherwise, ulcerative colitis can turn into a tumor and aggravate the pain.

KEYWORDS: *Bowel, Tumor, Disease, Inflammation, Cancer, Cancer, Acid, Colitis, Constipation, Etiology, Pathology, Etenogenesis.*

INTRODUCTION

In fact, malignant tumors do not appear all at once. However, chronic bowel inflammation and benign tumors (such as polyps) can progress to cancer if left untreated. It is also important to note that colorectal cancer is mainly caused by eating a lot of meat and eating less fiber-rich fruits and vegetables. Because meat foods cause the body to accumulate fatty acids, which increase the amount of carcinogens in the digestive process. That's probably why colon cancer is

relatively rare in India and Central Africa, where more berries live. So, in order to prevent this serious disease, we need to pay special attention to proper nutrition.

The main part

In colitis (inflammation of the lining of the colon), the secretion and absorption of mucus from the colon is gradually disrupted. Delayed treatment of chronic colitis can lead to serious complications. Ulcerative colitis is one of these complications in which the intestinal wall is scarred and does not wrinkle. In acute ulcerative colitis, the lining of the rectum swells and becomes red, and then ulcers appear. These ulcers join together and gradually multiply. In the chronic form of the disease, the intestinal wall thickens and narrows due to wounds.

A patient with ulcerative colitis complains of abdominal pain. The stool is mixed with blood, sometimes with pus. The patient becomes nauseous, irritable, and as the disease progresses, the condition worsens and the body temperature rises. The posterior outlet is constantly irritated, the abdomen swells and swells. The patient looks pale, the skin is dry and the face is swollen. The disease is treated for a long time. During treatment, the patient should have frequent colonoscopies to check the condition of the colon. [1] Otherwise, ulcerative colitis can turn into a tumor and aggravate the pain. The cause of colon erosion (injury, rupture of the mucous membrane) is sometimes hormonal changes in the body, and sometimes accompanied by several other diseases (venomous goiter, pancreatitis - inflammation of the pancreas, diabetes mellitus). such as diabetes). Infections in the colon can also lead to loss of control of the nerves in the mucous membranes and muscles, weakening of the immune system, and erosion. Consumption of too salty and spicy foods, lack of vitamins E and C, ingestion of food without good chewing, drinking alcohol, overeating, as well as low-fiber and spicy foods can also affect the mucous membranes of the colon. 'causes glazing and erosion.

Patients often complain of abdominal cramps. There may be diarrhea, nausea, vomiting, occasional constipation, and mucus or blood in the stool. The pain begins around the navel and then intensifies on the left side. [2] At this time, the patient has a sore mouth, loss of appetite and nervousness. Occasionally, fever develops as the disease progresses. Patients with erosion of the colon should be treated diligently under the supervision of a proctologist. Otherwise, the pain will worsen, intestinal bleeding will increase, and malignant tumors will develop in the affected area.

Colon cancer is several percent less common in rural areas than in urban areas. This is due to the fact that the villagers always have natural products on their table, they regularly eat high-fiber vegetables and herbs. Urban dwellers consume mostly packaged, refined and refined products. These products are low in fiber and can cause various diseases of the colon, such as constipation and colitis. Colorectal cancer is characterized by a variety of malignant epithelial tumors. Malignant tumors develop very slowly (decades). During this time, the tumors multiply (divide) and grow into the surrounding organs. Most often, the lymph nodes in the colon are affected, followed by the lungs and liver.

The first symptoms of colon cancer are bleeding from the bowel, diarrhea, abdominal pain, and tenesmus. In some patients, red blood flows from the bowel, which is a sign of posterior esophageal and rectal cancer. [3] If the tumor is located in the left half of the intestine, the blood flowing from the intestine will be dark red and appear mixed with feces. In cancer of the right

half of the small intestine, the blood flows secretly, that is, the blood in the stool is not visible, and is detected only during a special examination. Absence of diarrhea and abdominal pain for several days (sometimes weeks) are typical symptoms of left hemisphere and colorectal cancer. It should be noted that in 70-85% of cases of colon cancer, complete bowel obstruction occurs. In such cases, surgery should be performed immediately.

Occasionally there is a change in constipation with diarrhea, a small amount of mucus and liquid feces, and sometimes a foul-smelling wind, and the stool is like sheep's dung. Patients also have difficulty with diarrhea, feel unwell when they go to the toilet, and often suffer from false diarrhea. If this happens, the patient should consult a proctologist. An ultrasound (UTT) is the first step in diagnosing the disease. If the tumor is advanced, computed tomography and nuclear magnetic resonance imaging may be required. Sometimes palpation of the colon can help diagnose the pain on its own, and sometimes rectoromanoscopy, fibro colonoscopy, and colonoscopy are used.

If the disease is just beginning, the patient can be treated with medication and surgery. The important thing is not to be afraid of surgery. The patient also needs to be reassured that he or she will recover. If there are people in the family who have the disease, their children or grandchildren are also more likely to develop it. To avoid cancer, they (especially after the age of 40-50) should be examined by a proctologist frequently to prevent colonic dysfunction. Our advice is to eat right. Avoid fried foods on a regular basis. Eat plenty of fresh fruits and vegetables, especially greens. Avoid packaged and refined products, as well as street food.

CONCLUSION

So, if you have chronic constipation, mucus or blood in the stool, frequent abdominal pain, and false urination and dry tension, see a specialist. Try to have diarrhea twice a day (morning and evening). To do this, eat soft foods, fiber foods, and drink more green tea. You can drink a limited amount of coffee and dark brewed black tea.

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