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**Peculiarities of gastroscopy in old critical care patients  
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We analyzed case of 116(100,0%)patients older than 70 ages. 67 were women and 49males. Critical condition in these patients was associated with acute respiratory failure, cardiac failure, ischemic and hemorrhagic strokes, liver and kidney failures, sepsis, traumas and other pathologies. All patients suffered from additional diseases like hypertonic disease, chronic cardiac failure, diabetes, and other pathologies. Treatment included artificial breathe, correction of water and electrolytic balance, parenteral and enteral nutrition, antibacterial therapy and etc. According to Glasgow scale condition of patients was less than 8 points and “Appach-2” prognostic-analogous scale complied 25-30 and more points. It was confirmed, that in old patients, conduction of sanative gastroscopy has some peculiarities: the first one is prevailing of diagnostic gastroscopy over treatment one, also more frequent cases of diagnostic gastroscopy in old patients in comparison with adult ones and moreover, conduction of gastroscopy has much more complications in old patients rather than in adult persons.

**Key Words:** old patients, critical patient, gastroscopy

**Introduction.** during past years in clinics of critical care medicine numbers of old patients are been increasing. Erlier than 10 years, treatment of old patients was considered as an unperspective job because of high lethality(Z.Kheladze,Zv.Kheladze-20125,2016). It was supposed, that old critical patients had no resourses to fight against a pathology in an organism and critical condition was irreversible condition in those old patients. But this idea was forgotten because new technologies and treatment means have confirmed, that results of treatment of critical patients can be better. Peculiarities of treatment of critical patients of old age have shown us the importance of such activities like bronchoscopy, gastroscopy, colonoscopy and others. Unfortunately, information towards these problems is poor and it should be studied more profoundly.

**Materials and Methods:** We analyzed case of 116(100,0%)patients older than 70 ages,67 were women and 49males. Critical condition in these patients was associated with acute respiratory failure, cardiac failure, ischemic and hemorrhagic strokes, liver and kidney failures, sepsis, traumas and other pathologies. All patients suffered from additional diseases like hypertonic disease, chronic cardiac failure, diabetes, and other pathologies.

Treatment included artificial breathe, correction of water and electrolytic balance, parenteral and enteral nutrition, antibacterial therapy and etc. According to Glasgow scale condition of patients was less than 8 points and “Appach-2” prognostic-analogous scale complied 25-30 and more points. All patients were 650,0 bed days in the clinic and delaying of each patient of bed day was 5,6 Lethality was 40,4% that is almost 2 times more in comparison with adult patients.

**Results and Discussion:** in old patients, conduction of sanative gastroscopy has some peculiarities: the first one is prevailing of diagnostic gastroscopy over treatment one, also more frequent cases of diagnostic gastroscopy in old patients in comparison with adult ones and moreover, conduction of gastroscopy has much more complications in old patients rather than in adult persons. The case is that, patients who were provided with artificial respiration needed diagnostic gastroscopy 3 times more than adult patients. This can be related to the fact, that gastro-intestinal tract of old patients is more damaged rather than adult one. Complications during gastroscopy were 3,5 times more frequent in old patients in comparison with registered in adults.

One of the typical complications in old patients is reducing of oxygen saturation 5-20% that was recorded in 16% patients. This complication generated while insertion bronchoscope in wood canal and when oxygen saturation was elevated for 5-10%, this side effect was eliminated.

The second complication was disorders in cardiac rhythm that was expressed in 10% by ways of tachycardia, ventricular extrasistoles; these complications did not need any special interfere and were solved after some minutes spontaneously. Most rarely, we did observe events of regurgitation- in 6% of cases which were vanished without remains after taking out of gastric secret. In 4% cases we did observe not intense hemorrhage in stomach, that was liquidated after burning of bleeding source. Moreover, because of frequent complications, in old patients, this procedure should be limited in time and conducted in case of extreme situations.

**Conclusion:** in old patients in comparison with adult ones and moreover, conduction of gastroscopy has much more complications in old patients rather than in adult persons which must be considered while treating of old patients.

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**გასტროსკოპიის თავისებურებები მოხუცთა ასაკის კრიტიკულ  
ავადმყოფებში**  
**კრიტიკული მედიცინის ინსტიტუტი, თბილისი, საქართველო**

მოყვანილია 70 წელზე მეტი ასაკის 116 პაციენტის მკურნალობის ანალიზი. მათ შორის ქალი იყო 67, ხოლო მამაკაცი 49. ამ ავადმყოფებში კრიტიკული მდგომარეობები ასოცირებული იყო სუნთქვის მწვავე უკმარისობასთან, გულის იშემიურ დაავადებასთან, იშემიურ და ჰემორაგიულ ინსულტთან, ღვიძლის და თირკმლების უკმარისობასთან, სეფსისთან, ტრავმებთან და სხვა პათოლოგიებთან. ყველა პაციენტს აღენიშნებოდა თანმხლები დაავადებები ჰიპერტონული დაავადების, გულის ქრონიკული უკმარისობის, შაქრიანი დიაბეტის და სხვათა სახით. კლინიკაში შემოსვლისას ავადმყოფთა მდგომარეობა "APPACH-2" პროგნოზულ-ანალოგიური შკალის მიხედვით შეესაბამებოდა 25-30,0 ბალს, მკურნალობა მოიცავდა ფილტვების ხელოვნურ ვენტილაციას, წყლისა და ელექტროლიტების ცვლის კორექციას, სისხლისმიმოქცევის აღმდგენ საშუალებებს, პარენტერალურ და ენტერალურ კვებას, ანტიბაქტერიულ თერაპიას და სხვა სტანდარტულ ღონისძიებებს. დადგენილი იქნა, რომ მოხუც კრიტიკულ ავადმყოფებში გასტროსკოპიის ჩატარებას რამდენიმე თავისებურება ახასიათებს; უპირველესად ეს არის დიაგნოსტიკური გასტროსკოპიის გამოყენების პრევალირება სამკურნალო გასტროსკოპიასთან შედარებით. ასეთივე თავისებურებად უნდა მიჩნეული იქნეს დიაგნოსტიკური გასტროსკოპიის მოთხოვნის უფრო ხშირი ხასიათი ზრდასრული ასაკის ავადმყოფებთან შედარებით. ამასთან მოხუცთა ასაკში გასტროსკოპიის ჩატარებას უფრო ხსირად ახლავს სხვადასხვა სახის გართულებები, ვიდრე ზრდასრული ასაკის ავადმყოფებს შორის