FEATURES OF THE COURSE OF CHRONIC BRONCHITIS IN PATIENTS WITH RELATED GASTROESOPHAGEAL REFLUX DISEASE G.V. Makarova, E. M. Rekalova

Abstract. The issue of cause-effect relationship in comorbidity of chronic bronchitis (CB) and gastroesophageal reflux disease (GERD) remains open, despite strong evidence of the interplay between these nosologies. The atypical symptoms of GERD include, in particular, chronic cough, asthma; GERD is also recognized as an independent risk factor for COPD exacerbations. CB is an independent disease and is considered as chronic cough with sputum

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production, and in some cases it can be interpreted as a complication of GERD. The aim of the study was to determine the features of comorbid pathology: chronic bronchitis with severe endobronchial inflammation (2–3 degrees) / gastroesophageal reflux disease. Materials and methods. Clinical, functional, radiological, bronchological, gastroscopic, laboratory, microbiological examinations were carried out in 85 patients with CB exacerbation with severe endobronchial inflammation (2–3 degrees), mean age was (61.7 ± 1.3) years. The 1st group included 29 patients with CB and concomitant GERD. 2nd group consisted of 56 patients with CB without signs of GERD. Results. CB exacerbation with severe endobronchial inflammation was not associated with severe inflammation of the esophagus in patients with GERD. Concomitant GERD in patients with severe exacerbation of CB was not associated with additional anatomical abnormalities of the respiratory system (pulmonary fibrosis, bronchial stenosis, deforming bronchitis), respiratory function, the presence of bronchial obstructive syndrome, the severity of systemic inflammation (ESR, blood fibrinogen level), and the microbial load of lower respiratory tract. Conclusions. Concomitant GERD is determined in 34 % of patients with CB exacerbation and endobronchitis of 2-3 degrees. Patients with CB and concomitant GERD have lower partial pressure of oxygen in capillary blood and a higher frequency of the tracheobronchial dystonia (34.5 % versus 12.5 % in the control group).

Key words: chronic bronchitis, gastroesophageal reflux disease, comorbidity, features of the course of the diseases course.

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