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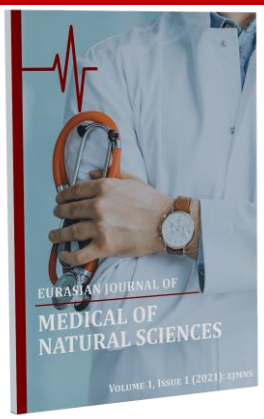

KIDNEY STONE DISEASE AND ITS CAUSES

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ABSTRACT
This article talks about the origin, classification and prevention of cystitis, which belongs to the category of kidney-stone diseases.

Introduction

Inflammation of the urinary bladder (cystitis) is a common disease (according to statistics, it is 6496 among urological diseases) and is characterized by inflammation of the mucous membrane. In this case, the function of the urinary bladder is disturbed and certain changes are observed in the sedimentation of urine. Cystitis occurs at different ages and sexes, but is more common in women. In this case, frequent inflammation of the internal genitals, proximity to the bladder, shortness of the urethra? The spread of infection is caused by favorable conditions (menstruation, pregnancy, postpartum state).

MAIN PART

Etiology and pathogenesis

The main cause of cystitis is an infection, which is often caused by Escherichia coli, less often by Streptococcus, Proteus and Escherichia coli. Most patients have a mixed flora (staphylococci with Escherichia coli, proteus with staphylococci). Cystitis caused by proteus or anthrax has a large character and is more difficult to treat. Microbes get into the bladder and from it to the urinary tract, genitals, large intestine, dust cell or hematogenous and lymphogenous ways, causing various purulent foci (tonsillitis, pulpitis, paracystitis, prostatitis, etc.) can come Cystitis can sometimes occur exogenously, that is, after instrumental examination. There have also been cases where the mucous membrane of the urinary bladder, kidney stones and the mucous membrane of the urinary tract can be damaged due to urogenital infection. Lately, trichomonad cystitis is increasing (mostly). The disease develops after good, favorable conditions. When the body's ability to fight against it decreases, that is, infections, excessive fatigue, malnutrition, godovitaminoses, infectious diseases, diseases of the intestinal system, inflammation of the testicles, adenoma of the prostate gland, the structure of the urinary tract, chronic constipation. , as well as frostbite.

Urinary retention is often caused by trophic disorders of the urinary bladder, as well as the effect of mechanical pressure on it and neurogenic disorders. It has been determined that cystitis can occur even after prolonged fasting, retention of urine, and failure to go to the toilet on time. In rare cases, cancer of the bladder or adjacent organs (cervix, etc.) has occurred, and cystitis has occurred as a complication even after receiving radiation therapy. Even after the removal of the hymen, the infection subsides and deflationary cystitis occurs. In some cases, cystitis occurs when nitrobenzene is taken. Drug (nitrobenzene) causes non-infectious cystitis by affecting the mucous membrane of the urinary bladder.

Classification.

Cystitis: primary and secondary; acute and chronic;

Etiologically: Infectious (specific and non-specific) and non-infectious (chemical, thermal, toxic drugs and alimentary).

Secondary cystitis develops after other diseases: stones, gall bladder tumor, adenoma and prostate cancer; in the structure of the urethra, in inflammatory processes of the genitals.

According to the pathologoanatomical sign:

— follicular;

— cyst;

— emphysematosis;

- hemorrhagic;

— proliferative;

- ulcerative-necrotic cystitis is distinguished.

Trigonitis, neck and diffuse cystitis are distinguished according to the degree of disease spread.

Pathological anatomy.

Pathological changes, depending on the form of cystitis, can vary from redness of the mucous membrane of the bladder to necrosis.

Clinic.

Acute cystitis is characterized by a triad of symptoms, which include pain in the lower abdomen, pollakiuria, and pyuria. In the hemorrhagic form of cystitis, macrohematuria is in the first place. Pain can be observed at the beginning, end or from beginning to end of urination. Young boys often complain of pain in the head of the penis. If the disease develops further, pains occur in the area of the urinary bladder and urinary tenesmus appears. If the inflammation has progressed to a paravesical cyst (paracystitis), the pain during urination becomes stronger. Pollacuria is observed throughout the day, the degree of manifestation of the disease depends on its form, i.e. from moderately resistant (catarrhal cystitis) to unbearable (inflammatory process) urinary incontinence is observed. Especially when the cervix and the bladder triangle are damaged, urination in general is very accelerated. When a young child suffers from acute cystitis, instead of pollakiuria, urinary retention is observed. The reason is that due to the intensity of the pain, the urethral sphincter passing through the neck of the bladder spasms, as a result of which children cannot urinate. When there is obvious pyuria, urine turbidity is observed during macroscopic examination. Less developed pyuria is determined by microscopy. Hematuria is often terminal. The patient's temperature is

normal, free of gangrenous cystitis. An increase in temperature is observed when pyelonephritis or paracystitis is added.

Diagnostics. Acute cystitis can be diagnosed by clinical signs and urine anamnesis (leukocyturia, bacteriuria, sometimes with a small amount of albuminuria) and hematuria. When palpating the bladder surface of patients with acute cystitis. pain, and in women, pain is observed during vaginal examination.

In case of cystitis that has complicated the kidneys, when examined through a cystoscope, it is determined that the excretion of indigo carmine is disturbed in the exit part of the urinary tract.

X-ray examination is used to determine the presence of stones, diverticula of the bladder and bladder-urinary reflex. The result after treatment of acute cystitis is satisfactory. Complete recovery is possible if treated in time. Acute cystitis can relapse in 12-17% of cases. Chronic cystitis is a secondary disease. Cystic cystitis is an exception. In rare cases of cysts in the bladder, the clinical symptoms do not resemble acute cystitis. It can be detected when checking for diseases.

CONCLUSION

Currently, various synthetic drugs are used to treat kidney diseases. When we study the chemical composition of synthetic drugs and use them in practice, we can notice that they have more disadvantages than advantages. Using this information, it can be said that in addition to the advantages, synthetic drugs have many disadvantages.

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