

MORPHOLOGICAL FEATURES OF THE LUNG IN ALCOHOLISM

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Abstract: Pneumonia and chronic respiratory failure are the most common complications of alcohol consumption. In an experiment on animal models, it was established that excessive consumption of ethanol led to dysfunction of the mucociliary apparatus, which is the cause of the chronic respiratory system, that is, clearing the lower respiratory tract. The function of alveolar macrophages was also impaired.

Key words: chronic alcoholism, rats, lungs, experiment, morphology.

Introduction. The great medical and social significance of the problem of alcoholism is well known. In practical healthcare, its solution is assigned to narcologists, whose efforts are aimed at suppressing the mental and physical dependence on alcohol. At the same time, little attention is paid to damage to internal organs. The only exceptions are alcoholic cardiomyopathy and liver damage in alcoholism, the pathogenesis and morphogenesis of which has been intensively analyzed, especially in recent years [1-24, 28,29,30]. Lung pathology has been studied to a lesser extent, although it is respiratory diseases that occupy the first place in the structure of the general morbidity of people who abuse alcohol [25,27,29]. Chronic inflammatory diseases of the respiratory organs account for about 7% in the overall structure of morbidity; among the causes of death, they take the 4th place after cardiovascular, oncological diseases and injuries. [2,4,5,8, 28-38,]. Many researchers believe that in the pathology of the lungs in patients with alcoholism, the leading place belongs to chronic nonspecific diseases [9-14,17-27]. Alcohol mortality is not limited to alcohol poisoning and death from violent causes (murder, suicide), it includes a significant percentage of deaths from alcohol-related somatic pathology [4].

In addition, studies conducted in this direction, in the dynamics of the formation of chronic alcohol intoxication, allow us to determine that a single use of a moderate dose of ethanol in the development of pneumonia is of no small importance, since the works are devoted to determining the amount of ethanol administered or the duration of its use as risk factors, to reduce anti-infective resistance of the lungs. However, there is still a clear concept of the state of various links of anti-infective resistance of the lungs in alcohol intoxication. The respiratory system as a whole seems to be a target for chronic alcohol abuse.

Objective. The purpose of this study was to study in experiment the nature of pathomorphological changes in the respiratory organs in chronic alcoholism in rats.

Materials and methods. The study was carried out on 25 white outbred rats weighing 180-210 g. The animals were divided into 2 groups, in 10 rats they reproduced physiological saline by intragastric administration, served as control. Animals of the 2nd series were injected intragastrically with ethanol at a dose of 10 mg/kg of body weight. Animals were slaughtered 3,7,15,30 days after exposure to ethanol and were removed from the experiment at 3 months of age by instantaneous decapitation of animals under ether anesthesia. The lung extracted from the chest was fixed in 10% formalin solution and embedded in paraffin



according to generally accepted rules. Next, histological sections were prepared with a thickness of $6-7 \mu m$, which were stained with hematoxylin and eosin. Morphological studies of lung tissue were studied under a Leyka microscope. The process of experiments on laboratory animals was carried out in accordance with the Declaration of the International Medical Association, adopted in Helsinki in 1964 and completed in 1975, 1983, 1989, 1996, 2000, 2002, 2004, 2008, 2013.

Results of own research and discussion. Microscopic examination of the lung in the early stages revealed edema, a dyscirculatory disorder, and the cellular composition revealed the breakdown of lymphocytes in the form of karyopyknosis and karyolysis. In an experiment on rats, it was found that oral ethanol has a short-term effect on lung tissue and causes aspiration pneumonia, and the drainage function of the bronchi and atrophy of the ciliated epithelium were also impaired. Histologically, there are foci of acute emphysema, spasm of small arterioles, and on the 15th day in the parenchyma, atrophic changes in the lung were revealed the following changes.

On the 30th day after the introduction of ethanol, there was a pronounced dysfunction of alveolar macrophages, immune cells incapable of phagocytosis. Structural changes in cells included loss of cilia and metaplasia. We also found an increase in the number and size of glands, more abundant lymphoid cell infiltration of the stroma with fibrosis and sclerosis in the lung tissue, microcirculation disorders in the lungs. In the bronchi, signs of chronic bronchitis and bronchiolitis of varying degrees were found, and the number of goblet cells was also increased. In an animal model experiment, it was found that excessive consumption of ethanol led to dysfunction of the mucociliary apparatus which is the cause of a chronic respiratory system, i.e. clearing of the lower respiratory tract. The function of alveolar macrophages was also impaired. Against the background of taking ethanol, ventilation, diffusion and pulmonary blood flow were impaired.

Conclusions: Thus, the study of the combined course of respiratory diseases and alcoholism is an urgent task of modern medicine.

Research in this direction is of fundamental importance for the development of new approaches to the treatment and prevention of lung diseases in patients with alcoholism. In conclusion, I would like to note that researchers and clinicians have only begun to study the problem of alcohol damage to the respiratory system. This gives hope that the negative effects of alcohol on respiratory health can be significantly reduced in the relatively near future.

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