

NON-INVASIVE DIAGNOSTICS OF LIVER FIBROSIS IN PATIENTS WITH CHRONIC HEPATITIS B AND C

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Resume. Chronic diffuse liver diseases, especially viral liver damage, are one of the most urgent problems of modern hepatology. The aim of the study was to conduct a clinical assessment using ultrasound Dopplerography and ultrasound elastometry for non-invasive diagnosis of liver fibrosis in patients with chronic hepatitis. In a comparative analysis using non-invasive diagnostic methods to assess the degree of liver fibrosis, ultrasound elastometry is more informative than ultrasound Doppler.

Key words: chronic hepatitis, liver fibrosis, non-invasive diagnostics, fibroscan

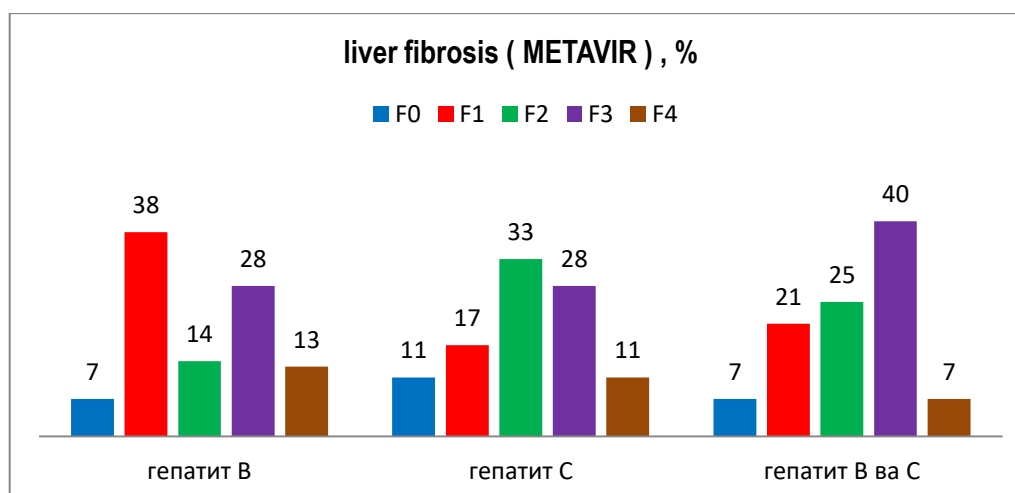
Relevance of the topic. Chronic inflammatory liver diseases are one of the most urgent problems of modern medicine, and the main volume of this pathology is viral liver lesions.[2,5] Hepatotropic viruses cause chronic inflammation in the liver, leading to the development of fibrosis. The development of fibrosis leads to a violation of the liver architectonics (development of cirrhosis) and, as a result, to an increase in intrahepatic pressure, the development of portal hypertension.[1,3,6] One of the important aspects of examining and diagnosing patients with chronic inflammation of the liver is to prevent the development of cirrhosis by early detection of developing fibrosis in the liver, and to choose the right treatment tactics.[1,4,].The final stage of liver fibrosis is cirrhosis, which can lead to devastating complications in patients, such as hepatocellular insufficiency and portal hypertension. These clinical signs complicate the patients' lifestyle and indicate a poor prognosis for the course of the disease. In order to prevent these

complications and to perform early diagnosis of liver fibrosis in patients with chronic liver diseases, non-invasive instrumental methods of fibrosis are widely used.

Purpose of the work. Study of the clinical significance of non-invasive instrumental and laboratory tests in the early diagnosis of liver fibrosis in patients with chronic hepatitis B and C.

Materials and methods. The examination of patients was carried out in the departments and consultation polyclinic of the Bukhara Regional Infectious Diseases Hospital, in the "Carmen" Diagnostic Center in Bukhara, and 102 \pm patients with chronic hepatitis (31 with chronic hepatitis B and 42 with chronic hepatitis C and 29 with chronic hepatitis B and C) aged 21-62 years (mean age 52.7 years) were examined. The diagnosis of chronic hepatitis B and C in patients and the degree of fibrosis development were assessed based on the results of clinical, laboratory (clinical and biochemical blood tests, serum tests, coagulogram, ELISA) and instrumental examinations (liver UTT and ultrasound elastometry-Fibroscan). The type of hepatitis in patients was determined based on viral markers detected in ELISA analysis.

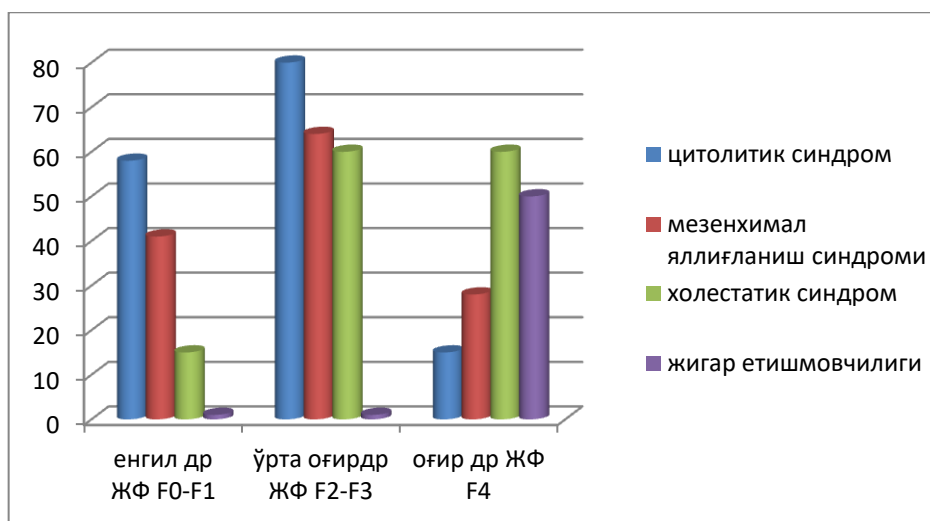
Based on fibroscan results, patients were divided into groups based on the degree of fibrosis. Depending on the degree of fibrosis, subjective and objective data from patients, the results of clinical and laboratory tests were analyzed and their correlation was studied.



Syndromes indicating chronic inflammation of the liver and the results of laboratory diagnostics were studied in each group of patients, depending on the degree of development of liver fibrosis.

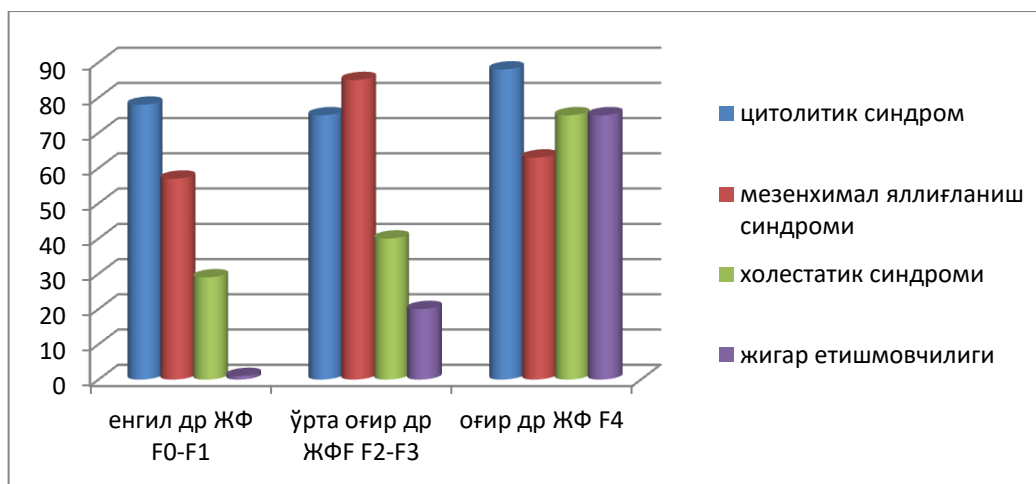
Chronic hepatitis B infection was more common in men (65%), and the duration of the disease decreased in accordance with the degree of fibrosis development. Of the clinical syndromes, dyspeptic syndrome (84.6%) was the most common, followed by asthenoneurotic (68%) and jaundice syndrome (54.3%). Portal hypertension and hepatomegaly syndromes increased in accordance with the development of fibrosis.

The results of the analysis are shown in diagram 2.



Chronic hepatitis C was more common among women (54.7%), and the duration of the disease decreased in accordance with the degree of fibrosis development. The most common clinical syndromes were asthenoneurotic syndrome (75.1%), followed by dyspeptic (71%) and jaundice syndrome (54.6%). Portal hypertension and hepatomegaly syndromes increased in accordance with the development of fibrosis.

The results of the analysis are shown in diagram 3.

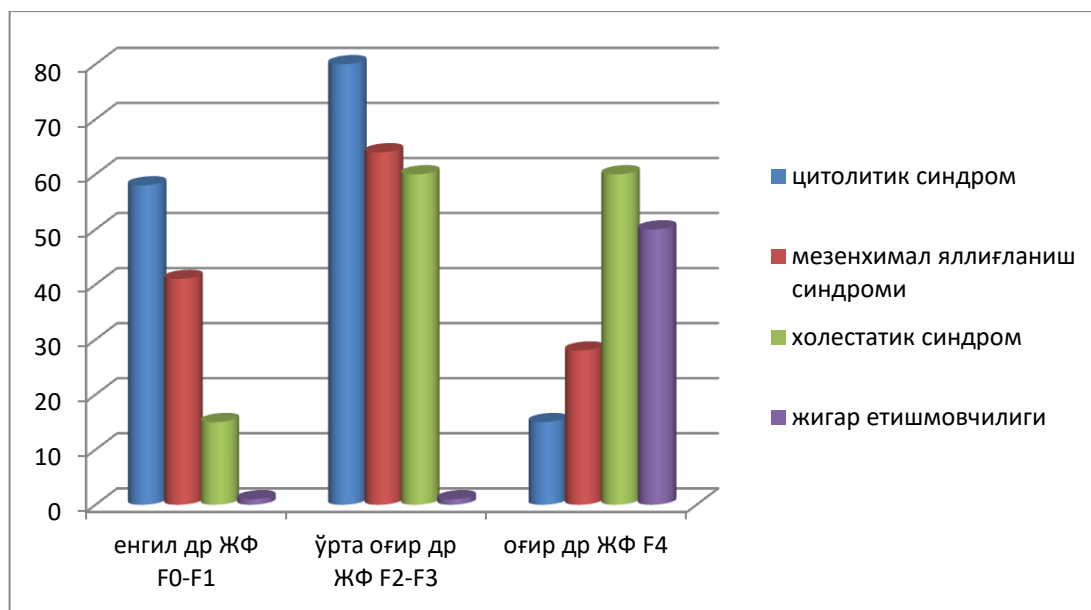


The data in the diagram show that the changes in biochemical parameters indicating cytolytic syndrome and mesenchymal inflammatory syndrome are not related to the degree of liver fibrosis. That is, in patients with chronic hepatitis C, the levels of ALT, AST and GGTP initially increased, and then decreased with severe degrees of fibrosis (liver cirrhosis) ($p < 0.005$).

Patients in group 3 are a group of patients with mixed infection, i.e. hepatitis V and C are detected at the same time. Subjective and objective data, results of clinical and laboratory tests were analyzed and their correlation was studied.

In the examined patients, the disease was more common among men (71.4%), the duration of the disease decreased in accordance with the degree of fibrosis development. Of the clinical syndromes, the most common was asthenoneurotic syndrome (86%), followed by dyspeptic (69.1%) and jaundice syndrome (47.3%). Portal hypertension syndrome was detected in almost all patients with severe fibrosis and increased in accordance with the development of fibrosis. Hepatomegaly syndrome was observed in 68% of patients.

We compared and analyzed the results of clinical and laboratory analysis of patients with chronic hepatitis B and C using the elastometry method (Diagram 4).



The data in the diagram show that the changes in biochemical parameters indicating cytolytic syndrome and mesenchymal inflammatory syndrome are not related to the degree of liver fibrosis. That is, in patients with chronic hepatitis B and C, the levels of ALT, AST and GGTP initially increased, and then decreased with severe degrees of fibrosis (liver cirrhosis) ($p < 0.001$).

In conclusion, it should be noted that the development of fibrosis in patients with chronic hepatitis B and C increases with the duration of the disease, and elastometry examination of patients with chronic hepatitis is important for its early diagnosis and prevention of cirrhosis. The results obtained allow for early detection of fibrosis in patients with chronic hepatitis B and C and prevention of liver cirrhosis.

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