

## IMPROVING SCREENING AND PREVENTION OF CHRONIC LIVER DISEASES IN OUTPATIENT SETTINGS

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**Abstract:** The management of patients with cirrhosis of the liver is extremely relevant at the present time. The prevalence of liver cirrhosis in Uzbekistan is about 1%. Cirrhosis of the liver is one of the six main causes of death at the age of 35-60 years. This article describes the causes, principles of diagnosis, prevention and treatment of cirrhosis of the liver.

**Keywords:** cirrhosis of the liver, diagnosis, prevention, treatment.

### INTRODUCTION

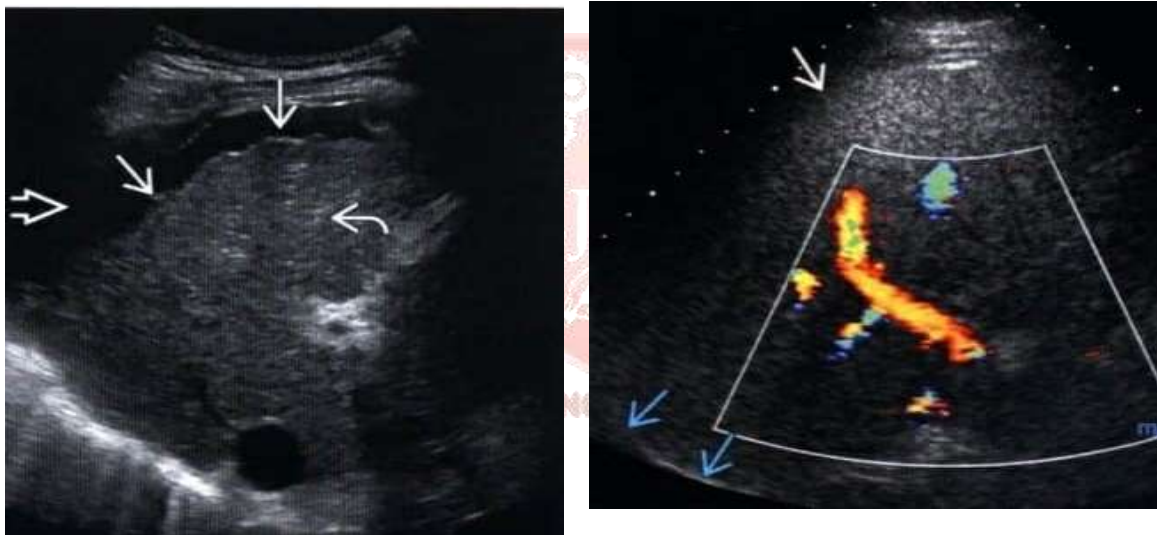
The problem of chronic diffuse liver diseases is one of the most urgent problems of modern gastroenterology. This pathology is becoming increasingly common, especially among people of working age (Komova A. G Principles of effective diagnosis of diffuse liver diseases at the outpatient stage Moscow 2015) The main forms of chronic diffuse liver diseases both in the Republic of Uzbekistan and around the world include chronic viral hepatitis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune and cholestatic liver diseases, drug reactions. (MM) Karimov Digestive diseases Tashkent 2015) All of them can progress with the development of severe fibrosis and cirrhosis of the liver, which inevitably leads to disability. (Komova A. G Principles of effective diagnosis of diffuse liver diseases at the outpatient stage Moscow 2015)

Cirrhosis of the liver is a fairly common disease, occurs significantly more often in men, leads to a deterioration in the quality of life, early disability and mortality of patients. Diagnosis and treatment of this disease are associated with significant economic costs. Most often, CP is the outcome (endstage) of chronic viral hepatitis B, C, and D, and much less often, autoimmune hepatitis. The reason the CPU also is infected with Iya hepatotropic viruses and autoimmune process will be long violations of alcoholic (alcoholic cirrhosis), impact effects on the liver of toxic substances in the home and at work (heavy metals, chlorinated hydrocarbons and naphthalenes, benzene and its production water, etc.), application of necessary drug funds (cytostatic drugs, hormonal contraceptives, hepatotoxic antibiotics, etc.), allele Cesky due to metabolic disorders of iron and copper, diseases of the biliary tract. In some cases, it is not possible to identify the cause of this disease, including in biliary cirrhosis, which more often affects young women and is characterized by progressive damage to small intrahepatic bile ducts, an inflammatory process with necrosis, biliary tract

regeneration and large-nodular degeneration of the liver. The clinical course of CP differs in a wide variety: from the complete absence of clinical manifestations to pronounced and rapidly progressing signs of liver damage. Depending on the severity of the clinical picture — the absence or presence of hepatic encephalopathy and portal hypertension - and violations of biochemical (functional) parameters (prothrombin index, bilirubin and albumin levels) secreted, compensated, subcompensated and decompensated CP. Patients are often concerned about general weakness, increased fatigue, reduced work capacity, irritability, bitterness in the mouth, decreased or lack of appetite, nausea, flatulence, discomfort and heaviness in the right hypochondrium and epigastric region, itching of the skin, stool disorders, dark urine, decreased diuresis, and fever. There are significant data on permanent or intermittent jaundice of the skin and visible mucous tunic specifications of cutaneous hemorrhagic manifestations (bruises, bruises), bleeding of various locations (nasal, esophageal, gastrointestinal, renal) complement the clinical picture of this disease. Examination often reveals varying degrees of jaundice of the skin and mucous membranes, traces of combing, bright red color of the lip border, crimson ("liver") color of the tongue, a decrease in body hair, a slight increase in the mammary glands in men (gynecomastia). Hemorrhagic manifestations and peculiar vascular formations on the skin in the form of asterisks and spiders (telangiectasias), redness of the palms (palmar erythema), enlargement of the liver, and sometimes its soreness on palpation can be detected. As cirrhosis progresses, the liver becomes dense and bumpy, the abdomen increases in size due to the appearance of fluid in the abdominal cavity (ascites), dilated veins are visible on the anterior and lateral surfaces of the abdomen, the spleen increases, and the legs swell. The combination of these signs in combination with bleeding from varicose veins of the esophagus, stomach and intestines refers to portal hypertension syndrome. Often there is a decrease in the patient's body weight (weight loss), sometimes reaching the degree of cachexia. Mandatory laboratory researches include: — serological markers of hepatitis B virus (HBsAg; anti-HBeAg; anti-HBcAg; HBV DNA), hepatitis C (antibodies to HCV; HCV RNA), hepatitis D (anti-HDV antibody; HDV RNA); — clinical analysis of blood count with platelets, and reticulocytes, prothrombin index; — determine the availability of the concentration of aminotransferase (ALT, AST), alkaline phosphatase, gamma glutamyl transaminase, bilirubin, creatinine, cholesterol and total protein and protein fractions, immunoglobulins, potassium, sodium, iron in the blood; — urinalysis; — the coprogram, stool for hidden blood points; — blood group, Rh factor.

Instrumental examinations include: ultrasound of the liver, gallbladder, pancreas, spleen and portal vessels, esophagogastroduodenoscopy. Diagnosis of chronic liver diseases, including CP, is facilitated by percutaneous liver biopsy followed by histological examination of the biopsy. Analysis of the results of serological, biochemical, and instrumental studies and verification of CP is the responsibility of the doctor. Raising increased concentration of amino transferases (ALT and AST) in the blood reflects the severity of the process of destruction (necrosis) of liver cells.

(Left) Transversal transabdominal ultrasound scan performed in a patient with acute hepatitis. There is a decrease in the echogenicity of the liver parenchyma and hyperechoic walls of the portal vein branches included in the portal triads, which creates a picture of the "starry sky" characteristic of acute hepatitis. (Right) Transversal transabdominal ultrasound scan performed in a patient with acute alcoholic hepatitis. A rounded contour of the enlarged liver is visualized with a diffuse increase in the echogenicity of the entire liver caused by steatosis



Prevention. Prevention of cirrhosis of the liver involves two groups of activities: 1) early detection and treatment of chronic hepatitis mainly of viral, alcoholic, toxic, including medicinal origin; 2) prevention of the progression of CP and the occurrence of its complications — liver failure and portal hypertension. An important role is played by the identification of chronic viral hepatitis using (mapke) serological (viral markers), biochemical and instrumental studies in risk groups: patients in need of blood transfusions and hemodialysis units, medical workers, H, drug addicts, prisoners. Similar studies contribute to the diagnosis of chronic alcoholic hepatitis in people who abuse alcohol. People who come into contact with toxic substances or use hepatotoxic drugs at work and in everyday life are subject to examination. The prevention of the progression of CP under constant dispensary

observation of patients in outpatient and clinical settings is facilitated by their compliance with proper (therapeutic) nutrition, long-term use of medicinal products (polyenzymes, diuretics, rheumatoprotectors, etc.), the exclusion of alcohol and smoking, heavy physical exertion, and the prevention of constipation. It is necessary to teach the patient simple methods of self-examination, the results of which are recorded in a notebook (self-examination diary) with an interval of 2-3 days. self-examination,. The patient records the following information in the diary: date, body weight, stool frequency, and color. An increase in body weight over 3 to 4 days by more than 1 kg indicates internal edema (fluid retention). The presence of black feces is possible with bleeding in the esophagus, stomach, or upper intestines. The appearance of any of these signs requires immediate treatment of the patient to the doctor.

Etiotropic therapy for most forms of liver cirrhosis includes abstinence from alcohol in patients with alcoholic liver cirrhosis and antiviral therapy in patients with viral liver cirrhosis. The gold standard for the treatment of chronic viral hepatitis C is currently combined therapy with pegylated interferons in combination with ribavirin. The recommended treatment regimen – for chronic viral hepatitis B is the administration of interferon preparations in combination with lamivudine (Zeffix). All patients with cirrhosis of the liver are prescribed a full-fledged balanced diet for 5-6 days to ensure regular stools (a diet within table 5), with limited fluids and salty foods. In the presence of edematous ascitic syndrome, a diet within table No. 7 is prescribed (with a sharp restriction on boiled salt and liquid). In encephalopathy, the intake of protein is reduced to a level at which no symptoms of tobacco intoxication appear. In case of skin pruritus, the amount of meat proteins and legumes containing tryptophan, tyrosine, cystine and methionine, which are sources of toxic metabolites and ammonia, is reduced.

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