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ETIOPATHOGENESIS, CLINIC, DIFFERENTIAL DIAGNOSIS AND EFFECTIVENESS OF MODERN TREATMENT METHODS OF CHRONIC HEPATITIS

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Abstract: In this article, special attention is paid to clarifying the factors causing chronic hepatitis, pathogenesis, specific clinical symptoms, important diagnostic factors in diagnosing the disease, and modern principles of treatment.

Key words: chronic hepatitis, prevalence, etiology, pathogenesis (according to V.F. Uchaykin and B.A. Svyatsky), clinic, diagnosis (biochemical, virological, immunological, morphological, assessment of portal hemodynamic status), treatment (bed rest, dietary table- 5, interferon drugs, immunomodulator, corticosteroids, hepatotroph, phytotherapy, surgery).

Chronic hepatitis is a disease of liver inflammation lasting for 6 months or more. Although less common than acute viral hepatitis, chronic hepatitis can last for years or even decades. About 2 billion people worldwide are infected with hepatitis B virus, of which 400 million are chronic carriers of this disease. 1 million people die every year from hepatitis B virus infection. There are 500 million people infected with hepatitis C virus worldwide, and 70-80% of them later develop chronic hepatitis. It causes liver cirrhosis in 15-25% of patients with chronic hepatitis and hepatoma in 15%. Hepatitis C virus in 35-55% of cases in children, hepatitis B virus in less 15-25% of cases, hepatitis D, F, G and cytomegaly, herpes, rubella virus, enterovirus, Epstein-Barr virus in very rare cases can cause it. Hepatitis B, C, D, F, G are transmitted only through the parenteral route, that is, when blood and its components are transfused, when injections are made

with infected needles and syringes. Hepatitis B virus is transmitted parenterally, domestically (for example, through saliva) and sexually (therefore, perinatally when the mother's reproductive tract is affected). Thus, chronic hepatitis is more often caused by parenterally transmitted viruses. Often, the initial symptoms of the disease in a person infected with these pathogenic microbes are so mild that the patient does not consult a doctor. Over time, the continuous destruction of liver cells can lead to liver scarring and cirrhosis. Some patients with liver cirrhosis may develop liver cancer over time. Herpetic hepatitis is most common in infants and children under 2 years of age. This hepatitis is accompanied by hyperbilirubinemia and hyperfermentemia. Herpes virus was isolated from tissues of liver and other organs. Clinically, herpetic hepatitis leads to rapid progression and death, in rare cases it can be cured or lead to chronic hepatitis. Nonalcoholic steatohepatitis is a type of chronic inflammation of the liver that usually occurs in people who are overweight (obesity), have diabetes, or have abnormal levels of cholesterol and other fatty acids in their blood. All of these conditions cause the body to synthesize or process more fat (metabolism) and release fat more slowly. As a result, fat accumulates and is then stored inside the liver cells (so-called fatty liver). Fatty liver can cause chronic inflammation and eventually lead to cirrhosis. Non-alcoholic fatty liver disease is called non-alcoholic steatohepatitis. Alcohol-related liver damage – After alcohol is absorbed in the digestive tract, it is usually processed in the liver, and in the process, substances that damage the liver are produced. Alcoholic liver disease mostly occurs in people who have been drinking heavily for many years. If people continue to drink, scar tissue can form in the liver and eventually damage large amounts of liver tissue, resulting in cirrhosis. It rarely causes chronic hepatitis. Autoimmune chronic hepatitis is characterized by hypergammaglobulinemia, a very high level of IgG, and extrahepatic immunopathological (autoimmune) disorders. It is also accompanied by autoimmune thyroiditis, nonspecific ulcerative colitis, synovitis, diffuse toxic goiter, arthralgias or arthritis, pulmonary infiltrates, erythema, hemolytic anemia, thrombocytopenic purpura, heart damage, and other symptoms. Sometimes drugs can cause chronic hepatitis, especially if they are taken for a long time. They can be caused by amiodarone, isoniazid, methotrexate, methyldopa, nitrofurantoin, tamoxifen, and rarely acetaminophen.

Pathogenesis – V. F. Uchaykin and B. A. According to Svyatsky, the pathogenesis of chronic hepatitis is defined as follows:

● After hepatitis C, B and D viruses enter the body, the body's production of special antibodies to the antigens of the virus increases. The result is long-term replication of the virus;

● Genetically determined weakness of T-cell immunity occurs due to further decrease in activity of T-suppressors with imbalance of immune-regulating subpopulations;

● deficiency of macrophage activity is observed;

● the effect of effector cells on the membrane of hepatocytes with expressed viral antigens, as well as the specific lipoprotein of the liver decreases;

● activation of peroxidation of fats and lysosomal proteinases is observed in the liver;

● autoimmune process begins in liver cells;

● disorders of internal liver hemodynamics, as well as microcirculation disorders can be of additional importance, as a result of which internal liver hypoxia develops. As the disease progresses, the following changes are observed in the liver: Inflammatory and immunopathological changes in the mesenchyme, increasing destruction of the parenchyma accompanied by the death of hepatocytes; Decreased blood supply and microcirculation disorders; Violation of the function of hepatocytes not damaged by infection; Cholestasis. In the course of chronic hepatitis, as a result of the effect of a viral infection, neuritis may develop with subsequent fibrosis of the nerve tangles of the hepatic artery. Fibrosis is not observed in the initial stage of the disease. In stage 2, small periportal fibrosis is an overgrowth of connective tissue around liver cells and bile ducts.

In the 3rd stage — moderate fibrosis with porto- portal septa: connective tissue, growing, adjacent formed by branches of the portal vein, hepatic artery, bile ducts, lymphatic vessels and nerves form sections (septa) connecting the portal tracts. The portal tracts are located in the corners of the hepatic lobule, which has a hexagonal shape.

In the 4th stage — a significant increase in connective tissue with changes in the structure of the liver. Clinical symptoms of the disease - Changes in all the main functions of the liver are observed in chronic hepatitis. In most patients, regardless of the etiology of the disease, it is asymptomatic. In this case, general symptoms are often observed, for example, weakness, fatigue, frequent fatigue, loss of appetite. Often, the first specific symptoms are observed when the liver disease worsens and evidence of cirrhosis appears.

The disease manifests itself in a number of specific syndromes:

● Violation of the detoxification function leads to the development of asthenovegetative syndrome. Patients develop general weakness, irritability, memory loss and interest in the environment.

● Dyspeptic syndrome: there are symptoms such as loss of appetite, nausea, vomiting, changes in taste, bitterness in the mouth, stool disorders and itching.

● Cholestatic syndrome: urine becomes dark beer color, stool color changes, skin and mucous membranes turn yellow, skin itching appears.

● Hemorrhagic syndrome: it is manifested by bleeding from the nose, bleeding at the slightest damage to the skin and mucous membranes.

● Unlike liver cirrhosis, portal hypertension syndrome is not observed in chronic hepatitis.

● Usually, in chronic hepatitis, the liver and spleen are enlarged.

Patients sometimes experience hemorrhagic syndrome, body temperature rises, "spider veins" appear on the chest and shoulder girdle, joint pain, kidney, heart, lung damage and pleurisy may develop. The size of the liver increases significantly, it is painful during palpation, it is very dense, the spleen is often enlarged. Other symptoms may occur, especially in young women with autoimmune hepatitis. They can appear in almost any organ system.

These signs include:

- appearance of acne.

- Cessation of menstruation.

- Joint pain.

- Pulmonary fibrosis.

- Inflammation of the thyroid gland and kidneys.

- Anemia.

The diagnosis of chronic hepatitis should be timely. All procedures are performed in the gastroenterology department. The final diagnosis is made on the basis of clinical appearance, instrumental and laboratory tests. They include, for example, general blood and urine analysis, biochemical blood analysis, liver tests, virological tests - detection of HBsAg, HBcAg, HBeAg and antibodies against them in the patient's blood, immunological tests, ultrasound echography or scanning with radioactive isotopes to determine the morphological state of the liver. Computer tomography, MRI, laparoscopy, unlike acute hepatitis, a biopsy may be performed to confirm the diagnosis or etiology of chronic hepatitis.

Serum enzymes- AST, ALT, fructosomono- and fructosediphosphate aldolases, glutamate dehydrogenase, urokinase, increased activity of alkaline phosphatase and decreased activity of cholinesterase depend on the degree of liver damage. Damage to liver cells causes a sharp decrease in the concentration of albumin in the blood and a significant increase in globulins. Abdominal ultrasound can reveal limited lymphohistiocytic infiltration and moderately expressed focal fibrosis of portal areas. Ultrasound and scanning (radioisotope examination of organs) reveal enlargement of the liver and spleen and their diffuse changes. About half of patients experience a transition to liver cirrhosis, periods of remission can last from several years to several months. In the treatment of chronic hepatitis, special importance is given to diet. Fatty, fried, spicy, salty, sour things are strictly prohibited. Patients should eat milk, yogurt, fat-free cream, sweet wet fruits, meat cooked in water, mastava, boiled soup, and soup. First of all, drugs that relieve pain (such as no-shpa, papaverine), improve liver function (essential, karsil, vitagepat, glucose), and various vitamins are given. Physiotherapy methods are used after the condition of patients improves. After leaving the hospital, they are advised to do light work. Liver transplantation is possible in cases of viral hepatitis with severe fibrosis or cirrhosis, severe liver failure.

Since 1998, vaccination of young adults has reduced new hepatitis B infections by more than 80 percent. Hepatitis infection develops over many years and may be asymptomatic or accompanied by non-specific symptoms. That's why it's important that family doctors remember to screen people who are at high risk for infection. More serious complications can be prevented with timely examination and treatment.

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