

COMPARATIVE ASSESSMENT OF THE SPECTRUM OF ETIOLOGICAL FACTORS OF LIVER CIRRHOSIS IN BUKHARA AND NAVOI REGIONS

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Abstract: *The problem of LC is still one of the most exciting, due to the steady increase in the frequency of its spread, mainly in regions with low socio-economic development potential (1,3,5,7). The overdue situation was to be expected, because over the years, a package of medical and social factors gradually began to take root in these regions, predetermining the scale of the development of CLD. Many of them to this day continue to dominate the spectrum of drugs that have a disease-causing effect on the liver.*

Key words: *medical, social factors, medical institutions, CKD*

Determination of the leading harmful factor is an essential part of the strategy for managing hepatic patients (2,4,6). The final reports of special medical institutions of the republic with heartbreaking anxiety inform about the ever-increasing role of individual, in the recent past, less tangible etiological factors in the development of CKD in the field. By far the most troubling of these is certainly the rampant increase in alcohol consumption. At the same time, the problem of drug addiction remains far from cloudless, especially its injectable form, which plays a transmission role in the spread of hepatotropic viruses. It is impossible not to take into account the importance of invasive diagnostic and treatment procedures, in the course of which the risk of transmitting a viral infection increases exorbitantly.

Given the above, this work was undertaken, the purpose of which was a comparative study of the structure of the etiological factors in the development of CKD in two neighboring Bukhara and Navoi regions.

Materials and methods: case histories and outpatient records of patients with cirrhosis, who received inpatient treatment in various medical and preventive institutions of the health department of Bukhara and Navoi regions from 2004 to 2009, were retrospectively analyzed. The medical records included in the study were selected by random sampling. In total, 1993 medical records of patients with cirrhosis of various etiologies were analyzed. Of these, 925 were females, and the remaining 1068 were males. At the same time, 891 patients lived in rural areas, and the remaining 1102 were city dwellers. At the same time, 86 patients with cirrhosis were related. Of these, 34 patients were in close family relationships, and the remaining 52 patients were distantly related. In the anamnesis of more than 200 patients, various CKDs were established in close and distant relatives. In the course of a retrospective analysis of the medical records of patients, it was found that 6% of them applied for the first time, 14% for the second time, and the rest more than 3-4 times. Of the total number of 1993 patients with cirrhosis, 46% had class A, another 34% had class B, and the remaining 20% had a class with hepatic cellular

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insufficiency according to the Child Pugh classification. More than 70% (1378) of patients experienced

Regions	Etiological factors											
	Viral			Ethanolic			Exchange			Mixed		
	man	women	total	man	women	total	man	women	total	men	women	total
Bukhara	37.3%	25.9%	63.2%	5.7%	—	5.7%	5.2%	3.8%	9%	11.6%	10.2%	21.8%
Navoi	31.5%	33.3%	64.9%	8.2%	—	8.2%	1.7%	8.5%	10.3%	5.5%	10.9%	16.4%
As a whole in the regions	34.4%	29.6%	63.9%	6.9%	—	6.8%	3.4%	6.1%	9.5%	8.6%	10.6%	19.5%

various types of LC complications, such as portal hypertension, intrahepatic icteric cholestasis, and hepatic encephalopathy. In 156 patients, bleeding from varicose veins of the esophagus and cardia of the stomach was observed with different volumes of blood loss. In 87 of them, the volume of blood loss was massive and fatal.

All patients were diagnosed with cirrhosis based on the use of clinical, laboratory and modern instrumental methods, including: ultrasonographic, computed tomographic studies. In addition, in almost all patients, the generally accepted biochemical indicators of the functional potential of the liver were studied.

The concentration of iron in the blood plasma was determined in the laboratory of a multidisciplinary regional center. The content of copper in plasma and excrement was determined on the basis of the markers of the hepatitis B and C virus were identified by enzyme immunoassay, and in some even using polymerase chain reaction in the conditions of the Research Institute of Immunology or Virology.

Results and discussions. In the course of the retrospective study, the following results were obtained (Table 1).

As follows from the data obtained over the past 5 years CVE dominated in the spectrum of cirrhosis of cirrhosis in residents of the neighboring Bukhara and Navoi regions. At the same time, it should be recognized that there was a slight difference. In the Bukhara region, viral cirrhosis was more common among the villagers, and in the neighboring Navoi region, on the contrary, among the townspeople. Moreover, in the Bukhara region, males were more likely to suffer from UAE, while in the Navoi region, on the contrary, representatives of the female half.

The frequency of occurrence of etiological factors in the development of cirrhosis in sequential order among residents of two neighboring regions (Bukhara and Navoi), without taking into account gender indicators, is shown in the figure below.

The observed difference in the distribution of viral CPs among the inhabitants of two neighboring regions, of course, requires its own explanation. However, at this stage of the work, it is premature to do this, due to the lack of compelling reasoned facts that allow us to make final and decisive conclusions. To confirm the existing assumptions, further targeted research is needed with a preliminary discussion of the results obtained with specialists from specialized medical institutions.

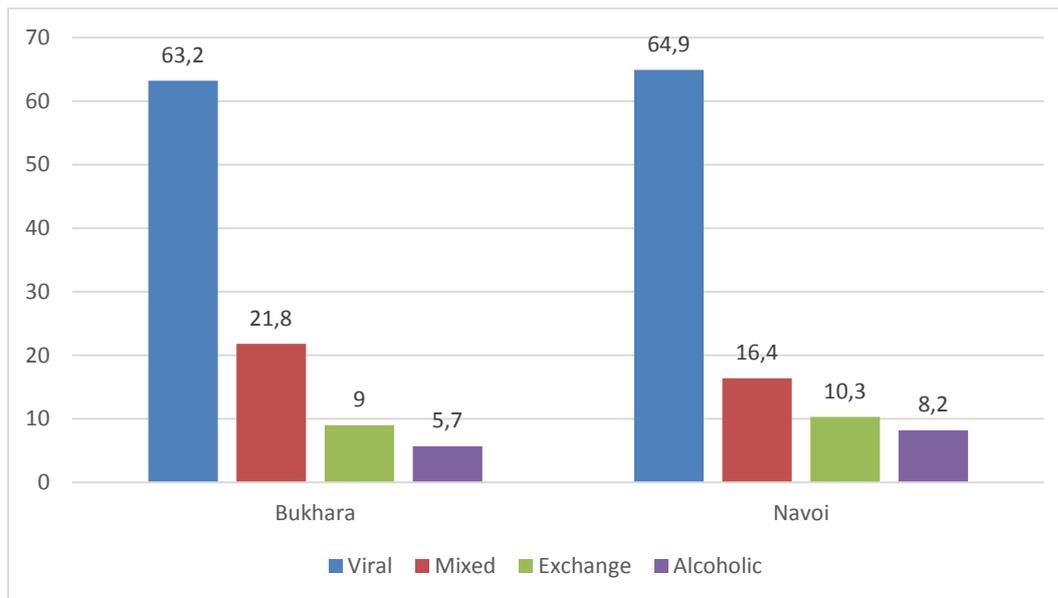
Among the residents of both the Bukhara and Navoi regions, further

The frequency of occurrence was metabolic CP, in the origin of which disturbances in the metabolism of sugar, iron or meli are closely involved. In general, their number was high among the



inhabitants of the Navoi region, especially among females. Diabetogenic cirrhosis dominated in the spectrum of metabolic cirrhosis of residents of neighboring regions. This was followed by hemochromatic cirrhosis, which develop against the background of iron dysmetabolism and closed this series of cirrhosis resulting from impaired copper metabolism (Wilson's disease). It should be recognized that the frequency of detection of cirrhosis against the background of hemochromatosis and Wilson's disease in the regions is extremely low. The average incidence rates of these forms of cirrhosis are several times inferior to those of the CIS countries and especially far abroad. The established fact, along with others, clearly hints at a low as opportunities for recognition of such diseases in the regions.

Table 1. The frequency of etiological factors of liver cirrhosis, taking into account gender indicators



Alcoholic etiology cirrhosis unexpectedly occupied a lower position compared to metabolic cirrhosis among residents of two neighboring regions. The obtained statistical data on the scope of alcoholic liver damage in the regions differ significantly and are inferior to those of neighboring republics (1). In our opinion, these results do not actually correspond to the true state of affairs. The modest position of the alcohol factor in the spectrum of etiological moments in the development of CKD does not at all indicate the reasonable limits of alcohol consumption by residents living in these parts. In addition, it cannot in any way reflect the present situation prevailing in the localities. In fact, the current situation in the regions is of a much different nature, which is confirmed by the growing number of not only alcohol distribution points, but most importantly, the scale of their implementation on the ground.

The question is, why do local specialists rarely dare to make a diagnosis of cirrhosis of an alcoholic nature? As it seems to us, there are a variety of reasons here: from insufficient knowledge of the nature of alcoholic liver damage to a feeling of over-limiting responsibility just before the moment this diagnosis is entered on the title page of the patient's medical record. An episode from a private conversation with a specialist who complained about the occurrence of a certain problem in a patient before receiving a medical examination of disability after a diagnosis of alcoholic liver damage is appropriate. Such is the real situation on the ground with the recognition of alcohol etiology cirrhosis.

Due to the low quality of diagnosis at the level of primary health care, a significant part of alcoholic liver diseases is underestimated. Hence, for obvious reasons, the results of accounting for CKD in general, and alcoholic lesions in particular, are not real. Thus, the real extent of the prevalence of CKD in the field is unwittingly underestimated. Thus, at times, the true extent of the damage caused by alcohol to the health of the population is hidden many times over. Just the right time to establish a real picture of accounting for alcoholic liver diseases. For, only after that it will be possible to make a real effort to



prevent the damage associated with the intake of alcohol. Moreover, the production and sale of alcoholic beverages on the ground will be controlled. It is clear that this issue is not one day, but it must be put forward today, so as not to be late tomorrow.

More than a third of cases in the origin of the cirrhosis involved at least two, or even three or more factors. This picture was equally observed in the analyzed medical records of patients with cirrhosis living both in the Bukhara and Navoi regions. The combination of a viral infection with ethanol was most often noted (about 40%), especially among the stronger sex. No less significant was the combination of ethanol with metabolic disorders, namely carbohydrates, which was also much more common in males. The mixed ethanol with hemochromatosis was also noticeable, however, in less significant quantities compared to the two above-mentioned combinations.

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