

CIRRHOSIS OF THE LIVER COMPLICATED BY PORTAL HYPERTENSION

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In recent years, viral hepatitis C and its consequences have remained an important medical and social problem. The disease is characterized by a severe course, a decrease in the quality of life of patients and increased mortality. According to the data The World Health Organization "... more than 170 million people are infected with hepatitis C. 686,000 people die annually from cirrhosis of the liver and cancer associated with HCV ...". It is known that "... 70-85% of patients develop chronic infection, leading to moderate histological changes in the liver ...". The development of cirrhosis. The high mortality rate in chronic hepatitis C requires the development of diagnostic, prognostic and therapeutic measures to assess the risk.

Keywords: Viral hepatitis C, consequences, severe course, decrease in the quality of life of patients, increased mortality.

Cirrhosis of the liver is a polyethological disease characterized by a chronic, progressive course, occurring with damage to the parenchymal and interstitial tissues of the organ against the background of necrosis of hepatocytes, followed by nodular regeneration and diffuse proliferation of connective tissue, which leads to a violation of the organ's architectonics and the development of its functional insufficiency. The formation of a Cirrhosis of the liver is a long process that takes place over many months or years. During this time, changes occur in the genetic apparatus of hepatocytes, which results in creating a generation of pathologically altered cells. The described process can be described as immuno-inflammatory, the main factor of which is damage (necrosis) of hepatocytes caused either by the direct toxic effect of alcohol or by developing autoimmune reactions of the body.

Diagnosis of portal hypertension. Progress in the development of medical technology has significantly increased the possibilities of diagnosing PG syndrome in cirrhosis of the liver. To date, diagnosis is carried out not only on the basis of classical, non-invasive examination methods (accounting for patient complaints, assessment and analysis of life and disease history, clinical manifestations and data from objective examination, laboratory tests, comprehensive ultrasound examination, magnetic resonance imaging (MRI), multispiral computed tomography (MCT)), but also using modern, advanced invasive techniques. These include endoscopic examinations (esophagogastroduodenoscopy, endoscopic duplex sonography, endoscopic ultrasonography, including using color Doppler mapping, capsule endoscopy), angiography, measurement of the portocaval gradient, as well as portal scintigraphy, puncture biopsy and laparoscopy.

Drug treatment of PG. PG syndrome is assigned a primary role as a complication of cirrhosis of the liver. That is why the search for optimal doses and an effective combination of drugs that contribute to the prevention of severe complications of CP continues. The drug of choice among all the proposed drugs are terlipressin and somatostatin analogues, since their administration, according to some authors, leads to a 34% reduction in the risk of death. However, despite this, medical correction PG is included in the mandatory set of measures aimed at stopping varicose esophageal-gastric bleeding. Despite the possibilities of drug correction of portal pressure, high mortality rates of the studied category of patients determine the need for surgical interventions that give the most lasting and reliable effect.

Thus, patients with cirrhosis of the liver are characterized by complex disorders in the hemostasis system, which are characterized by a high risk of developing both hemorrhagic and thrombotic complications, which determines the need for an in-depth study of the hemostasis system in order to identify the risks of both bleeding and thrombosis.

