

CIRRHOSIS OF THE LIVER: LITERARY REVIEW

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Liver diseases such as chronic alcoholic hepatitis, chronic hepatitis of viral etiology, cirrhosis of the liver, autoimmune liver pathology are widespread among the population Uzbekistan. This is due to the low effectiveness of modern methods of treatment of chronic hepatitis, as well as the low knowledge of the molecular mechanisms of these diseases, which makes it difficult to conduct pathogenetic therapy.

Keywords: liver diseases, chronic alcoholic hepatitis, chronic hepatitis of viral etiology, liver cirrhosis, autoimmune liver pathology, modern treatment methods, molecular mechanism, pathogenetic therapy.

Of the many problems related to the immune system of the liver, we have identified several areas that are most significant from our point of view. One of the directions of the search is a detailed analysis of changes related to the immune status of patients with chronic hepatitis. Accurate data on the subpopulation of lymphocytes in the liver allow the targeted removal of the most aggressive subpopulations that cause damage to liver tissue.

I. Classification of chronic hepatitis. The term "chronic hepatitis" has been known since the 30s of the 20th century, and its nosological independence was defined in the 60s years. Chronic hepatitis is a polyetiological persistent liver damage lasting at least 6 months and accompanied by an increase in the activity of transaminases and other enzymes that are markers of inflammation.

1. Classification accepted in Russia. The International Classification of Liver Diseases was adopted and approved by the World Health Organization in 1976, and then, with some additions, included The tenth revision of the International Classification of Diseases (1995). The classification of chronic hepatitis is based on the pathomorphological principle.

- Autoimmune hepatitis,
- Chronic hepatitis B,
- Chronic hepatitis D,
- Chronic hepatitis C,
- Chronic viral hepatitis, not otherwise characterized,
- Chronic nonspecific hepatitis,
- Chronic medicinal hepatitis,
- Primary biliary cirrhosis,
- Primary sclerosing cholangitis,
- Wilson-Konovalov disease,
- Liver disease caused by deficiency of alpha-1-antitrypsin.

2. Foreign classifications. According to morphological changes, liver diseases are classified as parenchymal, hepatobiliary and vascular.

3. Histological characteristics of a normal liver. The microarchitectonics of the liver is not homogeneous, it is characterized by the presence of a variable composition of hexagonal and pentagonal lobular units containing traditional portal triads. Liver acinuses are included in lobular structures as smaller triangular physiological units. The variability of liver architectonics is more pronounced on the periphery of the organ.

4. The index of histological activity in chronic hepatitis. Liver biopsy and subsequent histological examination is a necessary method for diagnosing chronic hepatitis, which allows you to determine the degree of activity of the process, the severity of liver damage, and the stage of the disease.

Cirrhosis of the liver.

Chronic hepatitis can have different etiologies and mechanisms of damage to liver tissue, however, the end result is reduced to progressive fibrosis and cirrhosis. The pathognomonic morphological picture of liver cirrhosis is diffuse hyperplasia of liver tissue, expressed in the development of parenchymal nodules surrounded by fibrous septa connecting the portal canal and the central one, and accompanied by a restructuring of vascular architectonics. The mechanism, determining the development of parenchymal nodes is the activation of hepatocyte growth after necrotic death of parenchymal cells, the division of lobules into parts by fibrous strands, a change in the structure of lobules due to the restructuring of the vascular bed. One of the molecular mechanisms of the development of liver cirrhosis is a violation of the activation and differentiation of liver stem cells, which will be discussed further.

Cirrhosis is characterized by loss of functional liver mass and functional insufficiency, which increases with the progression of the disease. The early stages of the disease enable the liver to compensate for the loss of cell mass. Then comes a period of decompensation, accompanied by a decrease in the number of cells per unit volume of the liver, which ends with the death of the body. This period can last from 1-2 years to 20-30 years. Liver biopsy data answer the question of its functional state and they should be supplemented with blood biochemistry data and instrumental research methods, including the level of blood circulation in the liver, clearance rate, and metabolism of xenobiotics.

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