

Issued since 1920

2020

VOLUME 56 SUPPLEMENT 1

MEDICINA

- ABSTRACTS

**accepted for the International
Scientific Conference
on Medicine**

organized within the frame
of the 78th International
Scientific Conference
of the University of Latvia

Riga, Latvia

ISSN 1648-9233

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Variability of complications of liver cirrhosis associated with hepatitis B and C viruses

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Background. In Ukraine, viral hepatitis C (HCV) is dominant in the structure of infectious pathology in terms of its negative impact on public health. The course of the disease and its effects can be influenced by a number of factors, including the presence of concomitant liver damage. The number of diseases of this pathology is 5–6 times higher than the official statistics.

Objective. The study was aimed at exploring the peculiarities of cirrhosis associated with virus hepatitis

Methods. The study examined 54 patients treated in the Sumy regional infectious hospital during 2015–2019.

Results. Among the surveyed, 84% of cases were divided, as follows: viral hepatitis C, viral hepatitis B 7.4 % co-infection B+D 5.6 %. In the surveyed group prevailed men (62.9 %) and city residents (70.4 %), the average age of patients was 44.2 ± 0.2 years. Probable pathway of infection: during medical interventions (18.5 %); use of intravenous drugs, donation (7.4 % each); dental procedures (11.1 %); blood transfusion or its constituents (5.5 %); professional activity (medical workers) (1,8%); not found – in 48.3 % of the surveyed.

Patients with minimal activity (68.5 %) were 3.7 times less frequent – moderate (18.5 %), 6.2 times – expressed (11.1 %). Decompensated cirrhosis (according to Child Pugh's classification) is registered in 3.7 % of people, subcompensated – in 37 %, and compensated – in 59.3 % of the patients. Comorbidity was detected in all the patients, every third patient had metabolic cardiomyopathy (40.7 %), hypertension (35.1 %), gall-stone disease (31.5 %), whereas heart failure and encephalopathy were less common (respectively – 29.6 % and 14.8 %) in the patients.

Ultrasound examination of abdominal organs revealed the following: increase in liver size (29.6 %), increase in echogenicity (77.7 %), increase in portal vein size (31.4 %), vascular compaction (38.8 %), sealing of the gallbladder wall (57.4 %); enlargement of the spleen (53.7 %) and enlargement of the splenic vein (77.7 %); the signs of portal hypertension (70.4 %). Varicose veins of the oesophagus were diagnosed in 31.5 % of the patients, oedema-ascitic syndrome – in 24.1 %. Cirrhosis was accompanied by thrombocytopenia (33.3 %), anaemia (14.8 %) and leukopenia (9.3 %).

Conclusions. Among the patients with liver cirrhosis associated with hepatitis virus, prevailed middle-aged men living in city. The probable route of infection in most patients could not be established. Minimal activity and severity of cirrhosis (according to Child Pugh) A and B. Predominant metabolic cardiomyopathy, arterial hypertension, and gallstone disease were associated with the condition. Complications included enlargement of a splenic vein, seal of vessels of a liver, consolidation of a wall of a gall bladder, portal hypertension, splenomegaly and varicose veins of the oesophagus, thrombocytopenia.