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ABSTRACT BOOK

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DEGREE OF SEVERITY OF LABORATORY SYNDROMES IN PATIENTS WITH CHRONIC VIRAL HEPATITIS C

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Introduction: In the world there are about 71 million people who have an HCV infection. Approximately half of the fatal cases are caused by cirrhosis and hepatocellular carcinoma.

Aim: To study the severity of the cytolytic, mesenchymal-inflammatory and cholestasis syndrome in patients with chronic viral hepatitis C

Materials and methods: 72 patients with chronic viral hepatitis C were examined prior to appointment of antiviral therapy. To study the activity of the cytolytic syndrome, the levels of AST and ALT were analyzed, the De Rithis coefficient was calculated; mesenchymal-inflammatory syndrome – ESR, protein and albumin levels; syndrome of cholestasis – bilirubin, alkaline phosphatase.

Results: Among all patients with chronic viral hepatitis C who were on antiviral therapy, men (73.00%) were 2.7 times more than women (27.00%). The average age of patients was 44.69 ± 1.39 . Almost equally were persons of young and middle age (47.62% and 42.86%), it is much less than elderly people (9.52%). Almost all patients had a subclinical course of acute hepatitis C and only 4.76% of patients had acute hepatitis in the anamnesis. Most of the examined had F2 fibrose (32.73%), which was 1.5 times more frequent than F0 (21.82%) and F4 (21.82%), and almost 2.5 times more than F3 (12.73%) and F1 (10.9%). Among patients with chronic viral hepatitis C prevailed patients with ALT value to 120 OD (73.61%) that is 1.5 times more, than the person with value in the range from 120 to 400 OD (23.61%). The number of people with values more than 400 OD was only 2.78%. Analyzing the level of AST, the first place was also occupied by patients who had a minimum activity process for this indicator, that is, values in the range of 120 OD (84.72%), the second place was taken by a group of patients with moderate activity (13.89%) and the smallest part were patients with severe activity (1.39%).

Calculating the De Rithis coefficient (AST / ALT), it was found that only 6.94% of patients showed an increase, indicating severe liver damage with the destruction of most of the hepatocyte only in these patients, while in other patients with elevated activity, only the membrane destruction, which had no effect on the deep structures of the liver cells.

Studying the laboratory signs of mesenchymal-inflammatory syndrome, it was found that in 29.17% of patients, ESR was increased, in 6.90% was observed the hypoproteinemia, with a decrease in albumin levels in 16.33% of patients.

The level of total bilirubin was increased in almost a third of patients (36.21%), while in other two thirds (63.79%) of patients it remained within normal limits.

Increasing of alkaline phosphatase (15.25%) was noted 5.6 times less frequently than the normal level of this enzyme in the blood of patients.

Conclusions: Thus, the most expressed in examined was cholestasis syndrome and mesenchymal-inflammatory syndrome, and the least pronounced – cytolytic, which may be due to the formation of fibrosis of varying degrees of most patients.