

SYSTEMIC INFLAMMATION PARAMETRES IN PATIENTS WITH NONALCOHOLIC STEATOHEPATITIS AND THEIR CORRECTION

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The interest to the problem of nonalcoholic fatty liver disease has been growing in the world. There is no standard treatment regimen of nonalcoholic steatohepatitis (NASH), as well as insufficient dosage recommendations for the management of patients with NASH, based on the large randomized controlled trials.

Objective: to improve the diagnosis and treatment efficiency of NASH based on the study of pathogenetic mechanisms of the disease.

Materials and methods: We observed 65 patients: 32 patients with NASH who received basic therapy (ursodesoxycholic acid, 10 mg/kg/day). 33 patients with NASH who received in addition to basic therapy thiotriazolin 2 ml of 2.5% solution intramuscularly 2 times per day during 5 days, followed by 100 mg (tablet) 3 times per day during 20 days. The control group contains 20 healthy persons without fatty liver infiltration according to ultrasound. The diagnosis of NASH based on a comprehensive analysis of complaints data, physical examination, results of laboratory and instrumental studies. The presence of NASH confirmed by ultrasound and increased activity of serum transaminases not more than 5 norms. Patients in these groups were representative for age and gender. Patients were conducted in dynamics. Symptoms were assessed at admission and after 25 days of therapy. Statistical processing of the results was performed according to the method of variation statistics.

Results: In 49.2% of patients with NASH clinical manifestations were not found. The main complaints of patients were heaviness in the right hypochondrium, feeling of bitterness in the mouth, feeling of heaviness after eating fatty and fried foods and asthenic manifestations. Increased liver in size was observed in 78.8% of patients with NASH. There were increased levels of CRP in patients with NASH in accordance with the control group ($p < 0.05$), confirming that these patients had chronic subclinical inflammation. The presence of a positive correlation between CRP and ALT levels ($r = 0,63$; $p < 0,001$). Clinical manifestations of NASH and transaminase levels did not differ significantly as a result of treatment, both in the application of basic therapy, and in the combination with thiotriazoline. Application of Thiotriazoline, unlike basic treatment, led to the decrease of CRP to that of the control group.

Conclusion: The use of Thiotriazoline in combination with the basic treatment causes a marked reduction of CRP levels in patients with NASH. That enhances the antiinflammatory efficacy of thiotriazoline with basic treatment in patients with NASH, helping to slow the progression of the disease.