

THE EFFECT OF HEPATOPROTECTIVE THERAPY ON THE COURSE OF CHRONIC DIFFUSE LIVER DISEASES

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Relevance of the topic: chronic diffuse liver diseases are characterized by an increase in the level of hepatic fibrosis and stable development with the eventual formation of liver cirrhosis. Currently, it is recognized that hepatic fibrosis is the main negative prognostic factor, therefore it is very important in practical medicine to determine and explain the degree of its severity. However, many issues related to the diagnosis and treatment of chronic diffuse liver disease remain poorly studied. Most often, liver damage occurs secretly without any clinical manifestations or is "masked" under other diseases, but even a latent course of these chronic diseases can cause cirrhosis of the liver. Early diagnosis of chronic diffuse liver disease and correct therapeutic tactics are able to prevent some irreversible consequences, therefore, to determine the severity of fibrosis in patients with chronic diffuse liver diseases at different stages of the disease, which makes it possible to determine the course of the disease, the reverse side of the detected.

The prognosis and management of the development of chronic diffuse liver disease largely depends on the stage of the pathological process in the liver and its development. In this regard, the search for non-invasive screening methods to assess the development of liver tissue changes is becoming increasingly important.

Among the many proposed methods for assessing the degree of change in the parenchyma of the liver, a large place is given to short-term liver elastography. This is due to the high diagnostic accuracy of this method, its high sensitivity and specificity, the ability to control in dynamics. However, until now, research has not been carried out to check the value of the histological activity index during Elastography. The clinical significance of Elastography as a method of screening for non-alcoholic steatogepatitis and alcoholic liver diseases, as well as the possibility of using Elastography in primary care, has not yet been well studied. In addition, until now, no combined treatment studies have been carried out for chronic mixed viral hepatitis with the addition of modern hepatoprotectors, in addition to the main anti-viral therapy. Also, in the literature that we have, information about the principles of prescribing hepatoprotectors at the outpatient stage has not been found. At the same time, at the stage of primary care, patients take various drugs belonging to the group of hepatoprotectors for years, and the development of principles for their application in general medical practice is a necessary condition that can qualitatively affect the results of treatment of patients with chronic diffuse liver diseases.

"Hepatoprotective treatment of fatty liver disease of non-alcoholic and alcoholic origin" L. I. Butorova, M. A. Bred, N. G. Kraynikova, M. A. Osadchuk, T. E. Plavnik, G. M. Against the background of 30 days of Ornixil therapy, liver function indicators (Alt, ast, GGTP and alpine), a decrease in systemic inflammation and a tendency to reduce dyslipidemia (decrease in triglycerides) have significantly improved

"Hepatoprotective therapy in optimizing treatment tactics in patients with mycosis" Rustamkhanova g. R., N. A., Khismatullina Z. R., Faizova L. P. Vlasova. The high effectiveness of complex treatment with the use of the drug Progepar in patients with mycosis of the foot is indicated due to continuous therapy courses and the possibility of a corresponding improvement in the quality of life of patients.

"EFFICACY OF THE DRUG REMAXOL, INFUSION SOLUTION IN THE TREATMENT OF PATIENTS WITH INTRAHEPATIC CHOLESTASIS SYNDROME IN CHRONIC DIFFUSE LIVER DISEASES" Stelmakh V. V., Kovalenko A. L., Kozlov V. K. . Infusion therapy with Remaxol in chronic liver diseases of various etiologies (viral, metabolic, toxic, autoimmune) occurring with intrahepatic cholestasis is associated with: regression of the main clinical syndromes (abdominal pain from 68% to 25%, dyspeptic, from 80% to 26%, asthenic from 92% to 52% ($p < 0.05$); cholestatic from 100% to 24% ($p < 0.05$). A statistically significant difference was found in the dynamics of cholestasis indicators by the change in the GGTP value between the stud groups: the relative values of the decrease in GGTP levels in patients of the main group was 38% versus 19% in patients of the comparison group ($p < 0.05$). In patients of the main group, a decrease in the level of total cholesterol from 10.10 ± 1.20 to 6.23 ± 0.31 mmol/l ($p < 0.001$); improvement of protein-synthetic liver function; increase in the absolute number of lymphocytes from $1.05 \pm 0.08 \times 10^9/l$ to $1.53 \pm 0.06 \times 10^9/l$, ($p < 0.05$)