

# PREVALENCE, ECHOGRAPHIC FEATURES OF BILIARY TRACT LESIONS IN WOMEN OF REPRODUCTIVE AGE AND PREGNANT WOMEN WITH CHRONIC VIRAL HEPATITIS "B"

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## Abstract

According to WHO forecasts, in the next 10-20 years viral hepatitis will become the main problem of national health authorities, as it is expected that as a result of their spread, mortality from liver diseases may increase by 2 times, which determines the relevance of studying a different range of issues arising in connection with viral hepatitis.

**Keywords:** hepatitis, virus, age.

## Introduction

Hepatitis B remains a major public health concern. According to WHO, more than 1/3 of the world's population is infected with hepatitis B virus (HBV) and more than 1 million people die annually from various clinical manifestations of this infection.

Since there is a close anatomical and functional relationship between the liver and the biliary tract, liver pathology can be accompanied by diseases of the biliary tract and vice versa. Functional and morphological changes in the liver and biliary tract can develop simultaneously and have a common cause. It can be assumed that the infectious factor affects the entire body, including the biliary tract. There are separate works in the foreign literature on the relationship between chronic viral hepatitis C and biliary tract lesions (Kumar K. S. et al., 2001; Dural A. T. et al., 2002; Haruna Y. et al., 2001). However, there is still no holistic understanding of the pathogenesis of biliary tract and gallbladder lesions in chronic HBV infection, especially in women of reproductive age and pregnant women. Due to the lack of systematic views on the pathogenetic mechanisms, frequency and nature, and approaches to the treatment of biliary tract lesions in patients with chronic viral hepatitis, the chosen research direction seems relevant.

**The purpose of the study.** To study the frequency and echographic features of biliary tract lesions in women of reproductive age and pregnant women with chronic viral hepatitis B, taking into account the degree of activity, stage of liver fibrosis and gestation period.



**Materials and methods of research.** This section of the study presents the results of a current and retrospective analysis of the incidence and etiological structure of viral hepatitis in 30 pregnant women over the period from 2015 to 2017. The structure of extragenital pathology in women with HBV looked as follows.

At the second stage, with the prospective observation of 206 pregnant women with seropositive forms of HCV (B, C), the analysis of data on the state of health, features of the course and outcome of pregnancies and childbirth for the mother, fetus and newborn, features of clinical and laboratory manifestations of various forms of HCV was continued. At the third stage, the analysis of the causes of maternal mortality in women with viral hepatitis for the period 2015-2017 was carried out.

**The results of the study.** With OVHD, diseases of the gastrointestinal tract were detected in 9 (25.0%) pregnant women, diseases of the urinary system - in 8 (21.4%), respiratory diseases – in 7 (17.9%), endocrine diseases – in 4 (7.1%), diseases of the cardiovascular system – in 2 (3.6%) pregnant. In pregnant women with HCV, diseases of the gastrointestinal tract (GI tract) occurred in 18.8%, diseases of the urinary system (MVS) were detected in 14.0%, the incidence of anemia was 16.1%. In the group with OVD, infection occurred in the first trimester in 8 out of 98 cases (38.8%), in the second trimester in 1-5 (52.0%), in the third trimester 6 (9.2%) pregnant women were infected. It can be assumed that in 38.8% of the studied cases, infection occurred before pregnancy, HCV was detected in 8 patients (25.6%) in the first trimester of pregnancy, in 12 (40.9%) pregnant women in the second trimester, and in 10 (33.5%) women in the third trimester. HCV was diagnosed in 13 (41.7%) patients, and 17 (58.3%) were carriers of HBsAg. In most of these women, 19 (66.2%), HBsAg was detected for the first time during a real pregnancy. Jaundice (as a marker of previously transmitted manifest viral hepatitis) was denied in the past by 24 (85.7%) women.

1. The structure of viral hepatitis in pregnant women in the Andijan region is dominated by chronic forms of hepatitis B (49.2%). The ways of infection with viral hepatitis B are infections in outpatient settings (14.2%), intrafamilial infection (36.0%).

2. In the first trimester of acute hepatitis, early toxicosis develops 1.4 times, the threat of termination of pregnancy is 1.7 times more frequent than in chronic ones, exceeding the indicators of the control group by 10.8 and 4.1 times. Of the complications of the second trimester in acute hepatitis, the threat of termination of pregnancy is most often determined (1.9 times more often than in the control and 1.4 times more often than in chronic forms), hypertensive disorders of pregnancy and AF are 2.0 and 3.0 times higher than the control value, not significantly differing in groups with acute and chronic hepatitis B. In the third trimester of pregnancy, with all forms of hepatitis, except for HCV, the threat of premature birth prevails (38.2- 45.5%); in the acute course of hepatitis, intrauterine fetal hypotrophy occurs 6.1 times more often than in the control and 1.2 times more often than in chronic forms; premature discharge of amniotic fluid (3.8 and 1.3 times), LVUR (5.1 and 1.3 times), amnionitis (2.7 and 1.7 times); with hepatitis of the chronic form of AF, it occurs 4.1 times more often than in the control and 1.9 times more often than in acute forms, intrauterine fetal hypoxia (5.2 and 1.4 times).

## Conclusions



Thus, pregnancy may be a potential cause of exacerbation of HCV infection, for timely diagnosis of which requires careful monitoring of the patient throughout pregnancy and in the postpartum period. Exacerbations of HCV against the background of pregnancy in some cases can lead to severe liver dysfunction, accompanied by a very high level of ALT activity, jaundice and hepatic decompensation. Antiviral therapy using nucleotide analogues in conditions of severe exacerbation of HCV increases the chances of survival of these patients, and also in the late stages of pregnancy is the most effective method of reducing the risk of transmission of HBV from mothers with high levels of viremia to newborns.

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