

EVALUATION OF THE USE OF HEPATOPROTECTORS IN PATIENTS WITH CHRONIC VIRAL HEPATITIS B.

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Abstract

According to WHO data, over the past 20 years, there has been a trend towards an increase in the number of liver diseases that cause high mortality in the population [3]. 107 patients diagnosed with CHB were under observation. All patients underwent a method for quantitative determination of HBV viral load by PCR. The level of liver fibrosis was also determined by a non-invasive method - fibroscanning. As a hepatoprotective therapy, patients were prescribed.

Keywords: Liver diseases, chronic viral hepatitis, hepatoprotector.

Introduction

Parenteral viral hepatitis B, C and D all over the world are one of the urgent medical and social problems due to the high prevalence (Shakhgildyan et al .) and high frequency (Lobzin et al) of chronicity [1]. According to WHO in 2019, there were 296 million people in the world with chronic hepatitis B, and according to WHO estimates, 820 thousand people died from hepatitis B in 2019. in humans, mainly as a result of hepatitis-induced liver cirrhosis and hepatocellular carcinoma [4].

Treatment of patients with CHB remains the most difficult problem in hepatology. For CHB, oral antiviral drugs may be prescribed. This treatment can slow down the development of cirrhosis of the liver, reduce the risk of developing liver cancer and improve long-term survival of patients [4]. But general indications for HTP : 1) HBV -DNA > 2000 IU; 2) increase in ALT; 3) the presence of fibrosis F 2 or more. One of the most effective therapy is the use of hepatoprotectors . It is known that the task of choosing a more effective drug that will accelerate the rate of functional recovery of the liver or protect hepatocytes from damage is an urgent task [4]. Taking into account the immunomodulatory and antiviral effect of the drug phosphogliv, we used it in patients with CHB. Prolonged persistence of the virus, even with a low load, can lead to the development of fibrosis , and taking into account these properties, we decided to prescribe Phosphogliv .

Objective:

To evaluate the effect of Phosphogliv on viral load and clinical and laboratory parameters in patients with chronic hepatitis B.

Materials and methods of research:

We have analyzed 107 patients with CHB who applied on an outpatient basis in 2019-2021 to the Hepatological Center of the Samarkand Regional Clinical Infectious Diseases Hospital. All patient studied complaints, anamnesis, objective data. From laboratory studies, a complete blood count



was performed, liver tests by ELISA determined the antigens and antibodies of viruses B, C, D. To clarify the viral load before treatment and after 6 months, quantitative PCR was performed for DNK - HBV. The observation group included patients with chronic hepatitis B without a delta agent, in most of them ALT values were increased by 1.5 times, and the viral load was from 150 to 10^3 , and also without severe inflammation of the liver (F 0 ; F 0 - F 1 F 1 - F 2). To determine the degree of fibrosis, a non-invasive method for examining the liver and elastometry on the device "Fibroscan".

Research results

Phosphogliv, belongs to the group of essential phospholipids, is a combination drug. It is known that phosphogliv contains phosphatidylcholine and trisodium salt of glycyrrhizic acid and has immunomodulatory and antiviral effects. All patients received the drug enterally, 2 capsules 3 times a day, for 3 to 6 months.

Of the 107 patients examined, the age range was from 21 to 56 years. Among them, men 57% and women 53%. The main contingent were patients from the districts of the Samarkand region (83%). When studying complaints, the patients mainly had weakness and fatigue (92%), they noted the severity and periodic pain in the right hypochondrium (32.6%). On examination: no yellowness was detected on the skin and visible mucous membranes, only 21% had subicteric sclera, no special deviations were noted from the respiratory and circulatory organs. In 45.1% of patients, the liver protruded up to 2.0 cm from the hypochondrium, in all the spleen was not palpable. The stool is colored, the urine is light. From the anamnesis: 43% of CHB patients are ill before 5 years, 41% are ill before 10 years, the remaining 16% do not know since when they have been ill. Of the epidemiological data, 72% of patients underwent parenteral interventions, with dental services in 51%, blood transfusion in 7%, operations in 13% (hernia repair, appendectomy, caesarean section, hysterectomy, cholecystectomy), frequent intravenous or intramuscular injections - in 10%, in 19% of cases it was not possible to find out the cause, and HBsAg was found in them by chance during examination during pregnancy. When applying, the parameters of the general blood test were determined: anemia of the 1st degree in 47%, anemia of the 2nd degree was detected in 51%, and the rest had a hemoglobin level within the normal range. Liver tests: the level of bilirubin in all patients was normal, AST and ALT were increased by 74.7% from No. to 1.5 times the norm, and in 25.3% of patients the enzymes were within the normal range.

Enzyme immunoassay in all patients revealed the presence of HBsAg tests and subsequently, by PCR, HBV DNA was determined quantitatively and qualitatively. All were negative for HCV, HDV. Quantification by PCR was as follows: 0.1 ± 0.2 in 66% of patients; 0.2 ± 0.3 in 44% of patients. Fibroscanning parameters corresponded to clinical and laboratory data. The level from 2.0 to 5.8 kPa was found in 77%, and in the rest from 5.9 to 9.2 kPa. F 0-36% of the patient, F 0 - F 1 in 55.6%, F 1 - F 2 was observed in 8.4%.

In the course of clinical and laboratory studies in patients with chronic hepatitis B, the condition improved with the use of Phosphogliv. It was noted in the dynamics of a decrease in the size of the liver, when comparing biochemical parameters before treatment and after treatment, the level ALAT remained elevated by 1.5 times only in 21% of patients, AST values returned to normal in 91%. The viral load of HBV - DNK in 32% of the observed was in the range from 150 to 475 IU,



and in the rest the qualitative analysis of PCR - HBV was negative . It has been noted that in patients, keeping virus replication at the lowest possible level prolongs the remission of the disease, prevents its progression and reduces complications. At the same time, fibrosis and cirrhosis is reversible with a persistent decrease in viral load [4].

The study showed the effectiveness of phosphogliv, its safety and ease of use.

Conclusion:

The use of Phosphoglivin patients with chronic viral hepatitis B without a delta agent contributes to the normalization of ALT ,AST and a decrease in viral load.

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