



Clinical And Laboratory Indicators and Quality of Life in Liver Cirrhosis

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Abstract: In this article, study clinical laboratory indicators in relation to quality of life in patients with liver cirrhosis of various etiologies.

Key words:

Relevance of the topic: Liver cirrhosis is a chronic disease of the organ, which is caused by irreversible replacement of liver parenchymatous tissue with fibrous connective tissue or stroma. Cirrhotic liver is enlarged or reduced in size, abnormally dense, bumpy. Death occurs at the terminal stage, depending on various circumstances, within 2-4 years, when the patient experiences severe pain and suffering. In economically developed countries, cirrhosis of the liver is one of the 6 main causes of death of patients aged 35-60 years, with 14-30 cases per 100,000 population. Every year, 40 million people die in the world with cirrhosis of the liver and hepatocellular carcinoma developed against the background of hepatitis B virus transport. In the CIS countries, this disease occurs in 1% of the population.(1,2)

The disease is often observed in men: the ratio of sick men to women is on average 3:1. The disease can develop in any age group, but it is most often noted after the age of 40. The duration and quality of life of patients significantly depends on the stage of detection. (3,4)Diagnosis is based on various methods: ultrasound studies, tissue biopsy, blood tests are performed in liver cirrhosis. Based on the information received, supportive therapy is given, allowing the patient to live with the disease for many years. (5)

Purpose: To study clinical laboratory indicators in relation to quality of life in patients with liver cirrhosis of various etiologies.

Object and subject of the research: In the study, a group of cirrhotic patients with cirrhosis of the liver treated in the inpatient setting at the hepatobiliary and gastroenterology departments of the multidisciplinary clinic of the Tashkent Medical Academy consisted of 50 people of various etiologies (on average age (49) years): viral - (26%), alcoholic - (49%), combined - (25%) and according to Child-Pugh: class A - (36.0%), class B - (31,6%), class C - (32.4%); 24 of them were men (48.9%) and 26 women (51.1%) bilirubin, bound and unbound bilirubin, alkaline phosphatase, cholesterol, albumin, thymol test), as well as protein indicators (total protein) and carbohydrate metabolism indicators (glucose) were used. Ultrasound examination was used to study the Exo picture of the liver and bile ducts and gallbladder system.



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Results and discussion: the autonomic nervous system of all patients in the group of patients with cirrhosis of the liver was divided into subgroups according to their tone: 1st - patients with cirrhosis, the tone of the parasympathetic autonomic predominance (50.4%) and 2nd place - patients with cirrhosis of the liver with a predominance of sympathetic vegetative tone (49.6%). None of the cirrhotic patients participating in this study were found to have eutonia. In chronic viral hepatitis, predominance of parasympathetic autonomic tone was noted in 52% of cases (54 people), sympathetic autonomic tone - 44.2%, eutonia was observed only in 3.8% of cases. In health, the following eutonia was detected in 15% of cases, parasympathetic tone prevailed in 14

Conclusion: Thus, the quality of life of patients with cirrhosis of the liver is evaluated by integral indicators. The quality of life of patients with cirrhosis of the liver is affected by the predominance of parasympathetic energy, the tone of the nervous system in areas of pain, emotions, and emotional reactions. The reduction of the correlated quality of life parameters is related to the gender of patients with cirrhosis. Women rate their quality of life worse in the main areas of life. women with cirrhosis of the liver lyates the worst quality of life in parasympathetic tone In men with liver cirrhosis, differences were not detected, depending on the autonomic tone, affecting the quality of life.

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