Hemorrhagik Sindrome in Chronik Diffuze Liver Diseases

Kurbonova Z.Ch.,	Tashkent medical academy, Tashkent
Babajanova Sh.A.,	Tashkent medical academy, Tashkent
Filiz Maraşlıoğlu	Tashkent medical academy, Tashkent
Sayfutdinova Z.A.,	Tashkent medical academy, Tashkent
Shodiyeva G.E.	Tashkent medical academy, Tashkent

ABSTRACT

The main signs of hemorrhagic syndrome in chronic hepatitis and liver cirrhosis with viral etiology were divided into the nosebleeds in 32.76%, gums bleeding in 27.59%, skin petechia in 25.0%, hemorrhoidal bleeding in 19.83%, bleeding from varicose veins of the esophagus in 18.96%, menorrhage in 17.24% and bleeding from the gastrointestinal tract in 16.38% of patients. Hemorrhagic syndrome was expressed in cirrhosis of the liver HBV and HBV + HDV etiology 57.14% and 62.50%, respectively, to a lesser extent with cirrhosis of the liver HCV etiology 34.78%, but in liver cirrhosis of non-viral etiology hemorrhagic syndrome was detected in 25% of cases. In chronic viral hepatitis HBV and HCV etiology hemorrhagic syndrome was 11.76% and 5.26%, respectively, which indicated a lesser violation of the hemostasis system than in liver cirrhosis with viral etiology. As soon as there is a pronounced hemorrhagic syndrome in liver cirrhosis with viral etiology, a detailed study of coagulation and vascular platelet hemostasis is required to prevent and treat bleeding syndrome.

Keywords: hemorrhagic syndrome, liver cirrhosis, chronic hepatitis, hemostasis.

Relevance of the problem. Hemostasis is an evolved, multicomponent protective function of the body, the physiological value of which is to ensure the formation of fibrin clot and maintain the liquid state of blood [4, 5, 24].

A decrease produce of blood coagulation factors by liver cells plays a key role in hemostatic changes and the occurrence of hemorrhagic syndrome in liver diseases. In the hemostasis disorders in liver diseases complex mechanisms of the interaction of platelets, coagulation factors and fibrinolysis systems [25, 27, 33, 42] are involved. Consequently, chronic diffuse liver diseases (CDLD) often have a profound effect on the hemostasis system. Violation of the fragile balance of blood coagulation factors is associated with the development of coagulopathy and the risk of bleeding [23, 38].

Bleeding from varicose veins of the esophagus, hematomas, hemorrhagic purple, nosebleeds, bleeding from gums, menorrhages are an urgent clinical problem in patients with CDLD [18, 20].

In general, it should be noted that publications devoted to the study of the state of bleeding in chronic hepatitis and cirrhosis are few, and their results are controversial, which makes us interested in further research in this direction [36, 37].

One of the most common causes of chronic hepatitis and liver cirrhosis is infection with hepatitis B and C [8, 12-14]. The most dangerous types of hemotransmissiv infections include hepatitis B, C and D [22, 29, 39, 40]. At

the same time, more than 180 hepatotoxic drugs have been identified, of which 6 groups seriously injure the liver. At the same time, 50% of drugs are hepatotoxic, especially in women this effect is more pronounced [30-32]. Medicines cause hepatocellular damage, even liver necrosis, which is clinically manifested mainly by jaundice, fever, and increased liver enzymes [21].

Autoimmune hepatitis remains hepatitis of unknown etiology, because many medical institutions do not have special examination methods, and one third of patients are referred after the development of liver cirrhosis. Autoimmune hepatitis can be suspected in any patient with acute or chronic liver disease. 80% of patients have a recurrence of the disease after canceling the treatment [19, 41]. Timely diagnosis of chronic hepatitis and liver cirrhosis and appropriate will reduce the risk of many complications [1, 2, 7].

Pathogenetic changes in hemostasis include platelet angiotrophic, adgesia, aggregation activities, vascular-platelet hemostasis pathology associated with microcirculatory disorders, leading to the appearance of severe complications [28, 34, 35].

In cirrhosis of the liver, it was found that the indicators of coagulation hemostasis shifted to the hypocoagulation side: active partial thromboplastin time, prothrombin time lengthening, decreased Protrombin time. Hypocoagulation was more strongly manifested in cirrhosis of the liver with viral etiology [3, 6].

In patients with cirrhosis of the liver with viral etiology develop acquired thrombocytopathy, which is characterized by a decrease in the adhesive properties of platelets by 10-26% [11, 15, 17]. Many pathogenetic aspects of pathogenetic disorders in chronic liver diseases remain unexplored [16, 26]. Although many studies have been conducted in the last 10 years aimed at early diagnosis and treatment of complications of chronic viral hepatitis [9].

The objective of the study is to characterize hemorrhagic syndrome in patients with chronic diffuse liver diseases with viral etiology.

Materials and methods. Clinical research was carried out in the hepatobiliary department of clinic of the Tashkent medical academy from 2016 to 2022. 60 patients with cirrhosis of the liver with viral etiology were investigated, in the stage of decompensation of class B according to Child-Pew, 20 patients with cirrhosis of the liver of non-viral etiology and 36 patients with chronic viral hepatitis of average current activity. I group consisted of 21 patients with liver cirrhosis HBV etiology, II group 16 patients with liver cirrhosis HBV and HDV etiology, III group of 23 patients with liver cirrhosis HCV etiology, The IV group of patients consisted of 20 patients with cirrhosis of the liver of non-viral etiology. V and VI groups included 17 patients with chronic hepatitis HBV and 19 patients with chronic hepatitis HCV etiology. Of these, men - 69 (59.48%) and women -47 (40.52%). The age of patients ranged from 21 to 69 years, the average age of the examined was 48.3 ± 12.9 years.

To determine the type of hemorrhagic syndrome, complaints, anamnesis of life and disease, objective data of patients were studied: bleeding from gums, nose, menorrhage, bleeding from varicose veins of the esophagus, and the appearance of bruises on the skin.

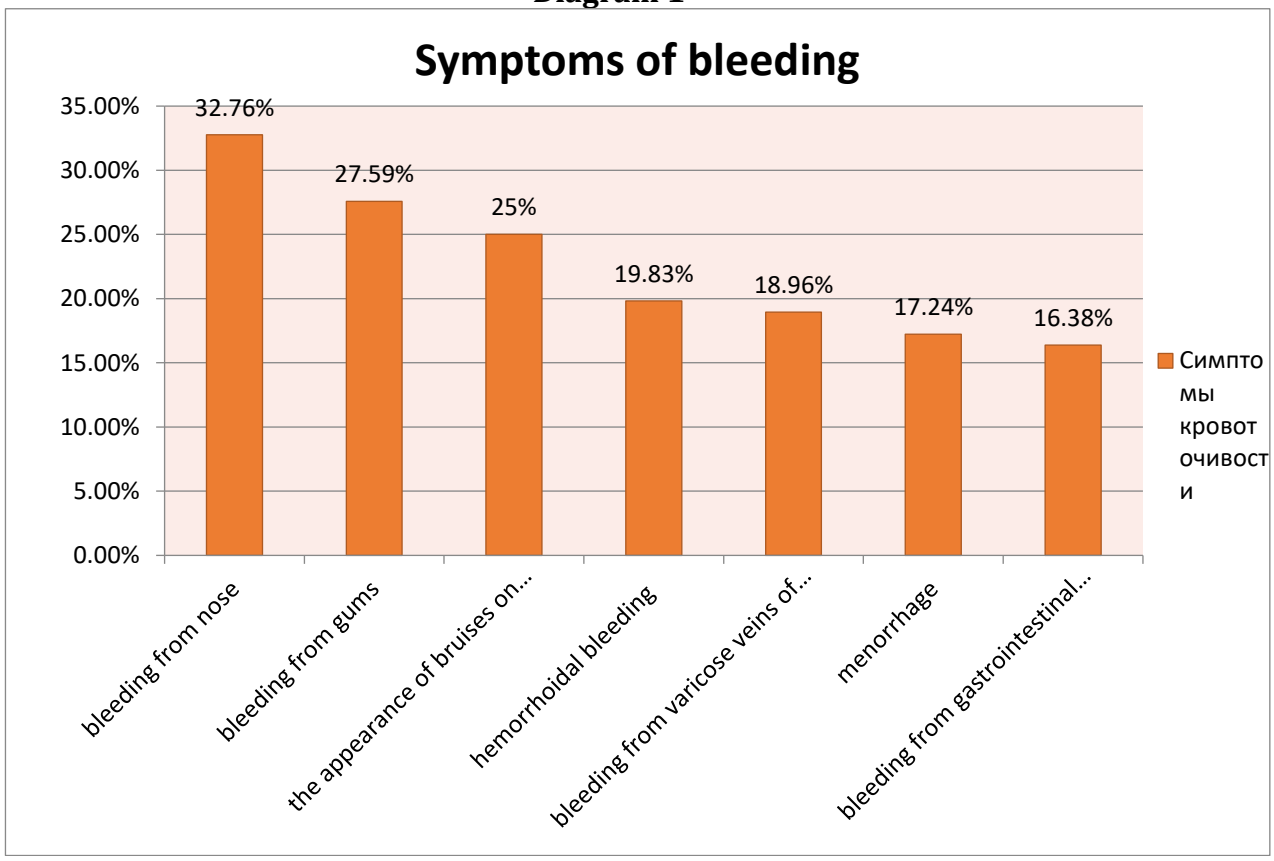
Results and discussion. The examination included patients with cirrhosis of the liver with viral etiology, non-viral etiology and chronic hepatitis HBV and HCV etiology of average current activity.

The patients had the following types of complaints: anemic syndrome, sideropenic syndrome, jaundice syndrome, hemorrhagic syndrome and symptoms of liver failure. In addition to complaints, the patient's anamnesis paid special attention to determining hemorrhagic syndrome: bleeding from gums, nose, menorrhage, bleeding from varicose veins of the esophagus, the appearance of

bruises on the skin and objectively having signs of bleeding.

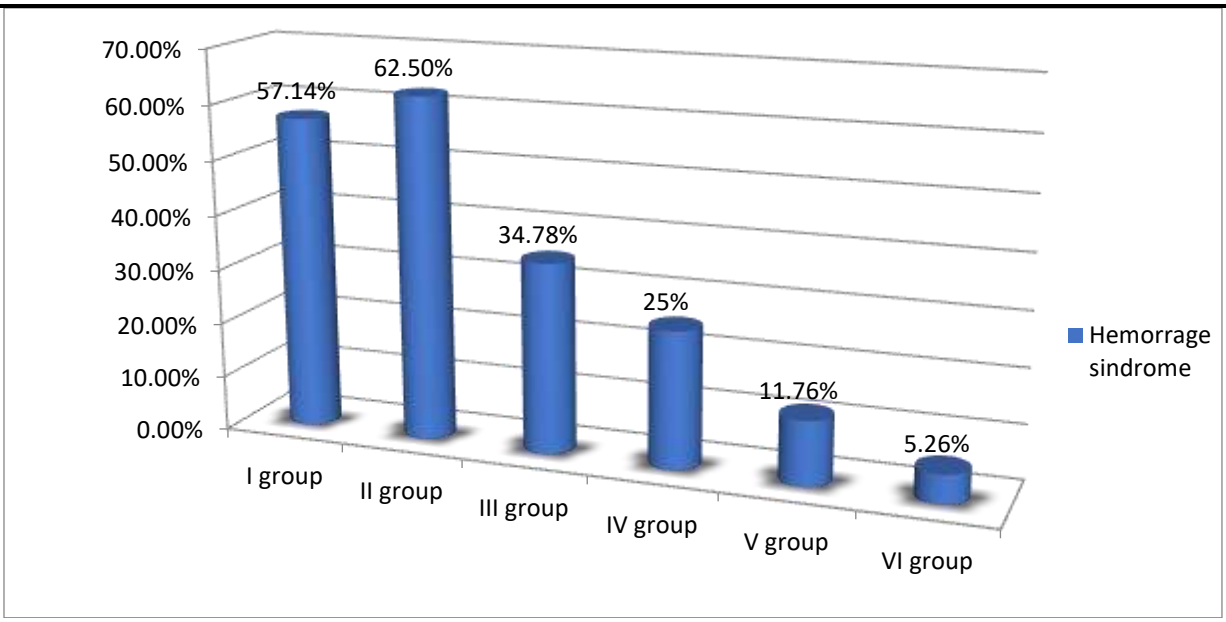
The examined patients had various types of bleeding. The main complaints of patients were divided into the following characteristics hemorrhagic syndrome (diagram 1).

Diagram 1



As can be seen from diagram 1, nosebleeds were found in 38 (32.76%) patients, gums bleeding in 32 (27.59%), skin petechies in 29 (25.0%), hemorrhoidal bleeding 23 (19.83%), bleeding from the varicose veins of the esophagus in 22 (18.96%), menorrhages in 20 (17.24%) and bleeding from the gastrointestinal tract in 19 (16.38%) patients. Hemorrhagic syndrome met with great hesitation in different groups (diagram 2).

Diagram 2



Hemorrhagic syndrome was more pronounced in groups I and II. In group I, bleeding symptoms were found in 12 (57.14%) patients: nosebleeds in 11 (52.38%), gums in 10 (47.62%), skin petechies in 9 (42,86%), hemorrhoidal bleeding in 8 (38.09%), bleeding from varicose veins of the esophagus in 7 (33.33%), menorrhages in 6 (28.57%) and bleeding from gastrointestinal tract in 6 (28,57%).

In group II, the incidence of hemorrhagic syndrome was the highest and amounted to 10 patients (62.50%): nosebleeds in 9 (56.25%), gums in bleeding in 8 (50.0%), skin petechia in 7 (43.75%), hemorrhoidal bleeding in 6 (37.5%), bleeding from varicose veins of the esophagus in 7 (43.75%), menorragia in 6 (37,5%), bleeding from gastrointestinal tract in 5 (31.25%) patients.

In group III, bleeding symptoms were found in 8 (34.78%) patients, which is reliably less than in groups I and II. So, nosebleeds in 6 (26.09%), gums bleeding in 6 (26.09%), skin petechies in 5 (21.74%), hemorrhoidal bleeding in 4 (17,39%), bleeding from varicose veins of the esophagus in 5 (21.74%), menorrhages in 5 (21.74%), bleeding from the gastrointestinal tract in 4 (17.39%) patients. The IV group was patients with cirrhosis of the liver of non-viral etiology, where hemorrhagic syndrome was much less than with cirrhosis of the liver with viral etiology. A detailed collection of complaints and anamnesis, an objective examination showed that symptoms of hemorrhagic syndrome were found in 5 (25.0%) patients. So, nosebleeds were found in 5 (25.0%), gums bleeding in 5 (25.0%), skin petechies in 4 (20.0%), hemorrhoidal bleeding in 3 (15,0%), bleeding from varicose veins of the esophagus in 3 (15.0%), menorrhages in 4 (20.0%), bleeding from the gastrointestinal tract in 3 (15.0%) patients.

V and VI groups were patients with chronic hepatitis HBV and HCV etiology of average activity, where hemorrhagic syndrome was not expressed. In group V, nosebleeds were found in 2 (11.76%) patients, skin petechies in 2 (11.76%) patients and gums bleeding in 1 (5.88%) patient. In group VI, 1 (5.26%) of the patient met nosebleeds and skin petechies.

The list of the main complaints of bleeding presented by patients and their frequency in different clinical groups are given in table 1.

Table 1
List of bleeding complaints

Hemorrhagic syndrome	Groups					
	I group n=30	II group n=20	III group n=30	IV group	V group n=21	VI group n=20

				n=20		
Nosebleeding	11 (52,38%)	9 (56,25%)	6 (26,09%)	5 (25,0%)	2 (11,76%)	1 (5,26%)
Gums bleeding	10 (47,62%)	8 (50,0%)	6 (26,09%)	5 (25,0%)	1 (5,88%)	
Skin petechias	9 (42,86%)	7 (43,75%)	5 (21,74%)	4 (20,0%)	2 (11,76%)	1 (5,26%)
Hemorrhoidal bleeding	8 (38,09%)	6 (37,5%)	4 (17,39%)	3 (15,0%)		
Bleeding from the varicose veins of the esophagus	7 (33,33%)	7 (43,75%)	5 (21,74%)	3 (15,0%)		
Menorrhages	6 (28,57%)	6 (37,5%)	5 (21,74%)	4 (20,0%)		
Bleeding from the gastrointestinal tract	6 (28,57%)	5 (31,25%)	4 (17,39%)	3 (15,0%)		

As can be seen from the above data, hemorrhagic syndrome was expressed in the group of patients with cirrhosis of the liver HBV and HBV + HDV etiology 56.66% and 60.0%, respectively. In the group of patients with cirrhosis of the liver with viral etiology, symptoms of bleeding met less than 30%, and in the group with cirrhosis of the liver of non-viral etiology met in 25% of cases. So, with chronic viral hepatitis HBV and HCV etiology, hemorrhagic syndrome met at 9.52% and 5.0%, respectively.

Conclusions:

1. The main signs of hemorrhagic syndrome in chronic hepatitis and liver cirrhosis with viral etiology were divided into the following: nosebleeds were observed in 32.76% of patients, gums bleeding in 27.59%, skin petechia in 25.0%, hemorrhoidal bleeding in 19.83%, bleeding from varicose veins of the esophagus in 18.96%, menorrhage in 17.24% and bleeding from the gastrointestinal tract in 16.38% of patients.

2. Hemorrhagic syndrome was expressed in patients with cirrhosis of the liver HBV and HBV + HDV etiology 57.14% and 62.50%, respectively, to a lesser extent with cirrhosis of the liver HCV etiology 34.78%, but in cirrhosis of the liver of non-viral etiology hemorrhagic syndrome was detected in 25% of cases.

3. Hemorrhagic syndrome was much less - 11.76% and 5.26%, respectively in chronic viral hepatitis HBV and HCV etiology, which indicated a lesser violation of the hemostasis system than with liver cirrhosis with viral etiology.

4. As soon as there is a pronounced hemorrhagic syndrome in cirrhosis of the liver with viral etiology, a detailed study of coagulation and vascular platelet hemostasis is required to prevent and treat bleeding syndrome.

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