

MOTORIC FUNCTION OF THE BILIARY SYSTEM AT CHILDREN CONVALESCENTIA VIRAL HEPATITIS "A" AND "B" AND THEIR CORRECTION

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Abstract: The results of studies of changes in motor function of the biliary system in children convalescentia virus hepatitis A (rHAV) and B (rHBV) with the presence of disorders of the biliary system. In children undergoing HAV and HBV, due to a variety of pathologic and pathophysiologic changes initiated various hepatitis viruses. The combination of diet therapy, drug-free (physiotherapy) and medication (Phosphogliv) interventions contributes to the overall normalization of the function of the biliary tract in all children undergoing HAV, as well as the majority of children, convalescentia HBV. This allows you to recommend this complex interventions as the best approach in the rehabilitation of children who had viral hepatitis.

Keywords: viral hepatitis A, viral hepatitis B, tone of the sphincter of Oddi, tone of the sphincter of Lyutkens, the tone of the gallbladder.

In the Republic of Uzbekistan since 2001, routine immunization against viral hepatitis B has been introduced into practice, which led to a sharp decrease in the incidence of HBV, especially among the children's contingent of the republic. However, despite this, measures to combat viral hepatitis need further improvement, especially with regard to early detection of patients, laboratory differential diagnosis, treatment of patients with acute forms of hepatitis [1].

Viral hepatitis A (HAV) is also one of the urgent problems of world health, primarily due to the high prevalence of this infection. Among all acute viral hepatitis,

HAV accounts for more than 50% of cases [2], in Uzbekistan this figure is 90% [3]. Since HAV does not lead to chronicization, there is a misconception that hepatitis A is not a dangerous disease, but this most common form of viral hepatitis causes a significant incidence of morbidity and economic losses. In recent years, there has been a clear trend towards prolonged convalescence in HAV with late normalization of the functional state of the liver [4].

Early diagnosis and treatment of pathology by the biliary system are of great clinical importance because of the possibility of transforming functional disorders into organic pathology - chronic cholecystitis and cholelithiasis, which occurs as a result of disturbance of colloidal bile stability and attachment of the inflammatory process [5].

Purpose of the study: To study changes in the motor function of the biliary system in children - convalescent viral hepatitis A (rHAV) and B (rHBV) and evaluate the effectiveness of non-drug and drug treatment methods.

Material and methods of the study: The clinical part of the study was conducted in the period 2011-2016. on the basis of the children's infectious disease department of the 3-clinic of the Tashkent Medical Academy, city hepatology center in Tashkent.

The study included 60 children of the rHAV and 25 children with a biliary tract pathology. The diagnosis of "Viral hepatitis" was established on the basis of the order of the Ministry of Health of Uzbekistan №5 from 5.01. 2012. "On measures to improve the fight against viral hepatitis in the country."

All children underwent duodenal sounding according to a conventional method. As a control, similar indicators were used for 20 children of the rHAV and 12 children of the HBV without pathology of the bile ducts. Depending on the method of treatment, the children of the main group were divided into 3 groups: 1 group comprised 20 patients with rHAV and 5 patients with rHBV who received diet therapy only (Pevzner's diet No. 5); Group 2 - 20 patients with rHAV and 10 patients with rHBV, on the background of diet therapy they received physiotherapeutic

treatment (electrophoresis with magnesium sulphate solution); Group 3 - 20 patients with rHAV and 10 patients with neuralgia who received diet therapy, physiotherapy and Phosphogliv (according to the scheme). Children who underwent HAV and HBV had multidirectional dysfunction of the biliary tract. For example, the following disorders were observed in children with rHAV: hypertension of the sphincter of Oddi, hypotension of the sphincter of Lutkens, and hypokinetic type of disorders of the gallbladder function. The opposite changes were recorded in the children - rHBV, namely, the hypotonus of the sphincter of Oddi, the hypertension of the sphincter of Lutkens, and the disturbance of the gallbladder function by the hypokinetic type. Perhaps, such a multidirectional type of violations of the function of the biliary tract indicates various pathogenetic mechanisms involved in the implementation of the infectious process in HAV and HBV. This causes the need for a differentiated approach in the selection of a complex of therapeutic and rehabilitation measures in children, depending on the type of viral liver damage. In this connection, on the basis of the data obtained, we used various treatment regimens in children with disturbances in the function of the bile-excreting system after HAV and HBV. We have evaluated the effectiveness of dietary therapy in children with rHAV and rHBV. Our studies showed that in children who underwent HBV, diet therapy did not lead to the normalization of functional indicators. This may be due to deeper and gross pathomorphological and pathophysiological disorders caused by the hepatitis virus. Therefore, in children - rHBV it is necessary to supplement the diet with other medication and non-medicamentous interventions. In children rHAV, the administration of diets only in a number of cases had a definite effect. Thus, more than a third of patients ($35 \pm 10,9\%$) managed to normalize the tone of the sphincter of Oddi. However, dietotherapy alone did not have a noticeable effect on other functional indicators. The next stage of the study was to study the effect of the appointment of diet therapy in combination with physiotherapy interventions. The effectiveness of this combination was slightly higher. For example, in children, rHAV, the tone of the sphincter of Oddi normalized in 55% of

cases, the sphincter of Lutkens - in 15% of cases, and the tone of the gall bladder - in 40% of children. The effectiveness of combined use of diet and physiotherapy in children was somewhat lower. The tone of the sphincter of Oddi was normal in 30% of children, the sphincter of Lutkens - in 10%, and the norm of the gall bladder - in 20% of children. The best results were obtained by us in the appointment of the following scheme of complex therapy: diet therapy, physiotherapy and Phosphogliv.

As can be seen, from these tables, in children who underwent HAV, an absolute effect was obtained in all three parameters. In children, rHBV succeeded in normalizing the tone of the Lutkens sphincter in 87.5% of patients, reaching the normofunction of the gall bladder in 81.2% of cases, and the tone of the sphincter of Oddi normalized in all patients who received this combination.

Conclusions: Children who have had HAV and HBV, there are opposite changes of the biliary tract function, due to a variety of pathomorphological and pathophysiological changes initiated by different hepatitis viruses. The combination of diet therapy, drug-free (physical therapy) and medication (Phosphogliv) interventions promotes the full normalization of biliary tract function in all children who had HAV, as well as the majority of children, convalescent HBV. This allows us to recommend this set of interventions as an optimal approach in the rehabilitation of children who have had viral hepatitis.

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