



EARLY DIAGNOSIS AND ADEQUATE TREATMENT OF HEPATHARGY IN SYSTEMIC LUPUSE REDUCTION

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Annotation

This article is devoted to systemic lupus erythematosus, which is considered one of the most urgent and complex problems in rheumatology, observed in various young people and causing early death as a result of severe complications. Serious damage to the liver is a severe effect on all its organs - late hepatargia (death of the liver) and its severe consequences remain relevant. In the authors' treatises on this problem, the focus is on a serious approach to this condition and an emphasis on early diagnosis and adequate treatment. It is shown that in the prevention of "death" of the liver, only the determination of clinical and laboratory parameters and adequate treatment can prevent and eliminate negative consequences. The main targeted treatment is emphasized and its importance is shown, ways of improving the quality and life expectancy are shown.

Relevance

The urgency of the problem lies in the fact that in most cases it is limited to standard examinations (of the heart, kidneys and other systems). Because it is difficult to say that it is enough to study the metabolic and morphofunctional state of the liver. Therefore, the importance of studying the morphofunctional state of the liver, among other organs, and choosing an adequate treatment for autoimmune systemic lupus erythematosus (SLE) is emphasized.

The article highlights the current problem, focusing on its early diagnosis and targeted therapy, which is aimed at a thorough study of liver function.





Keywords: systemic lupus erythematosus, hepatargia, autolysis of liver cells, early diagnosis

Introduction

Systemic lupus erythematosus remains one of the major problems in clinical rheumatology. At the same time, a complete cascade of autoimmune reactions is manifested in the clinical picture. In this situation, it is very important to keep the structure of vital organs and systems in the foreground.

One of these organs is the liver, because it performs about 500 different functions, which is why it is considered "the center of the soul and the core of life".

Liver cells are involved in all metabolic processes (carbohydrate, fat, protein, water, mineral, pigment, vitamin, hormonal), metabolism of many substances (cholesterol, fatty acids, proteins, blood coagulation factors, A, D, F, K and B₁₂) . , folic acid) and is involved in the synthesis.

Liver involvement in SLE is not usually a component of the diagnostic approach, but occurs in 60% of patients. The pathology of the liver ranges from its slight increase to severe hepatitis, which is noted during histological examination of the liver: in the portal system, stagnation of blood in the liver, fatty infiltration and necrosis occur. Liver infarction, vasculitis and liver rupture with manifestations and with the clinic of "acute abdomen" are observed relatively less frequently.

Approximately 25% of patients with SLE have subclinical liver damage and liver enzyme activation. A number of authors associate an increase in the number of transaminases and hepatomegaly in HTC with obesity and the effects of drugs (hepatotoxic drugs).

Because liver damage is particularly severe in patients with SLE, most patients require long-term aggressive cytotoxic therapy. In this case, the age of the patient matters if he has concomitant diseases (comorbidity), and in the elderly, the frequency of side effects from the liver increases.

Under the influence of negative factors, the destruction of hepatocytes (inflammation, drug overdose, cholestasis) activates fibrogenesis, resulting in structural changes in the liver parenchyma, which is especially observed in the elderly. The development of fibrogenesis is associated with the duration of autoimmune inflammation caused by a damaging factor, which leads to degradation of the liver parenchyma, which is a collagen-rich tissue covering the liver parenchyma.

But at a later time, many scientists consider fibrosis not only as a periodically recurring traumatic and regenerative process in the liver tissue, but also as a response





that occurs as a result of the development and replacement of connective tissue in the reparative process.

The inflammatory process in SLE is the development of fibrosis, in which its formation in SLE continues for months.

The liver is an organ with a complex process, and assessing the severity of its damage (decompensation) is not an easy task. For this, it is further recommended to determine on different scales and indicators. It takes into account the activity of transaminases, the number of platelets, prothrombin time, the ratio of AST / ALT and indirectly determines the degree of damage to liver hepatocytes.

Assessment of liver fibrosis is generally accepted and includes acute phase liver tests and liver failure, namely ALT, total bilirubin α -, macroglobulin, apoprotein A, AI and γ -glutamyltransferase, as well as the ARPI index (ratio of AST to platelet count).

The results of these tests show a significant correlation with the clinical stages of fibrosis.

Materials and Methods

On our part, 25 patients with SLE (21 women, 4 men) were treated in the department of rheumatology of the Tashkent Medical Academy, their average age was 19.2 years. The diagnosis of the disease was made on the basis of the international classification criteria (SLICC, 2012), that is, the presence of at least 4 out of 11 criteria was taken into account.

When examining patients, clinical and laboratory tests, biochemical analyzes and examination methods on special devices were used, including ultrasound examination of the liver and gallbladder, total cholesterol and its fractions, ALT, AST, alkaline phosphatase, Ritis coefficient (ALT / AST). AST was used as the ratio of his upper limit of normal to platelet count multiplied by 100.

The MS EXSEL SPSS program was used to analyze the obtained results. To determine the level of differential significance using the correlation method, we analyzed the Student's t-test (R) and the correlation.

The Results Obtained and Their Conclusion

The performed analyzes and clinical, laboratory and functional parameters of the liver showed that sufficient liver activity in SLE patients is associated with involvement in the autoimmune process and the development of cytolysis of liver cells and a decrease in its synthetic activity. At the same time, signs of activation of fibrogenesis and initial signs of fibrosis are associated with the level of disease activity and the severity of the



autoimmune process of SLE in patients with SLE and multiple organ symptoms (cardiac, renal, lung, gastrointestinal tract, endocrine glands).

In conclusion, it should be noted that the monitoring of the functional state of the liver in patients with this disease, the early detection of autoimmune inflammatory activity and signs of fibrosis, the complex use of the main means of targeted therapy of the autoimmune inflammatory process in patients with SLE are not only effective management of SLE disease, but also the progression of autoimmune damage to internal organs, including the main metabolic organ, the liver, which is neglected in this disease, and autolysis, i.e. (self-harm) "liver". death" - prevents hepatoria.

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