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SCIENCE BOX

EVALUATING THE SPECTRUM OF ETIOLOGICAL FACTORS ASSOCIATED WITH LIVER CIRRHOSIS IN THE REGIONS OF BUKHARA AND NAVOI IN COMPARISON

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Because liver cirrhosis (LC) is becoming more common and mostly affects areas with limited prospects for social and economic growth, it remains one of the most fascinating medical problems (1,3,5, 7). The severity of the situation should not have come as a surprise; over time, a confluence of social and medical elements steadily spread throughout these areas, influencing the rate at which chronic liver disorders (CLD) develop. Even now, several of them still control the majority of medications that are detrimental to the liver.

An essential component of the care plan for liver patients is identifying the primary detrimental factor (2,4,6). The last reports from the republic's specialty medical facilities warn, very horribly, of the growing contribution of individual, less obvious etiological elements in the development of CKD locally in the recent past. Of them all, the unchecked rise in alcohol usage is by far the most concerning. However, there is still more work to be done to address the issue of drug addiction, particularly with regard to injectable drugs, which are known to contribute to the development of hepatotropic viruses. It is hard to overlook the significance of invasive therapeutic and diagnostic treatments, the execution of which greatly raises the danger of viral infection transmission.

Taking into account the above, this work was undertaken, the purpose of which was comparative study of the structure of etiological factors in the development of CKD in two neighboring regions - Bukhara and Navoi regions.

Materials and methods: medical histories and outpatient records of patients with cirrhosis who received inpatient treatment in different medical institutions of the health department of Bukhara and Navoi regions from 2004 to 2009 were retrospectively analyzed. The medical records included in the study were randomly selected. A total of 1993 medical records of patients with cirrhosis of various etiologies were analyzed. Of these, 925 were female, and the remaining 1068 were male. At the same time, 891 patients lived in rural areas, and the remaining 1102 were city residents. At the same time, 86 patients with cirrhosis were related. Of these, 34 patients were in close family relationships, and the remaining 52 patients were related by distant ties. The anamnesis of more than 200 patients revealed various CKD in close and distant relatives. During a retrospective analysis of patients' medical records, it was found that 6% of them applied for the first time, 14% for the second time, and the rest more than 3-4 times. Of the total number of 1993 patients with cirrhosis, 46% had class A, another 34% had class B, and the remaining 20% had class C hepatic cell failure according to the Child-Pugh classification. More than 70% (1378) of patients had various types of complications of cirrhosis, such as portal hypertension, intrahepatic icteric cholestasis, and hepatic encephalopathy. In 156 patients, bleeding from varicose veins of the esophagus and cardia of the stomach was observed with varying amounts of blood loss. In 87 of them, the volume of blood loss was massive and fatal.

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In all patients, the diagnosis of cirrhosis was established based on the use of clinical, laboratory and modern instrumental methods, including: ultrasonographic , computed tomography studies. In addition, generally accepted biochemical indicators of the functional potential of the liver were studied in almost all patients.

The concentration of iron in blood plasma was determined in the laboratory of a multidisciplinary regional center. The copper content in plasma and excrement was determined at the Research Institute of Virology with the kind assistance of Professor E.I. Musabaeva. Also, in most patients, markers of the hepatitis B and C virus were identified by enzyme immunoassay, and in some even using polymerase chain reaction in the conditions of the Research Institute of Immunology or Virology

Results and their discussions. During the retrospective study, the following results were obtained (Table 1).

As follows from the data obtained over the past 5 years, cirrhosis of viral etiology (VVE) dominated in the spectrum of cirrhosis of viral etiology (VVE) among residents of the neighboring Bukhara and Navoi regions. At the same time, it should be admitted that there was a slight difference. In the Bukhara region, viral CP was more common among village residents, and in the neighboring Navoi region, on the contrary, among city residents. Moreover, in the Bukhara region, males more often suffered from CVE, and in Navoi , on the contrary, representatives of the female half.

The frequency of occurrence of etiological factors for the development of CP in a sequential order among residents of two neighboring regions (Bukhara and Navoi) without taking into account gender-indicators is presented in the following figure.

The observed difference in the spread of viral CP among residents of two neighboring regions, of course, requires an explanation. However, at this stage of work it is premature to do this, due to the lack of compelling reasoned facts that would allow us to make final and decisive conclusions. To confirm the existing assumptions, further targeted research is necessary with a preliminary discussion of the results obtained with specialists from specialized medical institutions.

Among the residents of both the Bukhara and Navoi regions, the next most common in frequency of occurrence were metabolic CPs, the origin of which is closely related to disturbances in the metabolism of sugar, iron or smelt. In general, their number turned out to be high among residents of the Navoi region , especially among females. The spectrum of metabolic cirrhosis of residents of neighboring regions was dominated by “ diabetogenic ” cirrhosis. This was followed by hemochromatic - ci CP, which develop against the background of dysmetabolism iron and closed this series with cirrhosis, which occurs as a result of impaired copper metabolism, Wilson's disease. It should be recognized that the frequency of detection of cirrhosis against the background of hemochromatosis and Wilson's disease in the regions is extremely low. The average statistical incidence rates for these forms of cirrhosis are several times lower. similar results to the CIS countries and especially non-CIS countries. This established fact, along with others, clearly hints at the low quality of recognition capabilities for such diseases in the regions.

Table 1. Frequency of Etiological factors of liver cirrhosis, taking into account gender indicators

Regions	Etiological factors											
	Viral			Ethanol			Exchange			Mixed		
	husband	wives	Total	husband	wives	Total	husband	wives	Total	husband	wives	Total
Bukhara	37.3%	25.9%	63.2%	5.7%	-	5.7%	5.2%	3.8%	9%	11.6%	10.2%	21.8%
Navoi	31.5%	33.3%	64.9%	8.2%	-	8.2%	1.7%	8.5%	10.3%	5.5%	10.9%	16.4%
Overall in the regions	34.4%	29.6%	63.9%	6.9%	-	6.8%	3.4%	6.1%	9.5%	8.6%	10.6%	19.5%

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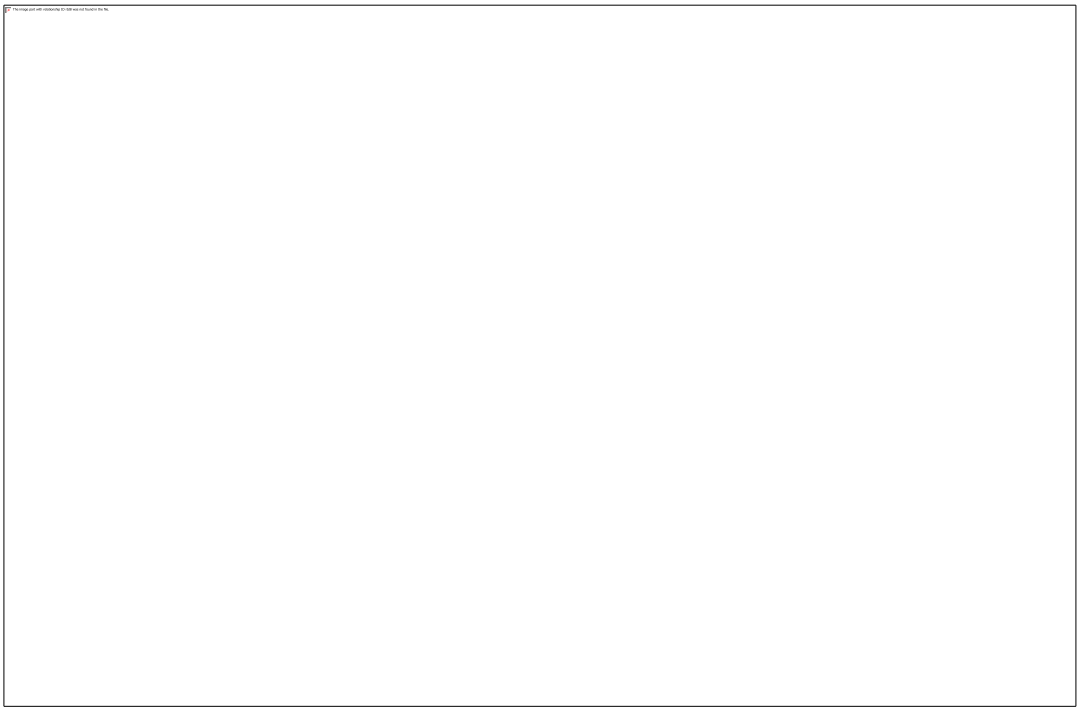
CP of alcoholic etiology unexpectedly occupied a lower position compared to metabolic cirrhosis among residents of two neighboring regions. The obtained statistical information on the extent of alcoholic liver damage in the regions differs significantly and is inferior to those of neighboring republics (1). In our opinion, these results do not actually correspond to the true state of affairs. The modest position of the alcohol factor in the spectrum of etiological aspects of the development of CKD does not at all indicate reasonable limits for alcohol consumption by residents living in these areas. In addition, it in no way can reflect the current situation prevailing locally. In fact, the current situation in the regions is of a much different nature, which is confirmed by the increasing number of not only alcohol distribution points, but most importantly, the scale of their local sales



The question arises: why do local specialists rarely dare to diagnose cirrhosis of an alcoholic nature? It seems to us that there are a variety of reasons here: from insufficient knowledge of the nature of alcoholic liver damage to a feeling of extreme responsibility just before the moment of entering this diagnosis on the title page of the patient's medical record. An episode from a private conversation with a specialist who complained about the occurrence of a certain problem in a patient before receiving a medical examination of disability after a diagnosis of alcoholic liver damage is relevant. This is the real situation on the ground with the recognition of CP of alcohol etiology.

Due to the low quality of diagnosis at the primary health care level, a significant part of alcoholic liver diseases is underreported. Hence, for obvious reasons, the results of accounting for CKD in general, and alcohol-related lesions in particular, are not realistic. Thus, the true extent of local prevalence of CKD is unwittingly underestimated. This greatly conceals the true extent of the damage actually caused by alcohol to the health of the population. Now is the time to establish a real picture of accounting for alcoholic liver diseases. Because only after this will it be possible to make a real effort to prevent damage associated with drinking alcohol. Moreover, the production and sale of alcoholic beverages locally will be controlled. It is clear that this issue is not one day away, but it must be raised today so as not to be late tomorrow.

In more than a third of cases, at least two, or even three or more factors, were involved in the origin of CP. This picture was equally observed in the analyzed medical records of patients with cirrhosis living in both the Bukhara and Navoi regions. The most frequently observed (about 40%) combination of

viral infection with ethanol, especially among the stronger sex. No less significant was the combination of ethanol with metabolic disorders, namely carbohydrates, which was also much more often observed in males. The mixture of ethanol with hemochromatosis was also noticeable, although in less significant quantities compared to the two above-mentioned combinations.

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