

PREDICTORS OF BLEEDING IN CIRRHOSIS OF THE LIVER**Zhuraeva M.A., Poshaxujaev N.X., Ashuralieva M.A.****Andijan State Medical Institute, Uzbekistan, st.Atabekova 1.**

Annotasia; The aim of the study was to study the etiological, epidemiological and clinical diagnostic features of cirrhosis of the liver, to improve its prevention measures in rural residents of the Andijan region.

To achieve this goal, we conducted a retrospective and prospective study of a representative sample of the rural population of the Marhamat district, among whom 89 patients with cirrhosis of the liver were identified. Of these, 41 patients due to chronic viral hepatitis B and 39 patients with chronic viral hepatitis C, 7 alcoholic and 2 patients with cirrhosis of the liver of unknown etiology. Immunological studies for the presence of hepatitis B and C viruses, biochemical, special studies for the determination of cholecystokinin-8, gastrin - 17 in the blood were carried out in each patient, as well as gastroduodenoscopy and ultrasound examination were performed for all.

As a result of the research, the prevalence of chronic liver diseases among rural residents of the Andijan region in 2017-2021 was studied; the main risk factors leading to liver cirrhosis were assessed; the effect of the short-chain peptide cholecystokinin-8 in the blood on the course of complications in the upper gastrointestinal tract in patients with liver cirrhosis was studied, thereby the early detection of cirrhosis complications was evaluated the liver.

Key words: liver cirrhosis, hepatitis B, hepatitis C, short-chain peptides, portal hypertonic gastropathy

More than 1.32 million cases of liver cirrhosis were reported worldwide in 2017, and 440,000 were women and 883,000 were men. This represents a 2.4% overall mortality rate in the population. Liver cirrhosis occupies one of the leading places among diseases in humans and is among the top ten chronic diseases in terms of increased causes of incapacity for work and mortality. According to statistics, the standardized mortality rate by age in all countries of the world decreased or remained stable between 1990 and 2017. But with the exception of the states of Eastern Europe and Central Asia. The standardized mortality rate in these countries with age has been increasing due to an increase in the prevalence of liver disease.

In our country, more than 50,000 people from cirrhosis of the liver dead every year. The implementation of scientific research dedicated to the study of liver cirrhosis in the conditions of Uzbekistan, has been made a priority in a number of decisions and rules of the president of the Republic. But so far, the epidemiological monitoring system has not been widely used and special scientific research has not been carried out in the early prevention of complications of liver cirrhosis and the modern prevention of the disease, as well as in the assessment of its outcome.

The purpose of the study; is to study the etiological, epidemiological and clinical and diagnostic features of liver cirrhosis among the rural population of the Andijan region, to improve its preventive measures.

89 patients with liver cirrhosis were selected as the object of the study. Of these, 41 patients were taken with chronic viral hepatitis B and 39 patients with chronic viral hepatitis C, 7 with alcohol and 2 with liver cirrhosis of unknown etiology. The study used epidemiological, all-clinical, instrumental, laboratory, including biochemical, immunological and statistical research methods.

Results obtained. A random representative contest was held among the 6,952 adult residents living in the marhamat District of Andijan region, and 694 of them aged 18 to 70 were diagnosed with the disease.3. as shown in the table, the first group was made up of men and the second by women. Groups of 203 males and 491 females from the total population were formed after a random 10% selection was formed from both groups.A screening center was established at 34 family polyclinic in region of, markhamat district and the 694 observers listed above were medically examined and 87.2% of them received a letter of consent. Personal contact with the observers by phone was established and 3 times they were invited to a medical examination again.

89 patients in the "consenting " group were diagnosed with liver cirrhosis (Table 1). Of these, 80 had no viral hepatitis, 7 had no alcohol and 2 had no etiology of the disease.

Table 1.Prevalence of liver cirrhosis in populations examined.

Investigatedgroups	Numberofchecked	Spread of cirrhosis of the liver
The woman (consented.)	405	75
Male(consented)	200	14
Totalpopulation(consented)	605	89

Statistical difference	P<0.05	P<0.01
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Each controlled case of liver cirrhosis was studied with age of those affected, and a percentage of liver cirrhosis with respect to such a risk factor as age was found in the population. As age increased, it was found that there was an increase in cases of liver cirrhosis. Of particular note, This is the age range of 20-59 years, the same working capacity of patients with a lively stroke, and among them, 40-49 young viruses and 60-69 young alcoholic etiology liver cirrhosis were observed more ($r<0.01$).

The main observed signs when we take all liver cirrhosis patients with esophagogastroscopy are 55.1% portal hypertonic gastropathy, 13.5% gastric and duodenal erosion and ulcerative changes, 19.1% chronic gastritis, 4.5% reflux esophagitis, 2.2% gastric polyps. The most notable aspect is that the main percentage Portal hypertonusgastropathy in the stomach, chronic gastritis, erosion and ulcers are reliably increased. ($r<0.001$).

Also, in patients diagnosed with liver cirrhosis, their complaints in accordance with their age and clinical signs of the disease were studied, and it is presented in Table 2.

Table 2.

The main clinical signs (%) in patients with severe fatty liver cirrhosis.

Investigated groups	Feeling	heartburn	Burping	Nausea	empty	constipation	epigastricpain	lackofappetite	sleepdisturbance	dysphagia	palloroftheskin	itchyskin	vascularbells	varicose veins	ascites
18-19 (1)	2	2	0	1	0	0	1	0	0	1	0	1	1	0	2
20-29 (2)	26	17	23	15	10	14	9	18	9	12	9	13	9	18	26
30-39 (3)	24	9	22	8	9	17	11	9	6	11	13	12	9	11	24
40-49 (4)	15	6	14	7	5	9	12	10	5	5	4	10	6	5	15
50-59 (5)	14	4	6	4	2	3	10	4	2	2	3	4	1	4	7

60-69 (6)	7	2	6	0	4	4	7	4	1	3	3	3	2	3	7
70	1	1	1	0	0	1	1	1	1	1	0	1	0	0	1
All	89	41	72	35	30	48	51	46	24	35	32	44	28	41	82

The most common complaints in those with liver cirrhosis as presented in the table are the feeling of heaviness under the arch of the right rib 89%, assit 82%, stuttering 72 %, constipation 48 %, decreased appetite 46 %, feeling of heaviness in the epigastric Area 51% of cases. It should be remembered that most common complaints not only represent the main clinical signs of cirrhosis of the liver, but are also predictors that are observed in cases of bleeding from the upper digestive tract. Therefore, the study of the mechanisms of development of clinical signs in liver cirrhosis is one of the main tasks of scientific and practical medicine. The risk of bleeding from the upper part of the digestive tract is one of the current problems, not only Portal hypertension, but also the study of other factors affecting the mucous membrane.

In patient with hepedit virus B blood have peptide cholecystokin and gastrin - 17 and also this person boold have pepsinogen 1 and pepsinogen 2 doses.

Our observation and analysis showed that the increase in short-chain peptides in patients with viral liver cirrhosis B. a decrease in pepsinogen 1 and pepsinogen 2 in the blood will be within the lowest or norm limit. Such a state noted that atrophic gastritis manifests itself beyond the liver, but the mechanisms of these changes are not covered in detail in the literature.

Thus, a sign of a decrease in the functional activity of the digestive glands of the stomach in cirrhosis of the liver, its manifestation in the form of atrophic gastritis, and it can be considered one of the main causes of complications in the digestive system. The results we have obtained are related to the metabolism or physiological absorption by the liver of low-molecule or short-chain peptides, including XTSK-8. As we have already mentioned, this was co-authored by [6;7] and other researchers in experiments previously conducted in dogs in Adti's Research Laboratory [2; 3]. XTSK-8 is of leading importance in stopping the stimulation of gastric acid excretion at the expense of the activation of type a XTSK receptors, and it is also necessary to co-monitor the control of gastric acid in the release of gastrin and somatostatin in the blood plasma [1; 4; 5].

Thus, it can be assumed that in moderation, XTSK-8 is highly absorbed by the liver. In viral liver cirrhosis, especially at the stage of decompensation, its absorption by the liver is

impaired, and the concentration of XTSK-8 in the blood increases. As a result of this, as described above, the cessation of gastric secretion and the development of atrophic gastritis are noted.

The data obtained in patients with viral liver cirrhosis B show a decrease in the functional activity of the digestive glands of the stomach, and this is a sign of a latent form of atrophic gastritis. Chronic atrophic gastritis, on the other hand, is considered one of the main causes of lesions in the gastric mucosa.

The results we have received are the basis for saying that the XTSK-8 will cause the development of the indicated changes.

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