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## FEATURES OF THE CLINICAL COURSE OF VIRAL HEPATITIS IN AGAINST THE BACKGROUND OF COMBINED HYMENOLEPIDOSIS

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Article history:	Abstract:
Received: May 26 <sup>th</sup> 2023	Despite the great achievements for the study of hepatitis of viral etiology,
Accepted: June 26 <sup>th</sup> 2023	today the WHO problem remains. In addition, concomitant diseases with viral
Published: July 24 <sup>th</sup> 2023	hepatitis aggravates the course of the disease, leading to an adverse outcome. 80 patients with chronic viral hepatitis B were investigated from them in 47 patients with HVGV against the background of hymenolepidase. Higher indicators were revealed in patients with viral hepatitis in against the background of the concomitant course of hymenolepidosis, liver manifestations are more pronounced than in patients with viral hepatitis B without concomitant pathology, which is required to take into account when choosing a pathogenetic therapy tactics.
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Keywords: Viral hepatitis, chronic viral hepatitis B, hymenolepidosis, allergological characteristic.	

To date, viral hepatitis remain an urgent problem around the world. According to the World Health Organization in the past, more than 2 billion people were infected with viral hepatitis [6]. Each year, hepatitis a are infected with a fragment of 50 million people and dies from this disease up to 2 million patients. At the moment in the Republic of Uzbekistan, parenteral hepatitis, especially chronic viral hepatitis B (HVGV), remain an urgent problem of infectious diseases [1, 2, 3]. It determines the special interest for the treatment of chronic viral hepatitis in due to frequently encountered, complicated forms of the disease with the subsequent development of acute liver encephalopathy with high mortality in patients with this disease, except for the formation of protracted and chronic forms of the disease. Along with this provoking factor for the development of the severity of the current, the forecast and outcome of the HVGV are an important influence by various combined diseases, among which a special place is given to parasitic invasions [4, 5, 7, 8, 9]. The widespread prevalence of hymenolepidosis among patients with HVGV in the Republic of Uzbekistan determined the relevance of studying the effect of this parasitosis on the clinical course of the disease, its prognosis and outcome. In addition, an allergological characteristic of this disease in patients with HBV against the background of the combined course of hymenolepidosis is not well studied. Purpose of work: to determine the features of the clinical course and laboratory changes in chronic viral hepatitis in against the background of hymenolepidosis in patients in the Republic of Uzbekistan.

**MATERIALS AND RESEARCH METHODS.** The object of the study was 80 patients with chroniseous viral hepatitis B from the age of 20 to 50 years.

Of these, 47 patients were diagnosed with hymenolopidosis, which were included in the main group and 33 patients with HVGV were examined without concomitant pathology. The control group amounted to 20 practically healthy people. The diagnosis was made on the basis of epidemiological analysis and anamnestic data, clinical manifestations of the disease and laboratory tests. All patients conducted a biochemical blood and ELISA analysis to determine viral hepatitis B, was determined by the HBV (HBSAG, HBEAG, IGM anti-HBC and anti-HVE) with negative results of HDV markers. The diagnosis of hymenolepidosis was confirmed by a cproscopic method.

For the distribution of patients in the clinical form and severity of the course of the disease, order №542 MZ RUZ was taken into account. for practical use. When making a clinical diagnosis of hymenolepidosis, a classification proposed by A.L. Landa and V.K. Ilyinich was used.

Satistical data processing was carried out by methods of data processing methods using the Microsoft Office Excel 7.0 program, as well as using the statistica applied programs 6.0 with the calculation of medium (m) and relative (p) quantities, their average errors (m), the use of parametric and non-parametric methods, the criterion of the reliability of t-hostenden, followed by determining the level of reliability of differences. Differences were considered statistically significant at p < 0.05.

**RESEARCH RESULTS.** In our studies, the clinical course of HVGV was analyzed, which in patients with the main group was accompanied by an increase in body temperature, diarrhea, hymenolepidosis proceeded in the form of chronic and subclinical forms



of the disease with mild symptoms, like intoxication, hypovitaminosis, decreased appetite and skin rash, allergic manifestations and significantly significantly The frequency of symptoms of intoxication increased (asthenovegetative from 60.4 to 86.7 % and dyspeptic from 49.5 to 68.2 %), pain in the right hypochondrium from 19.8 to 36.4 %, as well as the manifestation of skin allergic manifestations (54,5%).

In patients with HVGV without concomitant hymenolepidosis, clinical symptoms were slightly manifested, more often, asthenovegetative (60.4%) and dyspeptic (49.5%) syndromes were determined. An increase in the liver was observed in 92% of cases, in 37.4% of cases, the liver increase was moderate - by no more than 2 cm protruded from the rib arc, when 5.7% of patients in more than 3 cm were not observed. Hemorrhagic syndrome was not observed. As shown in Figure 1, the frequency of the detection of clinical symptoms of an allergic state in the midst of the disease was studied. In patients of the main group, skin rashes in 25/53% cases were noted, itching is 21/51%, nasal congestion - 6/12.7%, sore throat - at 7/14.8%, arthralgia - in 10/21, 2%, allergic dermatitis - in 12/25.5%, conjunctivitis - at 6/12.7%, Quincke's edema - in 3/6.3%, eosinophilia - in 22/46.8% cases. In patients with the comparison group, the following indicators were observed: skin rashes - 13/39.3% cases, skin itching - 15/45.5%, nasal congestion - 3/9%, sore throat - 6/18.2%, arthralgia - 8/24.2%, conjunctivitis - 2/6%, edema, eosinophilia - 9/27.2%, allergic dermatitis and Quincke's edema were not observed in this group.

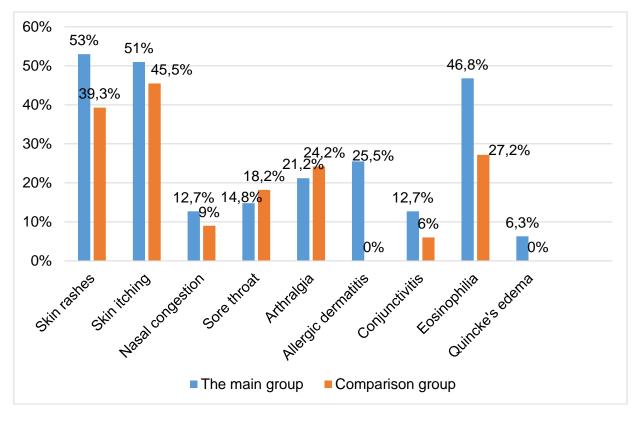


Figure 1. Clinical symptoms of an allergological state in the midst of the disease (n = 80)

In patients with the control group, allergological manifestations such as conjunctivitis, Quincke's edema, allergic dermatitis, nasal congestion were not determined. Skin rashes were noted in 3/10% of cases, skin itching in 5/25%, nasal congestion of 1/5%, sore throat - in 2/10%, arthralgia - in 4/12.1%, eosinophilia - in 1/5% of cases.

The results of laboratory studies showed that iron deficiency anemia was significantly more often determined in patients of the main group 23/49%, when in the comparison group it was determined in 11/33.3% of cases.

The results of studies on the definition of allergies, the most pronounced allergicization of the body, determined by the level of degeneration of mast



cells, is detected in patients with HMV against the background of hymenolepidosis with a severe course.

Thus, HGV with combined lambliosis is characterized by the peculiarity of the clinical picture, a greater frequency of intoxication and dyspeptic syndromes, a slowdown in the normalization of biochemical indicators, signs of cholestasis and pronounced discinetic changes from the biliary system and gall bladder.

**CONCLUSIONS:** 1. Clinical and laboratory signs of an allergic state (skin itching, rashes, nasal congestion, sore throat, arthralgia, allergic dermatitis, conjunctivitis, Quincep's edema, eosinophilia) was significantly more often observed in patients with viral hepatitis B with concomitant disease of hymenolepidosis, in comparison, in comparison with patients with viral hepatitis B without concomitant diseases.

2. In patients with viral hepatitis in against the background of the concomitant course of hymenolepidosis, liver manifestations are more pronounced than in patients with viral hepatitis B without concomitant pathology, which is required to take into account when choosing the tactics of pathogenetic therapy.

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