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HEPATIC EXINOCOCCOSIS-CLINICAL FEATURES AND TREATMENT APPROACHES OF PARASITIC DISEASE

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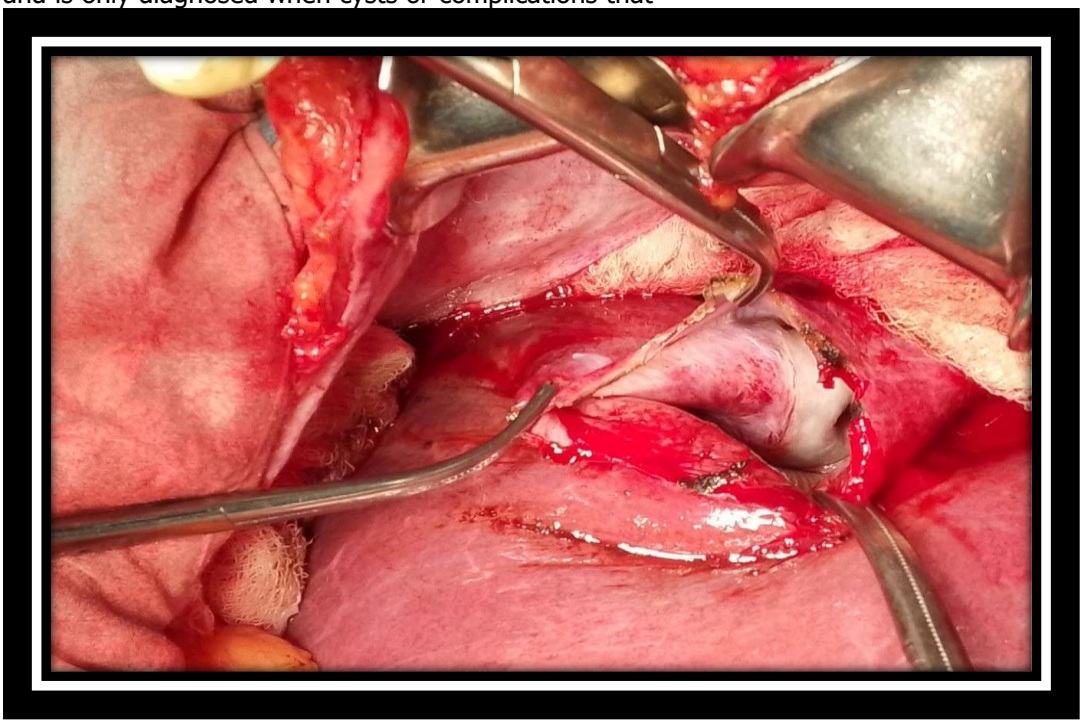
Abstract:

Hepatic exinococcosis is a parasitic disease called Echinococcus granulosus or Echinococcus multilocularis, which forms hydatidous cysts in the human body. This disease is usually chronic and causes the formation of cysts in the liver and other organs. Exinococcosis can be transmitted from animals to humans, and the lack of compliance with sanitary and hygienic rules leads to its widespread distribution.

Keywords: Liver exinococcosis,parasitic diseases, exinococcal cyst.

INTRODUCTION. The exinococcus parasite has a complex life cycle. Its larvae fall into the body through contact with water, food or animals. Once absorbed through the intestine, blood flow reaches the liver, causing the cyst to form. These cysts can grow slowly and reach large sizes over the years. The development of the cyst leads to impaired liver function and pressure on the surrounding tissues. hepatic exinococcosis is a chronic parasitic disease called Echinococcus granulosus or Echinococcus multilocularis tasmasimon vomiting, which poses a serious risk to human health. This disease usually goes unnoticed by clinical signs for a long time and is only diagnosed when cysts or complications that have reached a large size occur.Hepatic exinococcosis is most common in various regions of the world, especially in areas where livestock is widely developed. The main factors in the development of the disease are the passage of parasitic eggs from animals to humans, non-compliance with sanitary and hygienic rules and a lifestyle associated with agricultural activities.

This article will analyze in detail the etiology, pathogenesis, clinical signs, methods of diagnosis and modern treatment approaches of liver exinococcosis. In addition, measures to prevent the disease and effective preventive measures are also discussed.



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Clinical signs

Liver exinococcosis can go symptom-free for a long time. Patients complain in the late stages of the disease. As the cysts enlarge, pain in the abdominal area, discomfort under the right rib, nausea, decreased appetite and flatulence are observed. If the cyst pus or ruptures, severe allergic reactions, even anaphylactic shock, can occur.

Diagnostics

Laboratory and instrumental examinations are carried out to diagnose the disease. Through blood analysis, antibodies against exinococcal antigens are detected. Cysts in the liver are visualized using ultrasonography, computed tomography, and magnetic resonance imaging. Diagnostic laparoscopy may also be used in some cases.

Treatment options

Figure (1) conservative and surgical methods of treating liver exinococcosis.

Treatment of hepatic exinococcosis is carried out through conservative and surgical methods. For small and non-symptomatic cysts, antihelminthic drugs such as albendazole and mebendazole are prescribed. In large or complicated cysts, surgical intervention is required. In a laparoscopic or open manner, the exinococcal cyst is removed, and techniques such as sclerotherapy and percutaneous drainage are also used.

PREVENTION

To prevent the disease, it is recommended to strictly follow the rules of Hygiene, be careful when in contact with dogs and other animals, cook meat products thoroughly and regularly undergo medical examinations for people who are engaged in animal husbandry. It is also important to strengthen veterinary and sanitary control against the spread of exinococcosis.

THE PURPOSE OF THE WORK. An in-depth study of the etiology, pathogenesis, clinical signs, diagnosis and treatment of liver exinococcosis, as well as the identification of effective therapy approaches. Development of scientifically based proposals aimed at improving its prophylaxis and epidemiological control by analyzing the factors of the spread of this parasitic disease.

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The analysis of the clinical course of liver exinococcosis at various stages, the identification of complications of the disease and the evaluation of the effectiveness of modern diagnostic tests to improve the prognosis of patients ' recovery are some of the main areas of this study. By studying the importance of diagnostic techniques such as ultrasonography, computed tomography, magnetic resonance imaging and serological tests, analyzes are carried out aimed at improving the results of early diagnosis and treatment.

It is also aimed at studying treatments, in particular, to assess the effectiveness of conservative antiparasitic therapy and surgical procedures. Open surgery, laparoscopic and minimally invasive procedures are compared to analyze their advantages and disadvantages.

MATERIAL AND RESEARCH METHODS. During the study, the clinical, diagnostic and therapeutic processes of hepatic exinococcosis were studied. For the study, the results of proven diagnostic methods, laboratory and instrumental examination in clinical practice were analyzed. Based on the patient's medical history, complaints, physical examination results and laboratory indicators, clinical signs of the disease were evaluated. For diagnostic purposes, ultrasound (UZI), computed tomography (CT), magnetic resonance imaging (MRI) and serological tests were used. Through these methods, the size, localization and structure of liver exinococcal cysts were determined.

As part of the study, patients were assessed the effectiveness of antiparasitic drug therapy, surgical procedures, and non-invasive treatments. Surgical techniques have included open surgery, laparoscopic, and percutaneous drainage.

Epidemiological analysis of the Prevention of the disease was carried out and the importance of preventive measures was studied. Recommendations were developed for compliance with sanitary and hygienic rules, veterinary supervision and increased awareness of the population.

THE RESULTS OBTAINED AND THEIR DISCUSSION. The results of the study made it possible to identify important data on the clinical symptoms of liver exinococcosis, diagnostic methods and treatment effectiveness. In patients, one of the main clinical signs of the disease was pain and dyspeptic complaints under the right rib, and in most cases it was observed that the disease went symptom-free for a long time.

Based on the results of Instrumental diagnostics, ultrasound was effective in diagnosing the disease and made it possible to assess the size and structure of exinococcal cysts. Computed tomography and magnetic resonance imaging have been noted to be important in determining the exact location of cysts and their effects on surrounding tissue. Serological tests helped to increase the accuracy of diagnostics, but in some cases false positive or negative results were noted.

According to the analysis of treatment methods, if small and uncomplicated cysts were successfully treated with antiparasitic drugs, in large and complex cases, surgical intervention was required. The advantages of laparoscopic over open surgery, in particular, have been found to be less invasive and patients have shorter recovery times. Although percutaneous drainage has been effective in some cases, there has been a high risk of cyst re-development.

CONCLUSION.

Studies on preventive measures have shown that compliance with hygiene rules, increased sanitation controls related to livestock and pets are important to prevent the spread of the disease. Insufficient public awareness of the disease and inadequate parasitological testing were noted as key factors affecting the epidemiological situation.

In general, the results of the study confirmed the need to improve the diagnosis and treatment of hepatic exinococcosis and develop effective strategies for Disease Prevention.

In the future, it will be advisable to increase the effectiveness of the treatment of patients with liver exinococcosis by deepening genetic and immunological research on this topic, studying new drugs against parasites and assessing the long-term results of surgical methods.

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