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SERUM PHOSPHOLIPIDS IN DIFFERENTIAL DIAGNOSTICS OF SALMONELLOSIC AND NONINFECTION GASTROENTERITIS, CONNECTED WITH TOXIC INFLUENCE OF ALCOHOL

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The purpose of investigation was development of a way of differential diagnostics salmonellosis and noninfection gastroenteritis, connected with toxic influence of alcohol on the basis of blood phospholipid spectrum. All patients with toxic gastroenteritis (K 52.1) arrived in a hospital after considerable alcoholic load, were ill acutely and negated presence of chronic diseases of gastrointestinal tract.Researched metrics of blood phospholipid fractions for 50 healthy persons, 50 patients with acute alcoholic gastroenteritis (AAGE) and 50 patients with salmonellosis gastroenteritis (SGE). The abundance of the following fractions of common phospholipids — total lisophopholipids (LPL), sphingomielin(SM), phosphatydilholin (PH), phosphatydiletanolamin (PE) was investigated.

The serum lipid spectrum by method V.K. Makarov et al. was detected with definition of percentage separate lipid fractions densitometrecly with usage of densitometer Shimadzu CS-9000.

Blood phospholipid spectrum is possible for utillizing for differential diagnostics of salmonellosis gastroenteritis and acute alcoholic gastroenteritis.

The violations of lipids metabolism at given pathological states carry different directed character. So, salmonellosis gastroenteritis is characterized by lowering, in comparison with norm, abundance LPL and rise PH. Acute alcoholic gastroenteritis — on the contrary, rise of abundance LPL, PE and lowering PH.

The contents of blood LPL lower than 35% or 30,0 mg% allows to diagnose acute alcoholic gastroenteritis. The contents of blood PH higher than 40% or 50 mg% allows to diagnose salmonellosis gastroenteritis.

IMPLICATIONS OF MENTAL DISORDERS AND CORRECTION OF MINIMAL HEPATIC ENCEPHALOPATHY IN PATIENTS WITH CHRONIC HEPATITIS C, GENOTYPE 1

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Aim: To study the cognitive disorders in minimal hepatic encephalopathy (MHE) in patients with chronic hepatitis C (CHC) genotype 1 and the possibilities of their pharmacological correction with L-ornithine L-aspartate (LOLA).

Materials and Methods: The study involved 60 men aged 34,2±5,3 years with the presence of MHE and HCV (genotype 1) and minimal liver fibrosis (F1 — METAVIR score). The control group cincluded 20 healthy men without liver disease aged of 34,1±5,8 years. Numbers connection test (NCT), critical flicking fusion frequemcy (CFF) test, and measurement of ammonium blood levels were performed in all surveyed at baseline and every month thereafter. Patients in the test group received 15 g of LOLA daily for 2 months followed by a 2 month break during 1 year. One of the inclusion criteria was regular driving. After signing the documents, allowing the use of personal information, data about traffic violations (prior to enrollment and during the last 6 months of therapy) were collected.

Results: A fractional treatment LOLA lead to a marked decrease of NCT test time from 72.2 to 43.7 seconds ($p<0.001$) (the control group = 50.4 seconds), increase in the CFF test time from 43.8 to 44 9 Hz ($p = 0.008$) (control group 43.6 Hz). The average level of NH4+ decreased from 141,8±35,8 μM to 130.3 μM ($p=0.016$) after 1 month. and up to 91,8±32,6 μM ($p=0.003$) after 12 months of therapy. fractional therapy (in the control group — 80.3 μM). The mean rate of traffic rules violations during the last 6 months prior to enrollment in the study group counted 1.15 cases (control group — 0.45) and decreased to 0.68 on therapy ($p=0.003$).

Conclusion: Cognitive disorders, manifested in impairment of attention while driving a vehicle might be a reflection of MHE in patients with chronic hepatitis C. It may be associated with an increase in the NH4+ levels. LOLA fractional therapy reduces NH4+ levels, and therefore reduces the incidence of traffic violations.

DOMESTIC HEPATOPROTECTOR ROPREN IN TREATMENT OF HEPATORENAL SYNDROME IN ONCOLOGY PRACTICE

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Background: Development of hepatorenal syndrome during chemo- and and radiotherapy is one of the problems in oncology. Dolichols could serve for liver recovery. They are derivatives of polyprenols with nuclear-saturated isoprene chain. Dollchyl-phosphate cycle is a necessary metabolic loop in process of regeneration, differentiation, and cell proliferation. Thus polyprenols could be used in a variety of chronic diseases and degenerative processes.

Aim: To study the efficacy of polyprenol drug 'Ropren' for treatment of hepatorenal syndrome in patients undergoing radiotherapy and chemotherapy.

Materials and methods: Fifteen patients undergoing radio- and chemotherapy with symptoms of hepatotoxicity of I–II degree, aged 18–62 years, 2 males and 13 females. Ropren dosage was 6 drops TID for 2 months. The follow-up of complaints, FBC, total and direct bilirubin, transaminases, ALP, GGT serum levels was performed to assess the effectiveness of the treatment, as well as pre- and posttreatment liver US.

Results. There was a significant reduction in the severity of dyspepsia (right upper quadrant discomfort, bloating, unstable stools) and asthenia (weakness, fatigue, sleep disturbances) in all patients after 2 months of Ropren monotherapy. Patients showed slighter leukopenia (grade 1), that the immunomodulatory effect. There was a reduction of cytolytic syndrome [decrease of ALT and AST levels ($p <0,05$)] and cholestasis [decrease of GGT and ALP levels ($p<0,05$)].

Conclusion. Ropren is an effective and safe hepatoprotector with absence of overdose risk, side effects, addiction to the drug and the possibility of long-term use, so it might be recommended for every patient undergoing radio- and chemotherapy for prevention and reduction of hepatorenal syndrome.

PORTAL VEIN THROMBOSIS IN ABSENCE OF LIVER DISEASES IN CLINICAL PRACTICE

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Frequency of thromboses of portal vein (PVT) from population-based autopsy data is 1,1% (Ogren M. et al., 2006). The most frequent cause of PVT are liver cancer and liver cirrhosis with portal hypertension. Among candidates on transplantation of liver, frequency of PVT arrives at 30%. At the same time, a number of other reasons of their development is established. Unknown etiology of PVT remains in 20% cases.

Aim: to estimate frequency and reasons of portal vein thromboses in absence of an overt liver disease in the population of the patients with venous thromboses, who were directed in the municipal department of haemostatic pathology in Chelyabinsk from 2012 to 2016.

Materials and methods. It was descriptive study. Criteria of including: instrumental verified new episode of venous thrombosis, age ≥18 years. Criteria of exclusion: presence of chronic diseases of liver, including the cancer of liver, thrombosis of superficial veins of lower limbs. Analysis of clinical, laboratory and instrumental data (ultrasonography with Doppler imaging, CT, MRI), were studied for clarification of reason of thrombosis. Extended search of cancer, testing on the inherited and acquired thrombophilia are executed all patients.

Results. Initially 420 patients appealed with venous thromboses for pointed period. PVT was diagnosed in 9 persons (2, 1%), 7 patients from them didn't have any liver disease (1,7%). Acute thrombosis was diagnosed in 4 persons, a chronic thrombosis — in 3 persons. Etiologic structure was presented by malignant new formations (pancreatic cancer and cancer of the left kidney with operative treatment) — 2 persons; by the thrombophilia of high risk — 4 persons (3 patients have the inherited forms and 1 patient has antiphospholipid syndrome); by an osteomyefibrosis — 1 persons. Complete or satisfactory partial reperfusion is attained on the treatment of low-molecular heparins in 6 cases. Patient with pancreatic cancer was died.

Conclusions. Among ambulatory patients with venous thromboses the rate of PVT in absence of any liver disease was 1,7%. Reasons of these thrombosis were: the inherited and acquired thrombophilia, cancer of different localization, myeloproliferative disorder.