S va V virusli gepatitlarida jigar gemosiderozining surunkali kasalliklar anemiyasi markeri sifatida kelishi

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Annotatsiya: So‘nggi o‘n yilliklarda dunyoda ko‘plab mamlakatlarda surunkali diffuz kasalliklar bilan - jigar kasalligi, ayniqsa yoshlar orasida mehnat yoshida bemorlar sonining ko‘payishi tendensiyasi mavjud. So‘nggi o‘n yillikda virusli gepatit tarqalishi bo‘yicha Rossiya alohida o‘rinni egallaydi. Inyeksion giyohvand moddalarni iste’mol qiluvchilarning 80% gacha viruslar bilan kasallangan B, C, D yoki bir vaqtning o‘zida bir nechta aralash gepatit B + C, B + D dolzarb muammosi, turli xil klinik ko‘rinishlar namoyon bo‘lishi bilan tavsiflanadi va erta tashxis qo‘yishdagi qiyinchiliklar tug‘diradi, natijada SP terapiyasi va oldini olishda katta xatoliklarga yo‘l qo‘yiladi[11]. Faol o‘rganish yillari davomida quyidagilar aniqlandi: etiologiyaning ko‘plab asosiy savollari, patogenezi, tashxisni tekshirish, kurs va inson tanasining surunkali kasalliklarining natijalari. SJK ekanligi isbotlangan keng ko‘lamli ekstragepatik ko‘rinishlarning tez-tez rivojlanishi bilan tizimli patologiya ba’zan yetakchi rolga ega bo‘lishi mumkin [14]. Ekstragepatik ko‘rinishlar ko‘pincha nafaqat jigar ko‘rinishlarini maskalaydi, balki kasallikning prognozini ham aniqlashda qiyinchilik tug‘diradi[20]. Ko‘plab tadqiqotlar surunkali jigar kasalligining ekstragepatik ko‘rinishlarining chastotasi natijalari nashr etilgan tadqiqotlar yuqori ekanligini ko‘rsatmoqda.

Kalit so’zlar: surunkali jigar kasalliklari, jigar gemosiderozi, surunkali kasalliklar anemiyasi, gepatit V va S, gepcidin, sitokinlar

Appearance of liver hemosiderosis as a marker of anemia of chronic diseases in viral hepatitis C and V

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Abstract: In recent decades, in many countries of the world, there is a trend of increasing the number of patients with chronic diffuse diseases - liver disease,

especially among young people of working age. In the last decade, Russia occupies a special place in the spread of viral hepatitis. Up to 80% of injecting drug users are infected with viruses B, C, D or multiple mixed hepatitis B + C, B + D at the same time, an urgent problem, characterized by the manifestation of various clinical manifestations and causes difficulties in early diagnosis, resulting in major errors in SP therapy and prevention[11]. During the years of active study, many basic questions of etiology, pathogenesis, examination of diagnosis, course and results of chronic diseases of the human body were revealed. With the frequent development of extensive extrahepatic manifestations proven to be SCC, systemic pathology can sometimes play a leading role [14]. Extrahepatic manifestations often mask not only liver manifestations, but also make it difficult to determine the prognosis of the disease [20]. Many studies have shown that the frequency of extrahepatic manifestations of chronic liver disease is higher than published studies.

Keywords: chronic liver diseases, hemosiderosis of the liver, anemia of chronic diseases, hepatitis V and C, hepcidin, cytokines

Kirish: Har qanday etiologiyaning surunkali jigar kasalliklari (CJK) ko‘pincha gematologik kasalliklar bilan bog‘liq. Ular orasida anemiya keng tarqalgan bo‘lib, jigar kasalligi rivojlangan bemorlarning taxminan 75% da kuzatiladi. Ayniqsa, S va V surunkali gepatit bilan kasallangan bemorlarda kamqonlikning etiologiyasi murakkab va multifaktorialdir. JSST ma’lumotlariga ko‘ra, S va V virusli gepatitning eng og‘ir asorati jigar sirrozi (JS) hisoblanadi. Bu o‘lim sabablari bo‘yicha sakkizinchi o‘rinda turadi. Shunung uchun ushbu kasalliklarning epidemiologiyasi, klinik ko‘rinishi, diagnostikasi va davolash xususiyatlarini o‘rganish zamonaviy gepatologiyaning dolzarb muammolaridan biri hisoblanadi. Spirtli ichimliklarga katta e’tibor beriladi va alkogolli-virusli jigar kasalliklari, qaysi surunkali shakllarning ustunligi bilan tavsiflanadi.

Insonning ko‘plab surunkali kasalliklari keltirib chiqaradigan surunkali kasalliklar anemiyasi (SKA) jigar gepsidinning temirni tartibga soluvchi polipeptid gormoni bilan birga keladi. mRNA ifodasi gepatotsitlardagi gepsidin liposaxaridlar ta’sirida bo‘lgan Sitokinlar (IL-6, IL-1α, TNF-α.) makrofaglar va yulduzsimon retikuloendoteliotsitlar tomonidan qo‘zg‘atiladi. Gepcidin ferroportinni (entotsitlar, makrofaglar va gepatotsitlardan qon plazmasiga temir tashuvchi oqsil) bog‘laydi, bu temirning mikroelementning chiqarilishining kechikishi bilan funksional fonddan barqaror fondga qayta taqsimlanishiga olib keladi. Bunday holda, temir gepatotsitlarda, suyak iligi makrofaglarida, taloq va jigarda to‘planadi. Ferritinning (hujayradagi temirni saqlaydigan oqsil) haddan tashqari to‘yinganligi gemosiderin pigmentining (hujayradagi temirning ortiqcha yuklanishining morfologik belgisi) hosil bo‘lishi bilan birga keladi, uning gepatotsitlar va retikuloendoteliotsitlarda

zaxiralari mavjudligi jigar gemosiderozi (JG) sifatida belgilanadi. Suyak iligiga mikroelementlar yetkazib berishning kamayishi tufayli temir zahiralarining normal yoki biroz ortishi bilan nisbiy temir tanqisligi holati rivojlanadi. Jarayonning biologik ma'nosi mikroorganizmlarning rivojlanishi va viruslarning ko'payishi uchun temirning mavjudligini cheklashdir. Shuning uchun SKA tananing umumiy qarshiligini oshirishga qaratilgan tug'ma immunitetning asosiy reaksiyalaridan biri hisoblanadi. Shuni ham eslda tutish kerakki, gepcidin bakterial membranalarni yo'q qilish orqali bevosita mikroblarga qarshi ta'sirga ega.

Tadqiqot maqsadi: Surunkali virusli gepatit V va C da SKA ning eng muhim klinik, laboratoriya va morfologik ko'rinishlarini o'rganish, kasallik diagnostikasi va prognostik baholashda JG ning ahamiyatini baholash.

Materiallar va usullar: Samarqand viloyat ko'p tarmoqli tibbiyot markazining gematologiya va terapiya bo'limlarida 2021-2024- yillarda davolangan virusli etiologiyali surunkali gepatitning 23 ta holatini, yani VG-V (18) va VG-C (5) o'rgandik. Kasallikning etiologiyasi quyidagi taxlillar (HBsAg, HBeAg, HBcAb, HBV-DNK,HCV-Ab IgM, HCV-RNK) yordamida tasdiqlangan. Temir metabolizmining holati gemoglobin (Hb), qon zardobidagi temir (ZT), ferritin (FS) va temir bilan transferrinning to'yinganlik darajasi (TTD) bilan baholandi. Morfologik tadqiqot davomida kasallikning faolligi va uning bosqichi, shuningdek, JG mavjudligi baholandi. JG ning SKA ning klinik va laboratoriya ko'rinishlari bilan bog'liqligini o'rganish uchun barcha kuzatuvlar 2 guruhga bo'lingan. Birinchi guruhga (JG "-") morfologik jigarda temir yuklanishining morfologik ko'rinishi bo'lmagan 17 ta holat, ikkinchi guruhga (JG"+") ushbu hodisa bilan 6 ta holat kiritilgan. Olingan ma'lumotlarga standart statistik ishlov berish amalga oshirildi.

Natijalar va uning muhokamasi: Birinchisida kuzatuv guruhi (JG "-"), temir almashinuvining holati normal ko'rsatkichlar bilan tavsiflangan: Hb - 130,1±1,4 g/l; ZhS - 19,8 ± 0,3 mkmol/l; PS – 105,5±9,3 mkg/l; NTJ – 35,2±0,9%. Ikkinchi guruhdagi bemorlarda (JG "+") qayd etilgan

Hamma uchun funksional temir zaxirasining sezilarli ($p<0,06$) pasayishi (FSdan tashqari) ko'rsatkichlari: Hb – 129,4±1,9 g/l; ZT - 19,2±0,2 mkmol/l. U ham tashkil etilgan bu SHG yuqori bilan aniq birlashtirildi surunkali gepatit V va C ning faolligi va organ to'qimalarining fibroz darajasi. Aynan kasallikning bunday holatlarida, SKA patogenezi haqidagi ma'lumotlarga asoslanib, rivojlanish va yanada og'irroq bo'lib, biz buni taxmin qilishimiz mumkin. Ikkinchi guruh bemorlarda ZT konsentratsiyasi (168,6±9,3 mkg/l).

Xulosa: Shunday qilib, kamdan-kam hollarda surunkali gepatit V bilan og'rigan bemorlarda kamqonlik mezonlariga to'liq javob beradigan funksional temir fondining holati bizning kuzatishlarimizda nisbatan sodir bo'ldi. Shu bilan birga, bemorlarning ko'pchiligi JG bilan aniq birlashtirilgan ushbu fondning pasayishini qayd etdilar.

Olingan natijalarni tahlil qilish va SKA patogenezi haqidagi ma'lumotlar to'liq aniqlash imkonini beradi deb taxmin qilish o'rinlidir. Funksional temir zaxirasining kamayishi va mikroelementlar bilan paydo bo'ladigan jigarning ortiqcha yuklanishi surunkali gepatit V va C da patogenetik asosan SKA bilan bog'liq. Demak, JG surunkali gepatit V va C da SKA ning morfologik belgisi sifatida ko'rib chiqilishi mumkin. Chunki bu markerning mavjudligi kasallikning yuqori faolligi bilan bog'liq va jigar fibrozi darajasini, uni aniqlash uchun organ to'qimalarining biopsiyalarining gistologik qismlarini Perls usulida bo'yash tavsiya etiladi.

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