and sometimes dominate the clinical picture of CVH-C. Cutaneous manifestations of CVH-C belongs to the group of the most common (occur in more than half of the patients), and diagnostically significant extrahepatic symptoms.

Lichen planus (LP) - a chronic cutaneous inflammatory disease characterized by monomorphic eruptions in the form of flat polygonal papules red-violet color with a shiny surface and waxy tinge. Papules of LP have a size of 2-3 mm. They are located on the skin and visible mucous membranes, especially in the mucosa of the mouth and red border of the lips. Rash accompanied by itching with varying intensity. Hair and nails are also affected. LP is a proven autoimmune disease and therefore systemic manifestations of CVH-C, occurring against the backdrop of T-lymphocyte activation. T-helper and T-killer cells, natural killer cells and dendritic cells involved in the autoimmune process. Hepatitis C virus is one of the verified etiopathogenetic factors of occurrence of the LP. The first case LP associated with the hepatitis C virus was described in 1991. Hepatitis C virus acts as an antigen. It stimulates T-cell activation and subsequent lymphocyte-mediated responses. Moreover hepatitis C virus has been detected in skin areas affected by the LP. This result indicates the presence of a direct cytopathic effects of hepatitis C virus in the extrahepatic tissue, in particular - on the skin. The most common form of LP in patients with CVH-C is oral. A meta-analysis of retrospective studies conducted from 1990 to 2011 found that the prevalence of CVH-C in patients with oral form of the LP 3 - 9 times higher than the population indices (Petti S. et al, 2011). Frequency of detection of LP in patients with CVH-C in European countries reaches 20%. Formation of the LP quite specific to CVH-C. At the same time, the incidence of LP in patients with chronic viral hepatitis B is not higher than in the general population.

Thus, the pathology of the skin as LP in patients with CVH-C is a systemic manifestation of this nosology and significant extrahepatic symptom., Bright "external" symptoms of cutaneous manifestations can help gastroenterologists, therapeutists and family physicians in the diagnosis of CVH-C with oligosymptomatic course.

Zazdravnov A.A.

USE OF DICLOFENAC SODIUM AND HEPATOTOXICITY

Kharkiv National Medical University, Kharkiv, Ukraine

Nonsteroidal anti-inflammatory drugs (NSAIDs) belong to the group the most used drugs in medicine. Diclofenac sodium (DFN) is used more than 30

years. It is the gold standard of NSAIDs as a result of balancing anti-inflammatory, analgesic and antipyretic effects. It is the most prescribed drug from the NSAIDs group and superior to the second coming ibuprofen more than twice by prescribing. In minds of the majority practicing physicians formed an opinion about the high level of safety of the drug. Awareness about the adverse effect of DFN limited by its ulcerogenic gastrointestinal activity. However, 65% of total dose DFN is metabolized in the liver. This fact determines the potential hepatotoxicity of DFN. Diagnosis of liver damage due to NSAIDs is accompanied by difficulties. Doctors usually do not pay attention to the light hepatotoxicity, and severe liver damage they associate with other pathogenic factors.

Hepatotoxicity due to the use of DFN varies from asymptomatic, manifesting only elevation of serum transaminases (AST and ALT) to dramatic liver damages with severe symptoms. In long-term prospective clinical trial were examined 6345 patients treated with DFN (Laine L. Et al., 2009). Increased activity of AST and ALT more than 3 times were found in 3.55% of patients. A similar figure for Meloxicam was 0.19% (10 048 patients), Placebo was 0,29% (4084 patients), Celecoxib was 0,42% (12 750 patients), Ibuprofen was 0.43% (3516 patients). 0.04% of the patients who received the DFN were hospitalized due to serious complications. Serious adverse events in patients who received Meloxicam, Celecoxib and Ibuprofen were not observed.

Food and Drug Administration (US) performed a retrospective (from November 1988 to June 1990) analysis 180 cases of DFN-associated hepatotoxicity (Banks AT, 1995). In 79% of cases, symptoms of liver toxicity were observed in women, 71% of patients were older than 60 years, 120 (67%) patients had the specific symptoms and disorders in laboratory parameters, 90 (!) patients - had jaundice. Signs of hepatocellular damage observed in 68% of cases. Pathological changes were manifested in a month from the start of therapy in 24% of patients after 3 months - 63%, in 5 months - 85%. In 3% of patients a latent period lasted more than 12 months. Stopping use of the drug leads to recovery of patients.

Thus, DFN is effective NSAIDs but it is dangerous for liver. Moreover, DFN is the most hepatotoxic drug from the group consisting widely used NSAIDs. Averaging risk group of DFN-hepatotoxicity are older women who take the drug for 2-3 months. A good awareness of the medical staff and patients about the potential hepatotoxicity of DFN is needed to prevent hepatic complications.