

EFFECTIVENESS OF THE DRUG PHOSPHOGLIV  
IN PATIENTS WITH CHRONIC HEPATITIS C

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Hepatoprotectors continue to occupy a leading position in the pathogenetic therapy of patients with chronic hepatitis C (CHC).

**The purpose** of this study was to evaluate the effectiveness of phosphogliv in patients with CHC.

**Materials and Methods.** We observed 20 RNA-positive patients with CHC who have not received standard antiviral therapy for various reasons. From them 14 were men, and 6 – women. The average age was  $38,51 \pm 2,89$  years. CHC of minimal activity was diagnosed in 5 patients, of moderate – in 15. Patients received phosphogliv in dosage 2 capsules 3 times a day for 3-6 months. Phosphogliv – the original drug, created by Russian scientists using nanotechnology. It is combined hepatoprotector with antiviral activity, composed of phosphatidylcholine and trisodium salt of glycyrrhizic acid. Efficacy of therapy was assessed by clinical and laboratory parameters (alanine aminotransferase (ALT), total bilirubin and its fractions, protein and its fractions, and fibrinogen in the blood serum, viral load).

**Results.** Usage of therapy with drug phosphogliv leads to improvement in the subjective state of the patients, disappearance or reduction of manifestations of astenovegetative, dyspeptic and jaundice syndromes, liver size reduction, including the restoration of its echostructure by ultrasound. Positive dynamics of the laboratory parameters (normalization or reduction of ALT and total bilirubin content, increase of fibrinogen and albumin levels) was registered. In 10 (50%) patients a tendency to decrease the serum viral load was detected.

The obtained results allow to conclude on the effectiveness of phosphogliv in patients with CHC and give a reason to recommend it as an alternative hepatoprotector drug in treatment of patients who can not receive the standard antiviral therapy.

SCINTIGRAPHICAL SIGNS OF CHRONIC VIRAL HEPATITIS AND CIRRHOSIS,  
ACCORDING TO THE STATICAL HEPATOSCINTIGRAPHY

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The level of modern diagnostic capabilities regarding the recognition of liver lesions still satisfies neither doctors nor patients primarily with socio-medical, pharmaco-economic and prognostic points of view.

Radioisotope scintigraphy of the liver based on the principle of phagocytic capture of tagged colloidal particles by the reticulo-endothelial cells of the liver and spleen. The tagged colloidal particles are injected intravenously, their accumulation rate reflects the condition as intraorganic bloodstream and functioning ability of the liver.

In 16 patients with positive markers HBV, HCV and HDV-infection (8 men and 8 women aged 26 to 67 years, mean age  $39,9 \pm 11,01$  years) the images of the liver and spleen were received using tomographic gamma-camera «GKS-301T» («Tamara») by recording radiation from selectively accumulated radiopharmaceutical Technephyt 99Tc («Radiopreparat», Uzbekistan) in these organs. In 4 (25%) patients scintigraphic signs of liver disease were not revealed. Moderate activation of RES of spleen or signs of the diffuse liver disease were recorded in 5 (31.3%) persons. Uneven distribution of the radiopharmaceutical was observed in 6 (37.5%) patients, hyperplasia of the left lobe of the liver was observed in 2 (12.5%), illegible contours of her image in 1 (6.3%). Scintigraphic signs of cirrhosis were detected in 4 (25%) persons, in 2 of which such diagnosis was detected first time. Low-intensity fixing and uneven distribution of the radiopharmaceutical in the liver in these patients were observed in 2 (12.5%) of them, splenomegaly and increased fixation of radiopharmaceuticals in the spleen were observed in 3 (18.8%) cases.

Thus, static hepatoscintigraphy is informative diagnostic method in the recognition of chronic hepatitis and viral etiology cirrhosis.

OCCURRENCE AND EXPRESSION OF FIBROSIS IN PATIENTS WITH CHRONIC  
VIRAL HEPATITIS ACCORDING TO AGE AND DISEASE DURATION

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**Objective:** to identify and optimize the severity of liver fibrosis in patients with chronic viral hepatitis, depending on age and disease duration.

**Materials and Methods:** The study included 151 patients with chronic viral hepatitis B, C and B+C in age from 5 to 86 years (mean age of patients was  $37,65 \pm 0,03$  years). For each patient, the severity of liver fibrosis determined, age, duration of disease, the etiology of viral hepatitis. The diagnosis was verified release DNA -HBV, RNA -HCV, genotype of HCV, Figures viral load by PCR, the degree of fibrosis (the scale Metavir - F0, F1, F2, F3, F4, ultrasonically elastometry liver). When analyzing the data of patients used the methods of frequency analysis, nonparametric statistical methods.

**Results of the study.** Age, patients were divided into 4 groups (15 years, 15 to 30 years, from 31 to 50 years and older than 50 years). Among patients younger than 15 years in all cases observed fibrosis degree F1. In the age group 15 to 30 years and from 31 to 50 years is more common fibrosis degree F1. Among patients older than 50 years of fibrosis was noted in 59.3% of cases, with the prevailing degree of F4. Significantly more fibrosis was noted in patients with hepatitis experience from 5 to 10 years (90.6% of cases). When the duration of chronic hepatitis B to 3 years in patients significantly more likely to have liver fibrosis degree F1 and F2, while in the group of patients with the disease experience of 3 to 5 years significantly increased the incidence of fibrosis degree F3 and F4. In patients with chronic hepatitis over the duration of 10 years is sharply increased incidence of fibrosis power F4.

**Conclusions:** 1) Age does not affect the development of fibrosis, and no dependence of the degree of fibrosis of the patient's age. 2) The presence of fibrosis and its expression was significantly associated with disease duration.

DYNAMICS OF FIBROSIS ASSESSED WITH ULTRASOUND ELASTOMETRY  
IN PATIENTS WITH CHRONIC VIRAL HEPATITIS

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**Objective:** To evaluate the dynamics of liver fibrosis with non-invasive method (elastometry) in patients with chronic hepatitis C (CHC) and B (CHB) receiving antiviral therapy.

**Materials and methods:** One hundred two patients were observed for period of 2010-2013 years: 107 with CHC (aged 24-60 years) receiving antiviral therapy: interferon alpha-2b, or pegylated interferon alpha-2b or alpha-2a with ribavirin for 24-48 weeks; 45 patients with CHB receiving nucleoside analogues or pegylated interferon alpha-2b Elastometry was performed using the «Fibroscan» device (EchoSens, France) before treatment and 6, 12, 24, 36 months after treatment with measurement stiffness index (kPa) and assessment with METAVIR score.

**Results:** there was no fibrosis in 44 (28.95%) patients; minimal fibrosis F1 (6-8 kPa) was detected in 42 (27.63%) patients, moderate F2 (8,0-10,0 kPa) - in 35 (23.03%) patients; advanced fibrosis F3 (10-18 kPa) - in 19 (12.5%) and cirrhosis F4 - 12 (7.89%) patients. During antiviral therapy (in CHB group) and after treatment (CHC) redistribution of patients with different stages of fibrosis occurred within 12 months: in 54 (35.53%) there was no fibrosis, minimal fibrosis - in 37 (24.34%) patients, moderate - in 29 (19.08%), advanced fibrosis - in 12 (7.89%) and cirrhosis - in 20 (13.16%) patients. After 36 months of follow-up reduction to stage F0 was marked in 19 patients; 63 (42.0%) patients made up a group of absence of liver fibrosis; F1 - 37 (24,34%), F2 - 23 (15,13%), F3 - 8 (5,26%) and F4 - 21 (13,82%) patients. Advanced fibrosis (F3) progressed to cirrhosis (F4) in 9 (5,92%) null-responders.

**Conclusions:** 1. Elastometry may be used for non-invasive assessment of liver fibrosis during antiviral therapy in patients with CHC and CHB. 2. Regression of fibrosis with a reduction of liver stiffness is observed in patients with antiviral therapy efficacy.