

women (76.2%) and 15 men (23.8%). The diagnosis was determined by clinical symptoms, anamnesis data and ultrasound investigation of the hepato-biliary system. Apilac administered as monotherapy 2 tablets (20 mg) three times per day during 4 weeks.

Results. Clinical improvement was observed from 7 - 10 day treatment at the majority of patients (42 persons – 66,7%). Next by quantity group consisted of 17 persons (30.0%), which has been a positive dynamics of clinical symptoms from 12 - 20 day treatment. Common symptoms - weakness, fatigue, decreased performance, poor sleep decreased or disappeared the first. Appetite improved quite early. Dull pain in the right upper quadrant and constipation disappeared a little later. Improvement of the status of the hepatobiliary system accompanied by the tendency to blood pressure raise in patients with arterial hypotension. Positive dynamics took place at the control ultrasound examination of hepato-biliary system as gallbladder contraction and reduce of bile stagnation. Terms, degree and nature of improvements depended on the characteristics of the disease and typological features of the patient. Labile nervous system patients were most responsible for treatment. Minimal therapeutic effect was observed in hypochondriacal syndrome patients. Apilac side effects didn't occur during investigation.

Conclusions. Apilac can be recommended for hypotonic biliary dyskinesia patients treatment at the general practice - family medicine

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## **LICHEN PLANUS IS DERMATOLOGICAL EXTRAHEPATIC SYMPTOM OF CHRONIC HEPATITIS C**

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Condition of the skin, as a leading barrier system of the organism closely interrelated to the functional activity of the liver as the main detoxifying and biochemical laboratory of the human body. Dermatological symptoms could be a manifestation of impaired liver function. Also etiopathogenetic identity of skin lesions and liver may occur.

The most common liver diseases are viral hepatitis. Hepatitis C virus affected around 3% of the world population (170-200 million people). Hepatitis C virus causes the formation of chronic viral hepatitis C (CVH-C) with subsequent a steady progression of the disease. Today CVH-C can be thought of a generalized systemic pathological process. The majority of patients with CVH-C have latent clinical course of the disease with insignificance of specific "liver" symptoms. At the same time extrahepatic symptoms very often present,

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, therapists and family physicians in the diagnosis of CVH-C with oligosymptomatic course.

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## **USE OF DICLOFENAC SODIUM AND HEPATOTOXICITY**

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