

NO ALCOHOL OF THE LIVER DIAGNOSTIC AND TREATMENT OF OBESITY DISEASE MODERN OBJECTIVES

Khudoykulova Farida Vafokulovna

Samarkand State Medical University, Uzbekistan

Abstract

Alcoholic liver disease (NALHD) is a chronic disease that occurs in people who do not consume more than the norm of alcohol, i.e. ethanol consumption does not exceed 40 g per day for men and 20 g for women, due to the accumulation of lipids in liver cells, morphologically steatosis, combines clinical and morphological changes manifested in the form of steatohepatitis , fibrosis, cirrhosis [1,2,3,6].

Keywords: morphologically steatosis, steatohepatitis, fibrosis, cirrhosis.

20-33 % of adults and 10 % of children living in cities [2]. It occurs in 31-35% of the population in the Middle East and South America, and in 19% of the adult population in the United States [4]. In Russia, JNYoX is the most common (71.6%) among diffuse liver diseases [4]. JNYoX is becoming a common chronic disease in industrialized countries. According to epidemiological data obtained in recent years, JNYoX is detected in 20-30% of the adult population in Western countries, 5-18% in Asia, 31-35% of the population in the Middle East and South America, 19% of the adult population in the USA, 26% in Russia.

The main etiological factors of JNYoX :

- Eating foods rich in saturated fat
- low physical activity;
- hormonal disorders;
- primary and secondary insulin resistance ;
- obesity.

It should be targeted JNYoX as an early predictor of high risk of cardiovascular disease and QD in general practice. However, early diagnosis of JNYoX is complicated by the lack of specific symptoms, especially in the early stages of the disease. Simple hepatic steatosis may be asymptomatic and may be diagnosed incidentally when examining a patient for other reasons. Symptoms of NASG

depend on the activity of the process. Some patients come with a complaint that is not specific to the disease: increased fatigue, throbbing pain under the right rib cage, or a feeling of discomfort that is not related to eating. In cases of liver cirrhosis developed as a result of JNYoX, symptoms characteristic of liver failure or portal hypertension appear: abdominal distension, edema, hemorrhagic syndrome, encephalopathy.

Screening for JNYoX is performed on the following patients:

- obesity ;
- Q D 2 type ;
- MS ;
- dyslipidemia ;
- gyhypotirieoz ;
- Mal absorption syndrome ;
- ALT titer increase .

JNYoX recommend weight loss and exercise as first-line therapy (evidence level 1A) [7]. Although JNYoX is the most common liver disease worldwide, there is currently no approved pharmacotherapy, especially anti-fibrosis drugs. Dietary advice and lifestyle changes are the first-line therapy for patients of the "non-aggressive" type.

In conclusion, considering the many risk factors of the disease, the asymptomatic course and the severe course of comorbidities , there is a need for early detection of the disease . Therefore, because of the high risk of developing diseases of the liver and cardiovascular system, it is advisable to screen patients with high weight or obesity, MS and type 2 diabetes for the purpose of determining the presence of JNYoX. It is recommended to monitor JNYoX patients with normal liver enzymes and a low risk of developing fibrosis, to be examined every two years using clinical, laboratory and non - invasive instrumental examination methods . Patients diagnosed with NASG or severe fibrosis should be screened every six months for timely detection of G Ts K if the liver cancer agrees . Liver biopsy may be repeated every 5 years [3] according to guidelines. Patients with type 2 diabetes or MS without hepatic steatosis should be screened with ultrasound every three years as recommended [8].

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