

**EPIDEMIOLOGY AND TREATMENT RESULTS OF ESOPHAGOGASTRIC
BLEEDING IN THE ARID ZONE OF CENTRAL ASIA ON THE EXAMPLE OF THE
KHOREZM REGION**

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Annotation. For a clinician, in light of the latest achievements in hepatology, the most significant is probably the possibility of a differentiated etiological approach to the diagnosis and treatment of liver diseases. And this, despite the fact that in a variety of etiological processes, the liver can be the only or main target, causing significant uniformity of the main pathological reactions. In this sense, the old saying "Qui bene diagnostit, bene curat" retains its meaning and can only be supplemented in our time "Qui bene et tempore diagnostit, bene curat" - "He who diagnoses well and in a timely manner, treats well." It is well known that liver cirrhosis is a stage of hepatopathy. Its purely pathological definition is quite definite: reorganization of the entire liver structure due to the development of fibrosis and nodular regeneration (D. Alagille, 1982). The lobular structure, as well as the vascular system, is disorganized; over time, this reorganization leads to portal hypertension. Most liver diseases can lead to the development of cirrhosis. Among them, viral diseases, such as viral hepatitis, predominate in the Central Asian region. According to literature (Loginov A.S., 1987), cirrhosis of viral etiology is the outcome of chronic active hepatitis of viral etiology, which accounts for 50-55% of all patients with chronic hepatitis. Much less often, it is the outcome of chronic persistent hepatitis. Slowly evolving through the stages of chronic disease, the pathological process in the liver within five years ends with the formation of cirrhosis in 0.8-1.0% of patients who have had symptomatic or anicteric form of viral hepatitis type A or B. In rare cases, cirrhosis develops immediately after acute viral hepatitis, bypassing the stage of chronic hepatitis.

Key words: diseases, fibrosis, nodular, etiological, vascular system

Introduction. Previously, it was generally recognized that cirrhosis is most often diagnosed in people over 40 years of age (Agzamkhodjaev S.S., 1971), and for the formation of cirrhosis of the liver after hepatitis, a period of 1-20 years is required (Andreev G.N. et al., 1994). However, due to a number of unfavorable circumstances characteristic of the Central Asian region,

especially its arid zone, the high incidence of viral hepatitis in early childhood and the relatively more rapid development of liver cirrhosis have significantly changed the age composition of patients towards younger age (Nazirov F.G., 1997, Aliev M.M., 1999). Patients with LC significantly younger than 40 years are admitted to hospitals with already distinct manifestations of complications of PH (Abdurakhmanov M.M., 1997). The further course of the disease can be long, slowly progressing, or it can be short, galloping. Moreover, the features of the development and progression of a particular complication and the life expectancy of patients are largely determined by the etiological factor, the stage at which the diagnosis was made, the degree of activity of the process, the adequacy of the treatment. The average life expectancy of a patient with cirrhosis, based on long-term observations of 501 patients, is 8.56 years (Khazanov A.N., 1997). Based on the activity of the pathological process, the same author obtained the following average life expectancy figures for patients with cirrhosis. In the subacute course, it was 5.5 months, in the rapidly progressing course - 2.69 years, in the slowly progressing course - 7.53, in the sluggish course - 10.3, and in the latent course - 12.25 years. More than 80% of all diagnosed cirrhotoses are active (Loginov A.S., Blok Yu.E., 1987).

Conclusions Based on these extremely unfavorable figures of world statistics and following the rule of the ancient saying "Qui bene diagnostit, bene curat", in this chapter we analyzed the age structure and dynamics of patients with acute and chronic forms of viral hepatitis, officially registered in medical institutions of the Khorezm region, then, taking into account that these diseases with the greatest frequency and probability lead to the formation of cirrhosis of the liver, we analyzed the structure and dynamics of patients admitted to medical institutions of the same region with bleeding from the upper floor of the gastrointestinal tract. The Khorezm region with a population of 80 thousand people (2983) is located in a low desert plain in the lower reaches of the Amu Darya. According to the geomorphological classification of climates, the region belongs to the zone with arid climatic conditions - with a dry climate, high temperature conditions, low, up to 100 mm per year, amount of precipitation, with a large area of deserts and semi-deserts. Hepatitis is a common disease in this region. Along with the frequency, it should be noted, in general, the benign nature of the disease: indeed, spontaneous recovery from acute hepatitis is observed in the overwhelming majority of cases, even if the patient has not sought medical care, not only for inpatient, but even for outpatient care.

This factor, as well as the prevalence of anicteric forms, the lack of strict compliance with mandatory notification of the disease, make us consider the available figures to be only partly consistent with reality. Despite this, we believe that the figures of official statistics of registered

patients are the most objective criterion for the dynamics of viral hepatitis in the region. We present the dynamics of acute viral hepatitis incidence in the Khorezm region based on the results of official registration of patients in medical institutions of the region for a 25-year period from 1975 to 1999.

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