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VIRAL LOAD AS PROGNOSTIC MARKER OF LIVER CIRRHOSIS

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With an increased risk of developing cirrhosis of the liver (LC), both the factors of the virus and the organism as a whole are related. One of the factors of the virus that affect the outcome of the disease is the viral load.

MATERIALS AND METHODS

To determine the significance of high viral load in the number of prognostic marker of the development of LC, we analyzed the medical records of 65 patients with hepatitis B virus, who for a long time, at least 5 years were on dispensary records and annually donated blood for the quantitative determination of HBV DNA. Patients were aged 35 to 65 years, men were 30 (52.7%), women 25 (47.3%). Viral load was determined by PCR using the AmpliSens test system in the laboratory of the Virology Research Institute.

RESULTS OF THE STUDY

At primary treatment patients were naive patients. To conduct research, we divided the viral load into low, medium and high. A retrospective observation of the serum HBV concentration was performed. The initial level of HBV DNA from 14 to 102 was taken as low (20 people), the average - above 102 to 105 (23 people), high - more than 105 to 107 IU HBV / ml (22 people).

We started counting from the moment of treatment, without taking into account the time of onset of the disease, since the patients did not know about their disease until they accidentally found HBsAg in the blood.

We were interested in the relationship between the level of the circulating virus and the outcome of the disease. A year after the first examination in the group of patients with low viral load and with an average load of patients with LC was not.

In patients with a high concentration of the virus in the blood, a year later, the LC was noted in 1 (4.5%) of 22 people. After 2 years, the LC was determined in 4.3% of cases in the group with an average and 9.1% with a high concentration of the virus. After 3, 4 and 5 years in patients with an average viral load, the LC was diagnosed in 8.6%, 17.4%, 21.7% of patients, respectively, with a high blood concentration in 18.2%, 27.3% and 31.8% and with low virus content in 5%, 15%, 15% of cases, respectively. The risk of developing the LC did not depend on the level of ALT.

CONCLUSION

The relationship between viremia and progression of CHB in the LC is traced. The transformation in LC in individuals with CHB depends on the level of circulation of the virus. The risk of LC increases with the increase in viral load.

Thus, a high level of HBV DNA is a predictor of the progression of CHB in LC.

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