112. HEPATIC AND EXTRAHEPATIC MANIFESTATIONS IN PRIMARY BILIARY CIRRHOSIS

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Introduction: Primary Biliary Cirrhosis is a chronic progressive cholestatic disorder of unknown etiology, pathogenesis, characterized histologically by autoimmune inflammation of the biliary ducts interlobular septal and intrahepatic granulomatous destructive, associated with the presence of antimitochondrial antibody, cholestatic jaundice and pruritus. Primary biliary cirrhosis is ≈ 0,6-2% of deaths from hepatic cirrhosis. Caution is required for diagnosis in women of average age with cutaneous pruritus, jaundice, steatorrhea and skin pigmentation.

Purpose and objectives: The study of hepatic and extrahepatic manifestations in primary biliary cirrhosis.

Materials and methods: Retrospective study of 40 patients hospitalized in Hepatology section of Republican Clinical Hospital was performed. 37 women (92.5%) and 3 men (7.5%) with a mean age of 47.7 years were included.

Results: Typical hepatic manifestations of primary biliary cirrhosis were: hepatomegaly (34 patients; 85%), splenomegaly (21; 52.5%), skin jaundice (20; 50%), pruritus cutaneous (22; 55%) and asthenia (30; 75%). As extrahepatic manifestations were detected: osteoporosis (4 patients; 10%), arthralgia (7; 17.5%) and pneumosclerosis (7; 17.5%). Conditions associated with primary biliary cirrhosis were: thyroid diseases (6 patients; 15%), rheumatoid polyarthritis (4; 10%) and diabetes mellitus (5; 12.5 %). Biological markers associated with clinical features were: antimitochondrial antibodies (32 patients; 80%), antinuclear antibodies (8; 20%), rheumatoid factor (6; 15%) and cryoglobulins (3; 7.5%).

Conclusion: In primary biliary cirrhosis classic symptoms (cutaneous pruritus, jaundice, hepatomegaly, splenomegaly and asthenia) may be associated with extrahepatic manifestations as: osteoporosis, arthralgia, pneumosclerosis, diabetes, rheumatoid arthritis and thyroid affectation.

Keywords: Primary biliary cirrhosis, pruritus, extrahepatic manifestations

113. DIAGNOSIS AND TREATMENT OF THE CENTRAL TYPE OF SLEEP APNEA SYNDROME

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Introduction: The diagnosis and treatment of sleep disorders require special attention because they can have serious psycho-behavioral, cardiovascular, metabolic consequences and can influence the intellectual performance and social relationships. The central type of sleep apnea syndrome represents a set of signs and symptoms caused by stops (apnea) or slow downs (hypopnea) of respiratory flow during sleep caused by central nervous system disorders (respiratory center) with a frequency of more than 5 episodes per hour and lasting more than 10 seconds. Considering the consequences it has on the body, the SAS diagnosed patient requires a multidisciplinary approach: ENT, pneumology, neurology, cardiology, and psychiatry.

Materials and methods: Relevant articles on the topic for the period from 2000 to 2014 were analyzed, using PubMed data base and other sources.

Results: The central type of sleep apnea syndrome is found more often in patients with heart failure, of which 20-30% at the patients with systolic heart failure. 10% of all patients with sleep apnea syndrome, registered at the study of sleep laboratories, present central type of apnea. (PSG) is the most informative and base method in diagnosis of sleep apnea, fact confirmed by practice. The best method of treatment has proved CPAP-therapy (continuous positive airway pressure). In the modern treatment is used auto-CPAP-therapy witch allows automatic recording and dosing of the inspired air flow.

Conclusion: We determined the following aspects: