

105. EVOLUTION OF CYTOLYSIS SYNDROME IN CHRONIC VIRAL HEPATITIS

Alina Iarovoi

Scientific adviser: Ludmila Condratchi, Candidate of Medical Sciences, Associate Professor, Department of Internal medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. At a global level, viral hepatitis is responsible for 144 million deaths every year. Chronic viral hepatitis presents today one of the most serious health and socioeconomic problems in Moldova. Annually there are more than 10,000 illnesses, the incidence reaching - 150 cases per 100 thousand population.

Purpose. Analysis of cytolysis syndrome evolution in patients with chronic viral hepatitis B, C, D ambulatory and in the hospital.

Materials and methods. The study included 126 patients, of which 102 were hospitalized during the years 2010-2015 in gastroenterology ward, Clinical Hospital Central Railway st. Chisinau and 24 patients ambulatory treated in the period September to December 2015 in CS Falesti. I have done a survey retrospectively and prospectively. Outpatients were treated only with hepatoprotective - silymarin administered for a month, and those in hospital administered for 10 days: silymarin, pentoxifylline (antifibrotic), ursodeoxycholic acid and Vit. C, B1, B6, B12.

Results. Using the distribution of HBV patients according to cytolytic indexes after treatment, inpatient was revealed that 11 patients (47.72%) out of those hospitalized with moderate hepatitis activity and 14 patients (50%) out of those with minimal activity, recorded values in the normal limits of enzymes ALT and AST at the discharge. Ambulatory, only one patient (9.09%) out of 16 patients obtained transaminases values within the norm. All 10 patients (100%) of those hospitalized with HCV minimal activity, showed values within normal levels of liver enzymes. Outpatient, no patient with HCV obtained positive dynamics of cytolytic syndrome. Patients with HBV + HCV discharged from hospital were all having minimum activity of liver enzymes. Outpatient there were not registered positive dynamics. Analyzing the distribution of patients with HBV + HDV in hospital, 3 patients (42.86%) out of the 7 patients that were hospitalized with moderate activity hepatitis, achieved minimum activity of enzymes ALT and AST. Outpatient – without any positive dynamics.

Conclusions. During the survey, I paid attention that the most obvious improvement of transaminases happened with the patients that were receiving inpatient treatment compared to outpatient treatment, although hepatoprotective treatment duration is longer in the ambulatory. But perhaps that including vitamins, ursodeoxycholic acid and antifibrotic medicaments into patients' treatment favored efficacy in reducing faster transaminases, which shows the necessity of treatment in hospital for patients with chronic viral hepatitis, which would bring only benefits for both patient's health and state economy by reducing human morbidity, as well with shortening disease treatment and time that patients spend on treatment process.

Key words. chronic viral hepatitis, cytolysis syndrome, treatment.