

6. PORTAL HYPERTENSION: DIAGNOSIS AND TREATMENT MANAGEMENT



Author: Toha Valeria

Scientific advisor: Bodrug Nicolae, PhD, Professor, Geriatrics and Occupational Medicine Department, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Portal hypertension is responsible for the more severe and even lethal complications of chronic liver disease and cirrhosis.

Aim of study. Evaluation of the effect of ozone therapy on the state of circulation of hepatic venous flow.

Methods and Materials. 44 patients were examined with chronic hepatitis C – 28 men (64%), 16 women (36%) aged from 45 to 62. The diagnosis was confirmed by clinical, biochemical, imagistic and morphopathological investigations (Knodell-Desmet/Fibroscan). Hemodynamics parameters were studied by Doppler color.

Results. Depending on the treatment, all patients were divided into 2 lots. The 1 lot included 26 patients who concurrently with the complex therapy administered ozone therapy. The 2 lot included 18 patients treated without ozone therapy. The control group was made up of 10 healthy volunteers. All patients with chronic viral hepatitis C had a significant veridical increase in the diameter of the portal (Dvp) and lienalis vein (Dvs), rise of congestion index (CI) and the decrease of the linear velocity of blood flow in the portal vein - maximum systolic velocity of blood flow (Vmax) and the end diastolic velocity of the blood circuit (Vmin). Indicators of blood volume velocity (Qvp) in the portal vein in both groups did not differ. Simultaneous blood volume (Qvl) in the lienalis vein in patients with chronic viral hepatitis C was significantly higher than in the control group. At the end of the treatment course, the indices of venous blood circulation of the liver were repeatedly evaluated in two lots. As a result, it was found that in group 1 a dynamic of hepatic venous blood flow was estimated positive: Dvp 11.3 ± 0.44 mm, Dvs 7.2 ± 0.44 mm, CI 0.041 ± 0.008 , Vmax 19.4 ± 0.8 cm/s, Vmin 13.8 ± 0.8 cm/s, in comparison with the group 2: Dvp 12.6 ± 0.65 mm, Dvs 10.0 ± 0.45 mm, CI 0.077 ± 0.007 , Vmax 19.8 ± 0.8 cm/s, Vmin 14.0 ± 0.9 cm/s.

Conclusion. Inclusion of ozone therapy in the complex treatment allows more obvious compensation of flow irregularities in liver blood.

Keywords. Hepatitis C, portal hypertension, ozone therapy.