

# Clinic - Epidemiological Characteristics of Chronic Hepatitis C on the Background of Tuberculosis

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## ABSTRACT

Since the problem of the incidence of hepatitis C and tuberculosis in the population is still a very important and urgent problem not only in Uzbekistan and the whole world, we decided to study how these diseases flow against the background of each other. During our study, we observed 80 patients at the regional tuberculosis dispensary and at the regional infectious diseases hospital in Samarkand, which were divided into 2 clinical groups.

**KEYWORDS:** hepatitis C, tuberculosis, intoxication, liver, patients

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## INTRODUCTION

The epidemic situation with regard to tuberculosis in Uzbekistan remains tense, although it has been stabilized in recent years. Tuberculosis remains an important cause of morbidity and mortality worldwide. According to WHO, annually approximately 1 billion people become infected with tuberculosis, 8-10 million people get sick with it and up to 3 million people die from this infection. In 2014, the death rate of the population of Uzbekistan from tuberculosis was 3.5 per 100,000 population, which is almost twice lower than in 2010. The highest mortality rate was observed in the Republic of Karakalpakstan (8.9 per 100,000 population) and Tashkent city (8.1 per 100,000 population).

**The aim of this study:** was to determine the comparative clinical and epidemiological features of the course of chronic viral hepatitis C on the background of tuberculosis.

**Materials and research methods:** We carried out a retrospective analysis of the case histories of 80 patients who were hospitalized at the regional

tuberculosis dispensary and at the regional infectious diseases hospital in Samarkand, which were divided into 2 clinical groups that were comparable in age and sex. Group 1 consisted of 40 patients with co-infection - tuberculosis + chronic viral hepatitis C (CVHC) who were hospitalized at the Regional Tuberculosis Dispensary in the period from 2015 to 2017. The diagnosis of CHC was established on the basis of clinical analysis data, the results of laboratory, serological and instrumental research methods.

**Research results:** The clinical symptoms of the disease in all examined patients were characterized by intoxication syndrome, manifested mainly by weakness, malaise, loss of appetite, pain in the right hypochondrium and epigastrium, nausea, single or repeated vomiting. When analyzing clinical symptoms, attention was paid to when the patient was diagnosed. In this regard, the duration of the course of the disease was determined in the combined course of these infections. The duration of chronic hepatitis C

in patients of the 1st group was 1-3 years in 20% of patients, 3-6 years in 47.5%, 6-9 years in 32.5% of patients. In patients of the 2nd group, these indicators were 1-3 years in 10% of patients, 3-6 years in 37.5% of patients, 6-9 years in 52.5% of patients. Analysis of the main clinical characteristics of co-infection (TB + CHC) and the isolated course of CHC showed that pain and severity in the right hypochondrium and epigastrium were the most frequent symptoms and were observed with a frequency of 52.5% in group 1 and 45% in group 2. Decreased appetite was also common in both study groups. Decreased appetite occurred significantly more often in the group of patients with concomitant TB and CHC (80%), in comparison with the isolated course of CHC (52.5%). Asthenovegetative syndrome was manifested by weakness, lethargy, weakness and was recorded in 70% of patients in group 1 and in 47.5% of patients in group 2. In all studied patients, changes in the digestive system were noted, which were manifested by coated tongue, nausea, vomiting, hepatomegaly, icterus of the skin and sclera of varying intensity, darkening of urine. Thus, coating of the tongue was detected in 55% of patients in group 1 and in 47.5% of patients in group 2. Nausea and vomiting were observed in patients in the group with a combined course of CHC + TBC with a frequency of 37.5%, and in an isolated course of CHC with a frequency of 17.5%, which was significantly higher in the first studied group. Hepatomegaly was characterized by an increase and steady induration of the liver parenchyma. At the same time, the lower edge of the liver protruded from under the edge of the costal arch by 1-4 cm; in all the patients under study, the contours were smoothed without sharp deformation. In patients of group 1, this symptom was revealed more often (65%) than in patients of group 2 (45%). Disorder of bilirubin metabolism, which was characterized by icteric syndrome and a change in urine color, manifested itself as icterus of the skin and sclera of varying severity and intensity and was recorded in 47.5% of patients in the 1st studied group and in 37.5% of patients in the 2nd group. Pruritus

was observed in 47.5% of patients in group 1, which turned out to be significantly more frequent than in patients in the studied group 2 - 32.5%. Gum bleeding was revealed with almost the same frequency in both studied groups - 12.5% and 15% in the first and second groups, respectively.

**Conclusion:** The peculiarities of the course of CHC on the background of tuberculosis are of frequent occurrence in men, in the age group from 25 to 60 years old, predominantly severe course of the disease is recorded, more often the presence of complaints and objective data associated with intoxication and cholestatic syndrome of moderate severity. With an increase in the duration of the course of the disease, the risk of complications increases. The combination of tuberculosis and liver damage of viral etiology is unfavorable and has a mutually aggravating effect. Clearly marked changes in the liver often limit the use of chemotherapy drugs necessary for controlling the tuberculous process.

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