

# Influence of Diffusion Diseases of the Liver on the Current and Forecast of Obstructive Jaundice

Hamroyev Kh. N.

Asian International University, Bukhara Branch of the Republican Scientific Center for Emergency Medical Care, Bukhara, Republic of Uzbekistan

## ABSTRACT

In article options of a course of the obstructive jaundice proceeding as with the accompanying diffusion diseases of a liver are considered and it is isolated. Are analyzed clinical and datas of laboratory and an assessment is given to the revealed shifts. It was revealed, that existence of the accompanying diffusion damage of a liver is the predictive adverse factor, increasing the frequency of such complications, as a hemorrhagic syndrome, a cholangitis, a liver failure and bringing to higher lethality.

**KEYWORDS:** obstructive jaundice, chronic diffusion diseases of a liver.

The relevance and complexity of the treatment of patients with obstructive jaundice (MJ) of malignant genesis is due to an increase in the incidence of tumors of the hepatopancreatoduodenal zone [5,7,12] and the late appeal of patients for help with an already widespread tumor process by the time of admission to the hospital. The development of obstructive jaundice in patients with malignant neoplasms significantly aggravates the course of the underlying disease and requires urgent measures aimed at decompression of the biliary system [2,6,9,24].

In assessing the factors affecting the outcome of the disease, in addition to the breast syndrome, an important role is given to concomitant pathology. Thus, among the concomitant diseases that can affect the course and outcome during operations on the biliary tract, a special place is occupied by diffuse liver diseases [12,23].

In recent years, there has been a widespread increase in the incidence of viral hepatitis (VH), which are among the most common causes of diffuse liver damage and are often

combined with breast cancer. Currently, HBV is one of the most common human viral infections [1,6,7,11]

The situation with VHC is no less alarming [10,22]. In cases of a combination of GV with breast cancer, the severity of the patient's condition is due to the presence of two severe competing diseases occurring with the phenomena of severe endogenous intoxication and a mutually aggravating progressive deterioration in functional

**Materials and methods.** The work is based on the analysis of the course of the breast in 74 patients. The main group consisted of 40 patients with breast cancer on the background of GV. The control group included 34 patients without concomitant GV. To assess the prognosis of the disease, clinical data (terms of jaundice, the presence and nature of concomitant diseases, age), data from laboratory and instrumental research methods, as well as the results of treatment were analyzed. Statistical processing of the material was carried out using the software "Statistica5.5". The critical level of significance when testing statistical hypotheses is  $p < 0.05$ .

**Results and discussion.** Patients in the study groups were matched by sex and age. So in the main group there were 21 men (52.5%), women - 19 (47.5%), ( $p > 0.05$ ). The average age of patients in the main group was (60.1 + 10.5) years, and in the control group - (60.8 + 10.7) ( $p > 0.05$ ). The main number of patients with breast cancer in both groups belonged to the age intervals of 45-59 and 60-74 years or, according to the WHO classification, to middle-aged and elderly people.

When studying the epidemiology of GV in patients with breast cancer, it was found that the vast majority of patients in the main group suffered from GV B (67.5%) (Table 1).

**Table 1 Type of viral hepatitis in patients of the main group**

| Type of viral hepatitis      | Main group (n=40) |      |
|------------------------------|-------------------|------|
|                              | Abs               | %    |
| A                            | 2                 | 5    |
| B                            | 27                | 67,5 |
| C                            | 5                 | 12,5 |
| Not verified viral hepatitis | 6                 | 15   |

Moreover, in 30 (75%) cases, patients were admitted with a previously established diagnosis. In 10 (25%) cases, hepatitis was detected for the first time. In the course of the study, for the convenience of analyzing the results obtained, we used the proposed by E.I. Galperin et al. [3] classification of levels of biliary obstruction. There was a predominance of the incidence of low localization of tumor strictures in both groups (74.5% in the main group and 80.3% in the control group, with  $p > 0.05$ ). The timing of breast tissue in patients of the main group was statistically significantly higher than the timing of breast tissue in the control group and was: in the main group, the median corresponded to the 7th day (the 25th percentile was equal to the 3rd day; the 75th percentile to the 14th day), in the control - it was less and was 5 days (the 25th percentile was equal to the 3rd day; the 75th percentile was 7 days) ( $p < 0.05$ ). By the time of surgery, the timing of breast cancer among the patients of the main group was: median 18 days. (25th percentile 12.5 days; 75th percentile 28.5 days). In the control group, the median was 12 days. (25th quartile 10 days; 75th quartile 16 days) ( $p < 0.05$ ). Later periods of surgical treatment in the main group were associated with difficulties in the differential diagnosis of jaundice in patients with combined pathology (MF and GV).

When studying the features of the preicteric period, an earlier appearance of complaints was noted in patients with breast cancer against the background of GV in comparison with patients in the control group. So, the period from the appearance of the first complaints to the manifestation of cholestasis symptoms (icterus of the skin and mucous membranes, darkening of urine, lightening of feces) in the main group was: the median was 8 days (the 25th percentile was equal to the 3rd day; 75th percentile - 14 days); in the control, the median was 3 days (25th percentile was 3 days; 75th percentile - 14 days) ( $p < 0.05$ ). At the same time, the earliest manifestations of the disease in patients of the main group were signs of asthenovegetative syndrome (28 cases in patients of the main group and 15 cases among patients in the control group, at  $p < 0.05$ ).

Complaints of pain and discomfort in the epigastrium and right hypochondrium were observed in 50% of patients in the main group (20 cases) and 38.2% in the control group (13 cases) ( $p < 0.05$ ). Episodes of hyperthermia in the prehospital period were noted among patients of the main group in 27 cases and in 22 cases in the control group (at  $p > 0.05$ ). At the time of admission, the average body temperature in patients of the main group was  $37.2 \pm 0.690^{\circ}\text{C}$ , in the control group -  $36.8 \pm 0.550^{\circ}\text{C}$  ( $p < 0.05$ ). Thus, upon admission to the hospital in patients of the main group, statistically significant differences in the number of blood leukocytes were noted ( $9.9 \pm 4.2 \cdot 10^9 / \text{l}$  in the main group and  $8.0 \pm 2.6 \cdot 10^9 / \text{l}$  in the control group, with  $p < 0.05$ ) and the relative number of stab forms of neutrophils ( $12.9 + 7.8\%$  in the main group and  $10.1 + 4.2\%$  in the control group, at  $p < 0.05$ ), which indicates a greater severity of systemic inflammatory reactions in patients of the main group.

In the study of laboratory parameters by the time of admission, the following features were revealed: in the absence of significant differences in the level of blood bilirubin among patients of the main and control groups (in the main -  $189.9 + 121$  and  $196.5 + 143.8 \mu\text{mol} / \text{l}$  - in the control, with  $p > 0.05$ ), there is a lower value of the prothrombin index in the main group ( $70.5 + 14.5\%$ ), in comparison with patients in the control group ( $80.3 + 14.9\%$ , with  $p < 0.05$ ). These changes are due to the greater severity of the insufficiency of the synthetic liver function in patients with breast cancer on the background of GV.

The levels of the thymol test were higher in the patients of the main group ( $5.3 + 4.0 \text{ IU}$ ) in comparison with those in the control patients ( $2.7 + 2.3 \text{ IU}$  at  $p < 0.05$ ), which indicates the activation of mesenchymal inflammatory syndrome in patients with breast cancer on the background of concomitant GV. Bile diverting surgical interventions were performed in 35 (87.5%) patients of the main group and in 30 (88.2%) cases in the control group ( $p > 0.05$ ). The nature and volume of surgical interventions performed by the patient are presented in table. 2.

| Bile diverting surgical interventions                           | Patient groups  |      |                |      | Total |
|---|-----------------|------|----------------|------|-------|
|   | the main (n=40) |      | control (n=34) |      |       |
|   | Abc             | %    | Abc.           | %    |       |
| Percutaneous transhepatic cholangiography with biliary drainage | 29              | 72,5 | 17             | 50   | 46    |
| Laparotomy. Cholecystostomy.                                    | 2               | 5    | 3              | 8,8  | 5     |
| Laparotomy. External drainage of the biliary tract              | 4               | 10   | 11             | 32,3 | 15    |
| Choledochojejunostomy   | 2               | 5    | 1              | 2,9  | 3     |
| Endoscopic papillo sphincterotomy                               | 3               | 7,5  | 2              | 6    | 5     |

Minimally invasive interventions (percutaneous transhepatic cholangiography with drainage of the biliary tract, and endoscopic papillosphincterotomy) were performed in the main group in 32 (80%) cases; in the control - in 19 (55.8%) (Table 2). Surgical interventions aimed at eliminating bile stasis using traditional access were performed in 8 (20%) cases among patients of the main group and in 23 (67.6%) cases in the control group. It should be noted that when choosing a method for decompression of the biliary tract in patients of the main group, preference was given to minimally invasive interventions, due to the severity of the condition of this category of patients.

The most frequent complication of the postoperative period was liver failure (LF). The severity of PN was assessed in accordance with the classification of V.D. Fedorova et al. [eight]. Thus, in the main group, the proportion of patients with severe PN (22.4%) significantly exceeded the proportion of patients with severe PN in the control group (10.8%) ( $p < 0.05$ ). These observations are due to the functional and morphological changes in the liver already available at the time of breast development. At the same time, with the onset of the cessation of the passage of bile, an aggravation of the insufficiency of liver functions naturally occurred.

Cholangitis and manifestations of hemorrhagic syndrome were other frequent complications of the postoperative period in patients with breast cancer of malignant genesis against the background of GV. So, cholangitis was observed

significantly more often among patients of the main group - in 13 (32.5%) cases and in 7 (20.5%) cases in the control group ( $p < 0.05$ ). In patients of the main group, clinical manifestations of hemorrhagic syndrome were observed somewhat more often.

Thus, in 20% of patients in the main group and in 13.4% in the control group (at  $p > 0.05$ ), petechial rashes on the skin and mucous membranes, spontaneous hematomas were observed in the postoperative period. At the same time, episodes of gastrointestinal bleeding occurring against the background of acute erosions and ulcers significantly more often complicated the course of the disease in the main group: in 10 and 2 cases, respectively (at  $p < 0.05$ ).

The observed clinical manifestations of hemorrhagic syndrome in patients of the main group are explained by the severity of two mutually aggravating conditions: GV and MF, each of which is characterized by severe disorders in the hemostatic system. Postoperative mortality in the main group was 20% (8 deaths), in the control group - 5.8% (2 deaths) (at  $p < 0.05$ ).

When studying the features of the preicteric period, an earlier appearance of complaints was noted in patients with breast cancer against the background of GV in comparison with patients in the control group. This indicated earlier disturbances in homeostasis in patients with mammary gland on the background of GV, which was often activated

even during the period when the complete cessation of the passage of bile into the duodenum had not yet occurred

On admission, the patients of the main group significantly more often observed the clinical picture of cholangitis, with such characteristic manifestations as pain in the epigastrium and right hypochondrium in combination with chills, higher body temperature and leukocytosis. More severe manifestations of cholangitis in patients of the main group are due to the pathology of the biliary tract already existing at the time of breast development, which arises due to the close anatomophysiological connection between the liver parenchyma and the biliary system and leads to a natural lesion of the latter in CH [11,13,14,15,20].

The postoperative period in patients with breast cancer of malignant genesis on the background of GV was more often accompanied by such formidable complications as severe liver failure, hemorrhagic syndrome, and severe forms of cholangitis. This is explained by the mutual aggravation of the two competing diseases in this category of patients.

Thus, the course of malignant breast cancer against the background of concomitant diffuse liver diseases has clinical features and is characterized by more frequent complications such as hemorrhagic syndrome, liver failure, cholangitis. The presence of concomitant diffuse liver diseases in breast cancer patients is an unfavorable prognostic factor contributing to the more frequent development of complications and high mortality.

#### Literature

- [1] Hamroev Khudoysukur Nutfilloevich, Khasanova Dilnoza Akhrorovna. «Comparative classification of liver morphometric parameters in the liver and in experimental chronic alcoholism». International Journal of Cognitive Neuroscience and Psychology IJCNP, Volume 1, Issue 1, 2023 <https://medicaljournals.eu/index.php/IJCNP/article/view/18>
- [2] Khamroyev Kh.N. «The morphofunctional changes in internal organs during alcohol intoxication». European journal of modern medicine and practice vol. 2 no. 2 (2022) ejmmp issn: 2795-921x. <https://inovatus.es/index.php/ejmmp/article/view/285>
- [3] Королёв М.П., Федотов Л.Е. и др. Холедохолитиаз в не-стандартных ситуациях: возможности комбинированных методов малоинвазивного вмешательства // Вестн. хи-рургии им. И.И. Грекова. 2012. № 4. С. 74–78.
- [4] Уроков Ш.Т. Хамроев Х.Н. «Influe of diffusion diseases of the liver on the current and forecst of obstructive jaundice» Тиббиётда янги кун 1 (30) 2019, 275-277 бет.
- [5] Хамроев Х.Н., Аюбов Б.М., Хайдаров Ф.Н., Мусоев Т.Я. 2019 йил «Результаты чрескожных вмешательств под ультразвуковым контролем при механических желтухах различного генеза» Сборник тезисов научно-практической конференции с международным участие «Актуальные вопросы социально значимых заболеваний» 84-85 ст
- [6] Хамроев Х.Н., Хасанова Д.А. «Жигар морфометрик кўрсаткичларининг меъёрда ва экспериментал сурункали алкоголизмда қиёсий таснифи». Журнал гуманитарных и естественных наук № 2 (07), 2023. <http://journals.tnmu.uz/index.php/gtj/issue/view/7/10>
- [7] Хамроев Х.Н., Хасанова Д.А., Ганжиев Ф.Х., Мусоев Т.Я. «Шошилинич тиббий ёрдам ташкил қилишнинг долзарб муаммолари: Политравма ва ўткир юрак-қон томир касалликларида ёрдам кўрсатиш масалалари» XVIII Республика илмий-амалий анжумани 12.10.2023 й.
- [8] Хамроев Х.Н. «Влияние диффузных заболеваний печени на течения и прогноз механической желтухи» Сборник материалов первой Бухарской международной конференции «студентов-медиков и молодежи» том 2019г. 136-137 стр. [https://repo.knmu.edu.ua/bitstream/123456789/24890/1/%D0%9D%D0%B5%D1%87%D0%B8%D0%BF%D0%BE%D1%80%D1%83%D0%BA\\_%D0%91%D1%83%D1%85%D0%B0%D1%80%D0%B0%20\(pdf.io\).pdf](https://repo.knmu.edu.ua/bitstream/123456789/24890/1/%D0%9D%D0%B5%D1%87%D0%B8%D0%BF%D0%BE%D1%80%D1%83%D0%BA_%D0%91%D1%83%D1%85%D0%B0%D1%80%D0%B0%20(pdf.io).pdf)
- [9] Хамроев Х.Н., Ганжиев Ф.Х. «Динамика структурно-функциональных нарушениях печени крыс при экспериментальном алкогольном циррозе». Problems of modern surgery” 06.10.2023. <https://adti.uz/konferensiyalar/>
- [10] Хамроев Х.Н. «Toxic liver damage in acute phase of ethanol intoxication and its experimental correction with chelate zinc compound». European journal of modern medicine and practice vol.2no.2(2022)ejmmp issn:2795-921x. <https://inovatus.es/index.php/ejmmp/article/view/286>
- [11] Хамроев Х.Н. «Провести оценку морфологических изменений печени в норме и особенностей характера ее изменений при хронической алкогольной интоксикации». Republican scientific and practical conference with international participation 30.05.2023. Application of high innovative technologies in preventive medicine. <https://adti.uz/konferensiyalar/>
- [12] Хронические вирусные гепатиты и цирроз печени. Руководство для врачей / Под редакцией А.Г. Рахмановой. - СПб.: Изд-во СпецЛит, 2006. - 412 с.
- [13] Шаповальянц С.Г., Мыльников А.Г., Паньков А.Г., Ардасенов Т.Б. и др. Рецидивный холедохолитиаз диагностика, профилактика и лечение // Эксперим. и клинич. гаст-роэнтерология. 2012.
- [14] Kayumova, G. M., & Nutfilloyevich, K. K. (2023). CAUSE OF PERINATAL LOSS WITH PREMATURE RUPTURE OF AMNIOTIC FLUID IN WOMEN WITH ANEMIA. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 2(11), 131-136.
- [15] Уроков, Ш. Т., & Хамроев, Х. Н. (2018). Клинико-диагностические аспекты механической желтухи, сочетающейся с хроническими диффузными заболеваниями печени (обзор литературы). *Достижения науки и образования*, (12 (34)), 56-64.

- [16] Хамроев, Х. Н., & Уроков, Ш. Т. (2019). ВЛИЯНИЕ ДИФФУЗНЫХ ЗАБОЛЕВАНИЙ ПЕЧЕНИ НА ТЕЧЕНИЕ И ПРОГНОЗ МЕХАНИЧЕСКОЙ ЖЕЛТУХИ. *Новый день в медицине*, (3), 275-278.
- [17] Хамроев, Х. Н., & Ганжиев, Ф. Х. (2023). Динамика структурно-функциональных нарушение печени крыс при экспериментальном алкокольные циррозе. *Pr oblems of modern surgery*, 6.
- [18] Nutfilloevich, H. K., & Akhrorovna, K. D. (2023). COMPARATIVE CLASSIFICATION OF LIVER MORPHOMETRIC PARAMETERS IN THE LIVER AND IN EXPERIMENTAL CHRONIC ALCOHOLISM. *International Journal of Cognitive Neuroscience and Psychology*, 1(1), 23-29.
- [19] Nutfilloevich, H. K., & Akhrorovna, K. D. (2023). COMPARATIVE CLASSIFICATION OF LIVER MORPHOMETRIC PARAMETERS IN THE LIVER AND IN EXPERIMENTAL CHRONIC ALCOHOLISM. *International Journal of Cognitive Neuroscience and Psychology*, 1(1), 23-29.
- [20] Латипов, И. И., & Хамроев, Х. Н. (2023). Улучшение Результат Диагностики Ультразвуковой Допплерографии Синдрома Хронической Абдоминальной Ишемии. *Central Asian Journal of Medical and Natural Science*, 4(4), 522-525.
- [21] Sh T, U., IK, S., Kh N, H., & Sh I, S. (2023). IMPROVING THE IMMEDIATE RESULTS OF SURGICAL TREATMENT OF ACUTE CHOLECYSTITIS IN PATIENTS WITH LIVER CIRRHOSIS. *Journal of Pharmaceutical Negative Results*, 14(2).
- [22] Xamroyev, X. N. (2022). The morphofunctional changes in internal organs during alcohol intoxication. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, 2(2), 9-11.
- [23] Khamroyev, X. N. (2022). TOXIC LIVER DAMAGE IN ACUTE PHASE OF ETHANOL INTOXICATION AND ITS EXPERIMENTAL CORRECTION WITH CHELATE ZINC COMPOUND. *European Journal of Modern Medicine and Practice*, 2(2), 12-16.
- [24] TESHAEV, S. J., TUHSANOVA, N. E., & HAMRAEV, K. N. (2020). Influence of environmental factors on the morphometric parameters of the small intestine of rats in postnatal ontogenesis. *International Journal of Pharmaceutical Research (09752366)*, 12(3).
- [25] Halimova, Y. S. (2023). Morphological Aspects of Rat Ovaries When Exposed to Caffeine Containing Drink. *BEST JOURNAL OF INNOVATION IN SCIENCE, RESEARCH AND DEVELOPMENT*, 2(6), 294-300.
- [26] Obidovna, D. Z., & Sulaymonovich, D. S. (2022). THE CONCEPT OF "HEALTHY LIFESTYLE" IN PSYCHOLOGICAL RESEARCH. *ResearchJet Journal of Analysis and Inventions*, 3(06), 53-64.
- [27] Ergasheva, G. (2023). METHODS TO PREVENT SIDE EFFECTS OF DIABETES MELLITUS IN SICK PATIENTS WITH TYPE 2 DIABETES. *International Bulletin of Medical Sciences and Clinical Research*, 3(10), 104-108.
- [28] Ergasheva, G. T. (2022). QANDLI DIABET BILAN KASALLANGANLARDA REABILITATSIYA MEZONLARINI TAKOMILASHTIRISH. *TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMYIY JURNALI*, 2(12), 335-337.
- [29] ГТ, Э., & Саидова, Л. Б. (2022). СОВЕРШЕНСТВОВАНИЕ РЕАБИЛИТАЦИОННО-ВОССТАНОВИТЕЛЬНЫХ КРИТЕРИЕВ БОЛЬНЫХ С СД-2 ТИПА. *TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMYIY JURNALI*, 2(12), 206-209
- [30] Халимова, Ю. С. (2022). МОРФОФУНКЦИОНАЛЬНЫЕ ОСОБЕННОСТИ ЯИЧНИКОВ КРЫС ПРИ ВОЗДЕЙСТВИИ КОФЕИН СОДЕРЖАЩИХ НАПИТОК. *Gospodarka i Innowacje*, 23, 368-374.
- [31] Axmedova, M. (2023). USE OF COMPUTER TECHNOLOGY AT THE STAGES OF DIAGNOSIS AND PLANNING ORTHOPEDIC TREATMENT BASED ON ENDOSSEAL IMPLANTS. *International Bulletin of Medical Sciences and Clinical Research*, 3(11), 54-58.
- [32] Dilmurodovna, T. D. (2023). MORPHOLOGICAL ASPECTS OF THE THYROID GLAND IN VARIOUS FORMS OF ITS PATHOLOGY. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, 1(8), 428-431.
- [33] Salokhiddinovna, X. Y. (2023). INFLUENCE OF EXTERNAL FACTORS ON THE MALE REPRODUCTIVE SYSTEM. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, 3(10), 6-13.
- [34] Narzulaeva, U. (2023). KORONAVIRUS INFEKSIYASIDA GEMOSTAZ TIZIMIDAGI BUZILISHLARNING PATOGENETIK MEKANIZMLARI. *Центральноазиатский журнал образования и инноваций*, 2(11 Part 2), 187-192.
- [35] Yu. S., H., & B. S., S. (2021). Morphological changes of internal organs in chronic alcoholism. *Middle European Scientific Bulletin*, 12, 51-55. Retrieved from <https://cejsr.academicjournal.io/index.php/journal/article/view/510>
- [36] Salokhiddinovna, H. Y. (2023). Morphological Features of the Human Body in Energy Drink Abuse. *EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION*, 3(5), 51-53.
- [37] Narzulaeva, U. (2023). PATHOGENETIC SIGNIFICANCE OF HYPERLIPIDEMIA IN THE CLINICAL COURSE OF ARTERIAL HYPERTENSION. *International Bulletin of Medical Sciences and Clinical Research*, 3(11), 86-91.
- [38] Shokirov, B. S. (2021). Halimova Yu. S. Antibiotic-induced rat gut microbiota dysbiosis and salmonella resistance Society and innovations.
- [39] Халимова, Ю. С. (2021). МОРФОФУНКЦИОНАЛЬНЫЕ АСПЕКТЫ ТЕЛА ЧЕЛОВЕКА ПРИ АБУСЕ ЭНЕРГЕТИЧЕСКИХ НАПИТКОВ. *Новый день в медицине*, 5(37), 208-210.
- [40] Rakhmatulloevna, N. U., & Mashrapovna, M. G. (2021). HEREDITARY DISEASE. *European Journal of Molecular and Clinical Medicine*, 8(2), 2360-2363.