EYE INJURY IN CHRONIC VIRAL HEPATITIS

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ABSTRACT: Circulating immune complexes in chronic viral pathology of the liver can cause the appearance of extrahepatic lesions of organs and systems. The experience of dispensary ophthalmologic observation of patients with chronic hepatitis of various etiologies indicates possible different clinical manifestations on the part of the organ of vision, among which, first of all, dry eye syndrome, keratitis, uveitis, neuro- and retinopathy.

Keywords: dry eye syndrome, keratitis, uveitis.

Introduction

Diseases of the hepatobiliary system are one of the global medical and social problems worldwide. According to WHO statistics, about 2 billion people worldwide have liver pathology. In addition, serious causes of disability and death include liver cirrhosis, chronic hepatitis, liver failure, hepatocellular cancer, and other diseases. In 2015, viral hepatitis killed 1.34 million people worldwide. Deaths due to viral hepatitis are increasing year by year.

Chronic viral hepatitis B and C, which dominates among all liver diseases, is one of the most important problems of modern hepatology due to its prevalence and high morbidity. According to the WHO, 15% of the world's population are carriers of viral hepatitis B (HBV) and 10% are carriers of viral hepatitis C (HCV) [2,5].

In most cases, viral hepatitis is a systemic disease that occurs with the regular development of various extrahepatic manifestations that are clinically common. These cases are due to the fact that the liver is the leading organ that provides a dynamic balance of proteins, lipids, carbohydrates, enzymes, biologically active substances, as well as water-salt balance and acid-base balance. Disruption of these mechanisms leads to microvascular changes, which can manifest in various organs and tissues and contribute to secondary clinical manifestations. However, in some cases, extrahepatic conditions may play a leading role in the clinical manifestations of the disease. In chronic viral liver pathology, circulating immune complexes can lead to organ and tissue damage. The experience of dispensary ophthalmologic follow-up of patients with chronic hepatitis of various etiologies has shown a variety
of clinical manifestations that can be observed in the visual organ, including primarily dry eye syndrome, keratitis, uveitis, neuro and retinopathy.

The purpose of this study was to identify the pathology of the visual organ and to study the clinical features of treatment in patients with chronic viral hepatitis B and C during dispensary follow-up at the stage of detailed clinical manifestations.

Materials and methods

The study involved 95 patients with serological markers of HBV and HCV, clinical and laboratory eye syndromes. Among them, 47.4% (45 people) were men and 52.6% (50 people) were women. The mean age of the respondents was 52 ± 3.7 years. The research was conducted in the departments of the Bukhara regional ophthalmological dispensary. All examined patients had signs of hepatitis B, C markers detected by the IFA method. The study examined the clinical features of the course of eye pathology in HBV and HCV.

In this direction, two groups with equal age, sex, clinical, and laboratory data were examined. Also studied were patients with primary group - eye pathology (patients with chronic B and C viral hepatitis, 50 people) and control group - patients with eye pathology (without chronic B and C viral hepatitis, 45 people).

In conducting the study, we followed all the ethical principles of medical research involving the person adopted by the Helsinki Declaration of the World Medical Association in 1964 (last additions to the 59th General Assembly of the World Medical Association in Seoul in 2008). The obtained data were processed in a non-parametric statistical method using a computer program. The correlation with r <0.05 is statistically significa.

Conclusions and discussions

The results of a comprehensive study of patients with chronic viral hepatitis showed that dry eye syndrome and inflammatory diseases of the eye took the leading place in eye pathology. The study of the clinical features of the diagnosis of dry eye syndrome in patients with chronic viral hepatitis showed that in the main group of patients (compared with the control group) the appearance of aging was observed, as well as cases of rapid eye fatigue and redness (9.8% and 36.2%).

In addition, the onset of dry eye syndrome in 25% of cases was one of the first manifestations of chronic viral hepatitis. When analyzing the results of a comparative evaluation of the clinical functional manifestations and features of keratitis and uveitis, differences in the "sense of the presence of a foreign body in the eye" and tearing were identified. In the main group, it was 53.9% more than in the control group.

A comparative evaluation of objective clinical manifestations showed that mixed forms of the inflammatory process were also identified in the main group of patients compared with the control group. Keratouveitis was frequently observed, accounting for 23.3%, uveitis 18.8%, and retinal inflammation 5.9%. Microaneurysms and hemorrhagic foci were observed only in the main group of patients when seeing the fundus. In 17.9% of cases, inflammatory pathology of the eye was one of the first clinical signs of viral hepatitis.
Conclusion

1. Clinical manifestations of dry eye syndrome in patients with chronic viral hepatitis (compared with the control group of patients with similar symptoms of non-chronic hepatitis), the frequency of complaints leading to this syndrome (redness of the eye, aging of the eye) was characterized by 32.6%. A more severe degree of dry eye syndrome is characterized by a delay in the recovery of the tear film (according to the Shirmer test, the mean is 3.2 days p <0.05).

2. Frequent occurrence of mixed forms of the inflammatory process, mainly in patients with chronic viral hepatitis. Keratouveitis, uveitis, inflammation of the retina, and microaneurysms and hemorrhagic foci at the base of the eye were observed.

3. The rapid recurrence of inflammatory eye diseases and dry eye syndrome, along with the ineffectiveness of standard therapy, should be accompanied by additional screening methods to rule out association with chronic viral hepatitis B and C.

References

