



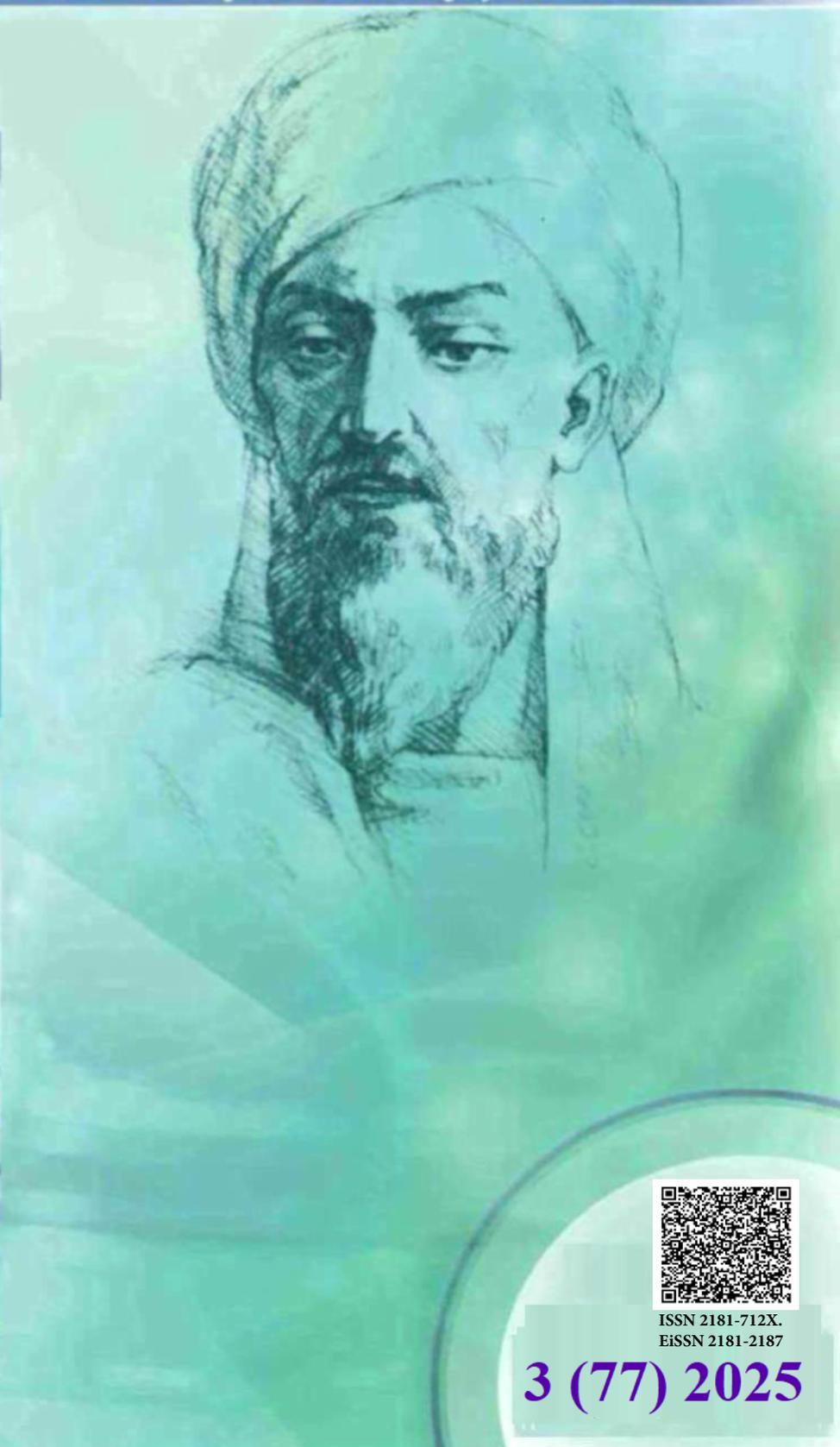
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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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CORRECTION OF LIVER DYSFUNCTION IN CHILDREN WITH CHRONIC GASTRITIS

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✓ Resume

Aim. *Clinical and laboratory evaluation of the effectiveness of Essentiale-forte and medical glycerin in the correction of liver dysfunction in children with chronic gastritis (ChG).*

Materials and methods: *The article presents data from 34 patients with chronic gastritis (ChG). All patients were divided into four groups: I-group consisted of 10 patients with ChG who received conventional treatment methods; II-group consisted of 9 patients with ChG who received essentiale along with conventional treatment (2 capsules 2 times a day after meals); III-group consisted of 7 patients with ChG who received in the complex of medicinal products, medical glycerin (at a dose of 0.5 mg / kg of weight dissolved in 200.0 ml of boiled water, every 2 days); The IV group included 8 patients with ChG who received complex treatment, including conventional methods of treatment, essentiale and glycerin, for the entire period of treatment.*

Results. *In patients with ChG, a change in the functional state of the liver, an increase in nitrogen metabolism, a statistically significant increase in the concentration of ammonia and urea in the blood of patients with ChG, compared with healthy children, was revealed. The concentration of nitrogenous compounds (ammonia, urea) in the blood of patients with ChG underwent significant changes after glycerin loading, in particular, a decrease in the content of ammonia in the blood by 59.1 mmol/l, urea by 0.57 mmol/l and glutamine by 11.65 mmol/l was noted. We have identified some interrelated changes between the pathological process in ChG and the functional state of the liver, in particular the high content of nitrogenous compounds caused by metabolic disorders in the body of ChG patients.*

Conclusion. *The data obtained indicate that, along with traditional treatment, the combined use of Essentiale -forte and medical glycerin additionally makes it possible to correct changes in clinical and biochemical parameters in patients with ChG in a shorter time. Comprehensive treatment of children with essential hypertension and medical glycerin is pathogenetically justified, has a positive effect on the course of the disease and helps to reduce the duration of inpatient treatment.*

Key words: *children, chronic gastritis, nitrogen metabolism, functional state of the liver, ammonia, glutamine, urea, correction, Essentiale, medical glycerin.*

Introduction

Despite significant advances in the study of the pathogenesis of gastroduodenal diseases in children (chronic gastritis - CG, chronic gastroduodenitis, duodenal ulcer), the results of treatment of this pathology require further research [1, 2]. The liver, as a universal "laboratory of the body", is characterized by a variety of metabolic transformations [3, 5]. Participating in metabolic processes, the liver acts as the primary regulator of the content of many vital blood parameters, providing the body with substances necessary for their functioning, as well as protecting the body from toxins [4, 6]. It is the liver tissue that plays a key role in regulating and maintaining stable blood glucose levels and protein levels. nitrogen metabolism.

The purpose of the study

Clinical and laboratory evaluation of the effectiveness of *Essentiale forte* and medical glycerin in the correction of liver dysfunction in children with HCG.

Materials and research methods

We observed 34 patients with chronic gastritis (CG), aged 7 to 14 years, who were undergoing inpatient treatment at the children's department of the SamSMU clinic No. 2. The control group consisted of 22 practically healthy children aged 11-13 years, from among the students of secondary school No. 1 in Samarkand.

Of the 34 patients examined, there were 22 girls (64.7%) and 12 boys (35.3%). The age and sex composition of children with HCG is presented in Table 1, which shows that the number of girls is almost twice (1.83 times) more prevalent than boys. In terms of age, of the total number of HCG patients, the majority (67.7%) were aged 12 to 14 years.

Table 1. Distribution of the examined HCG patients by gender and age.

Groups of surveyed	Total		Paul				Age group			
			Boys		Girls		7-11 years		12-14 years	
	n	%	n	%	n	%	n	%	n	%
Chronic gastritis (ChG)	34	29.3	12	35.3	22	64.7	11	32.3	23	67.7

There is an increase in the incidence with increasing age of children, which is noticeable in relation to HC. Thus, the prescription of the disease in children with HC in most cases (88.2%) ranged from one month to three years, of which in more than half of the cases (52.9%) did not exceed 1 year, and in 8.8% of children, for more than three years. All children were admitted to the hospital during the period of exacerbation of the disease, and 6 (17.6%) of them for examination and clarification of the diagnosis [7,8].

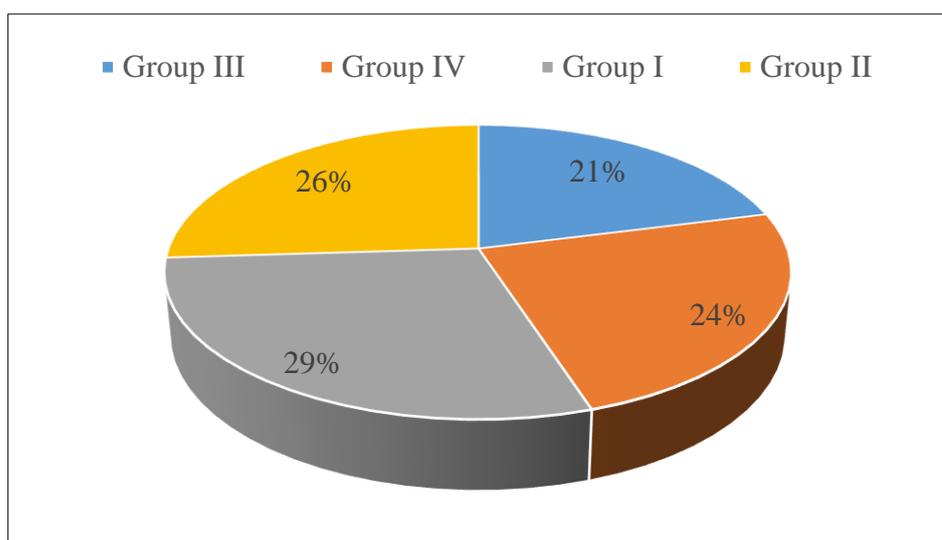


Figure 1. Distribution of HCG patients into groups depending on treatment methods.

During the follow-up, the research group of children with HCG was divided into four subgroups: group I consisted of 10 patients with HCG who received conventional treatment methods; group II consisted of 9 patients with HCG who received *essentiale* along with conventional treatment (2 capsules 2 times a day after meals); group III consisted of 7 patients with HCG who received medical glycerin in a complex of medicinal products (at a dose of 0.5 mg/ kg of body weight dissolved in 200.0 ml of boiled water, every 2 days); The IV group included 8 patients with HCG who received complex treatment, including conventional methods of treatment, *essentiale* and glycerin, for the entire treatment period. In all the examined patients, except for the generally accepted clinical and laboratory-instrumental research methods, the state of nitrogen metabolism at admission and in the dynamics of the disease was studied.

The criteria for judging the therapeutic effect of corrective agents were clinical manifestations, as well as indicators of ammonia, urea and glutamine in the blood. To assess the effectiveness of the above-mentioned drugs on the course of clinical and biochemical parameters in children with HCG, we compared the results of studies on the background of various treatment methods.

Statistical data processing was carried out using the program "Statistica 10.0", using the Student's reliability criterion. The studied indicators are presented in the form of absolute values and percentages. The differences were considered statistically significant at $P < 0.05$.

The results and their discussion

According to the data presented in Table 2, some changes in nitrogen metabolism were detected in patients with HCG: on an empty stomach, the concentration of ammonia ($P < 0.05$) and urea ($P < 0.001$) in the blood were statistically significantly increased, and the glutamine content was 750.45 ± 1.10 mmol/l ($P > 0.5$). The concentration of nitrogenous compounds (ammonia, urea) in the blood underwent significant changes after glycerol loading in patients with HCG. In particular, the level of ammonia in the blood of patients decreased by 59.1 mmol/l, urea – by 0.57 mmol/L, and glutamine - to 11.65 mmol/l [9,10].

Table 2. *The effect of glycerol loading on the content of nitrogenous compounds in the blood of healthy children (I) and patients with HCG (II).*

Indicators	On an empty stomach		3 hours after glycerin load	
	Group I	Group II	Group I	Group II
Ammonia (in mmol/l)	126.14±11.1	153.0±7.89	83.11±10.5	93.9±5.15
P			<0.01	
P ₁		<0.05		
P ₂				<0,001
Urea (in mmol/l)	4.03±0.13	4.68±0.09	2.84± 0.14	4.11±0.07
P			<0.001	
P ₁		<0.001		
P ₂				<0.001
Glutamine (in mmol/l)	738.14±17.4	750.45±11.0	714.19±19.5	738.8±15.0
P			>0.5	
P ₁		>0.5		
P ₂				>0.5

Note: P and P₁ – the significance of differences in relation to the corresponding group of healthy children; P₂ - in relation to the corresponding group after glycerol loading.

When conducting a comparative analysis with the data obtained in healthy children of the control group, the concentration of ammonia in the blood of patients with HCG decreased significantly after glycerol loading, i.e. by 1.62 and 1.5 times, respectively. In other words, the use of glycerin per os in patients with HCG led to a significant decrease in the level of ammonia in the blood compared with healthy children. These results show that glycerin can be used as a means to reduce the concentration of ammonia with high toxic properties in the blood of patients with HCG. In general, it was found that as a result of the therapeutic measures taken in HCG patients before discharge, the ammonia content in the blood decreased by 21.7 mmol/l and amounted to 131.29 ± 7.1 mmol/l, which was slightly higher than in healthy children, and in patients of group IV it corresponded to the norm (125.95 ± 6.43 mmol/l). In our opinion, this decreases in the concentration of ammonia in the blood occurs mainly due to increased urea formation. Indeed, after treatment, the urea level in patients decreased by 0.58 mmol/L and amounted to 4.1 ± 0.075 mmol/L. In this regard, the glutamic acid-glutamine system is less effective. In fact, in patients with HCG after a course of treatment, the content of glutamine in the blood on an empty stomach decreased by 8.8 mmol/l and averaged 741.65 ± 8.1 mmol/l, which corresponded to the indicators of healthy children (Table 3).

Table 3. *The effect of glycerol loading on some indicators of nitrogen metabolism in the blood of HCG patients after treatment.*

<i>Indicators</i>	<i>Surveyed</i>	<i>Healthy children (n=22)</i>	<i>Patients HG (n=34)</i>
Ammonia (in mmol/l)	1	126.14±11.1	131.29 ± 7.1
	P		>0.5
	2	83.11±10.5	85.45 ± 5.9
	P ₁		>0.5
	P ₂	<0.05	<0.001
Urea (in mmol/l)	1	4.03±0.13	4.10 ± 0.075
	P		>0.5
	2	2.84±0.14	3.56 ± 0.065
	P ₁		<0.001
	P ₂	<0.001	<0.001
Glutamine (in mmol/l)	1	738.14±17	741.55 ± 8.1
	P		>0.5
	2	714.19±19.5	721.5 ± 5.65
	P ₁		>0.05
	P ₂	>0.5	>0.05

Note: 1 – on an empty stomach; 2 – 3 hours after glycerol load; P and P₁ – the significance of differences in relation to the corresponding group of healthy children; P₂ - in relation to the corresponding group before glycerol load.

After 3 hours of glycerol loading in patients with HCG, the concentration of ammonia in the blood decreased by 8.45 mmol/l, averaging 85.45±5.9 mmol/l and not differing from similar data in healthy children. The content of glutamine decreased by 17.2 mmol/l, averaging 721.5±6.65 mmol/L, and urea - by 0.55 mmol/l and amounted to 3.56±0.065 mmol/l, which is 1.25 times higher than in healthy children. Consequently, as a result of treatment, the concentrations of ammonia, glutamine, and urea in the blood leveled off to normal in patients with HCG. Moreover, a special role in the neutralization of ammonia, apparently, belongs to the urea-forming function of the liver. We have once again confirmed the previously established fact that glycerol loading has a pronounced hypoammonium and hypoureoemic effect. This allows us to recommend the administration of glycerin to HCG patients to restore impaired ammonia and urea metabolism.

As for the changes in these indicators of nitrogen metabolism in HCG patients of all four groups, under the influence of different treatment regimens, they differed from each other (Table 4). As can be seen from Table 4, in patients who were on the traditional method of treatment (group I), the highest levels of ammonia were observed in the blood before discharge from the hospital and urea, compared to other groups. The level of glutamine in the blood before discharge is the same in all groups. 3 hours after the glycerol load, the level of ammonia in the blood significantly decreases in all groups. Thus, in patients of group I, the decrease occurs by 1.47 times (P<0.001); in patients of group II - by 1.56 times (P<0.001); in patients of group III - by 1.57 times (P<0.001); in patients of group IV, with complex treatment, it decreases by 1.64 times (P<0.001). So, the decrease in the level of highly toxic ammonia under the influence of glycerol load in patients of groups II, III and IV occurs more intensively than in patients who received the traditional method of treatment. The concentration of urea in the blood after loading with glycerin also significantly decreases. In healthy children, the decrease in urea levels was 1.19 mmol/L (by 29.5%; P<0.001). In patients with HCG, upon admission to the clinic, the blood urea content decreased by 0.57 mmol/L after glycerol loading (by 12.1%; P<0.001). Depending on the treatment method, before discharge, this difference was 0.59 mmol/l (13.6%; P<0.001) in patients of group I; 0.51 mmol/l (12.3%; P<0.001) in group II; 0.52 mmol/L (13.0%; P<0.001) and in patients of group IV - decreased by 0.54 mmol/l (by 14.0%; P<0.001).

Table 4. *The effect of glycerol loading on some indicators of nitrogen metabolism in the blood of HCG patients, depending on the treatment methods.*

Indicators	Time	Patients with HG			
		I – group (n=10)	II- group (n=9)	III- group (n=7)	IV- group (n=8)
Ammonia (in mmol/l)	1	139.40±8.4	128.54±6.4	131.3 ± 7.7	125.95 ± 6.4
	2	94.53 ± 6.5	82.4 ± 5.7	83.6 ± 6.5	81.3 ± 4.9
	P	<0.001	<0.001	<0.001	<0.001
Urea (in mmol/l)	1	4.33 ± 0.07	4.12 ± 0.07	3.99 ± 0.08	3.96 ± 0.08
	2	3.74 ± 0.06	3.61 ± 0.05	3.47 ± 0.07	3.42 ± 0.08
	P	<0.001	<0.001	<0.001	<0.001
Glutamine (in mmol/l)	1	742.9 ± 7.7	741.8±10.9	741.6 ± 8.5	740.3 ± 5.3
	2	731.1±10.8	718.3 ± 5.6	720.1 ± 5.8	716.6 ± 4.41
	P	>0.05	>0.05	>0.05	<0.001

Note: 1 and 2 are indicators on an empty stomach and 3 hours after glycerol loading; P is the significance of differences in relation to the corresponding group of patients on an empty stomach.

As for glutamine, the decrease in its concentration in the blood under the influence of glycerol in group I was unreliable ($P>0.5$); in groups II and III, it was weakly reliable ($P<0.05$ and $P<0.05$), and in group IV, this decrease was more pronounced - by 23.7 mmol/l ($P<0.001$). From the above data, it follows that in patients with HCG, all therapeutic measures have the same focus. However, *essentiale*, medical glycerin and their complex use in the therapeutic tactics of HCG reduce the level of ammonia, urea and glutamine to a greater extent, and in the latter case even normalize their blood levels. This means that as a result of the treatment, the levels of ammonia, urea and glutamine in the blood are normalized in patients with HCG. The glycerol load leads to a decrease in ammonia levels, enhances the urea-forming function of the liver and the work of the glutamic acid-glutamine cycle.

A clinical assessment of the effectiveness of treatment of HCG patients showed that the timing of the disappearance of subjective and objective manifestations of disease recurrence varies depending on the treatment method (Table 5). Thus, with HCG in the IV treatment group, pain disappeared by 5.2±2.2 days, and in the first - by 8.1±2.1 days of treatment. Dyspeptic symptoms in patients of the HCG treatment group IV disappeared by 10.1±2.2, and in the first group - by 15.3±2.4 days of treatment. Pain on palpation in the epigastric region disappeared with HCG in the fourth and first treatment groups, respectively, on 9.3±1.7 and 15.4±1.9 days of treatment.

Table 5. *Dynamics of objective-subjective data recovery in children with HC depending on the therapy performed.*

№	Efficiency criterion (in days)	Treatment groups	HG (M ± m)
1	The disappearance of pain	I	8.1±2.1
		II	5.2±2.2
		P	>0.5
2	The disappearance of pain on palpation	I	15.4±1.9
		II	9.3±1.7
		P	<0.05
3	The disappearance of symptoms of intoxication	I	19.3±1.7
		II	13.8±1.6
		P	<0.05
4	Normalization of dyspeptic disorders	I	15.3±2.4
		II	10.1±2.2
		P	>0.1
5	Bed days	I	22.3±1.1
		II	19.3±0.8
		P	<0.05

Note: P is the reliability of differences between the data of conventional therapy (I, HCG = 10 patients) and complex therapy (II, HCG=8 patients), using essentiale and medical glycerin.

It should be noted that if in patients with HCG group I who received conventional treatment, the average number of bed days was 22.3 ± 1.1 bed days, then in patients who additionally received *essentiale* and medical glycerin (group IV), it was 19.3 ± 0.8 bed days. Traditionally accepted treatment has a positive effect on the impaired metabolism in the body of sick children with HCG, however, complete normalization of metabolic disorders is not achieved.

Thus, the data we have obtained indicate that the appointment of additional *essentiale* and medical glycerin, especially in combination with conventional treatment, allows for a faster trend of positive changes in clinical and biochemical parameters, which is associated with their peculiarity to improve the functional state of the liver in providing the body with energy material, as well as to have good neutralizing properties in relation to metabolic products and tissue breakdown, rapid elimination of toxic products from the body, no significant side effects. Treatment of HCG patients with medical glycerin and *essentiale* is pathogenetically justified, which favorably affect the course of the disease, contributing to a reduction in their hospital stay by an average of 2.93 bed days.

Conclusion

In patients with HC, a change in the functional state of the liver, an increase in nitrogen metabolism, and a statistically significant increase in the concentration of ammonia and urea in the blood of patients with HC were revealed, compared with healthy children. The concentration of nitrogenous compounds (ammonia, urea) in the blood of patients with HC underwent significant changes after glycerol loading, in particular, a decrease in the content of ammonia in the blood by 59.1 mmol/l, urea by 0.57 mmol/l and glutamine by 11.65 mmol/l was noted. The data obtained indicate that, along with traditional treatment, the combined use of *Essentiale* and medical glycerin makes it possible to correct changes in clinical and biochemical parameters in patients with HCG in a shorter time. These drugs, acting as hepatoprotectors, have properties such as improving the functional state of the liver, splitting metabolic products and tissues, good neutralization of toxic products and faster elimination of them from the body, have no side effects. Comprehensive treatment of children with essential hypertension and medical glycerin is pathogenetically justified, has a positive effect on the course of the disease and helps to reduce the duration of inpatient treatment of patients.

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