IJCNP, Volume 3, Issue 9, 2025 ISSN: 2995-536X
https://medicaljournals.eu/index.php/IJCNP

INTERNATIONAL JOURNAL OF COGNITIVE NEUROSCIENCE AND PSYCHOLOGY

INFLUENCE OF DIFFUSED LIVER DISEASES ON THE COURSE AND FORECAST OF MECHANICAL JAUNDICE

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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.

Key words: obstructive jaundice, chronic diffusion diseases of a liver.

The relevance and complexity of treating patients with obstructive jaundice (MF) of malignant genesis is due to an increase in the incidence of tumors of the hepatopancreatoduodenal zone [1,2] and the late circulation of patients for help with an already widespread tumor process at the time of admission to 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 [3]. In assessing factors affecting the outcome of the disease, in addition to MF syndrome, an accompanying pathology also plays an important role. So among concomitant diseases that can affect the course and outcome of operations on the biliary tract, diffuse liver diseases occupy a special place. In recent years, there has been a widespread increase in the incidence of viral hepatitis (HB), 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 [4]. No less disturbing is the situation with hepatitis C virus [5]. In cases of a combination of GV with MF, the severity of the condition of patients is due to the presence of two severe competing diseases that occur with severe endogenous intoxication and a mutually aggravating progressive deterioration of the functional state of the liver and homeostasis in general.

Objective: to increase the effectiveness of surgical treatment for mechanical shock caused by chronic diffuse diseases of the liver.

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

Results and discussion. Patients of the studied groups were comparable by sex and age. So in the main group of men there were 21 (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 HB in patients with breast cancer, it was found that the vast majority of patients in the main group suffered from HBV (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
Unverified viral hepatitis	6 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.During the study, for the convenience of analyzing the obtained results, we used the proposed E.I. Halperin et al. [6] classification of levels of biliary obstruction. The prevalence of cases of low localization of tumor strictures in both groups was observed (74.5% in the main and 80.3% in the control, at p> 0.05).

The terms of MF in patients of the main group were statistically significantly higher than the terms of MF in the control and amounted to: in the main group, the median corresponded to 7 days (the 25th percentile was equal to 3 days; the 75th percentile was 14 days), in the control - it was less and amounted to 5 days (the 25th percentile was 3 days; the 75th percentile was 7 days) (p <0.05). By the time of the operation, the terms of the breast among the patients of the main group were: 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 terms of surgical treatment in the main group were associated with difficulties in the differential diagnosis of jaundice in patients with combined pathology (MF and HH).

When studying the features of the preicteric period, an earlier appearance of complaints was noted in patients with breast cancer on the background of hepatitis B in comparison with patients in the control group. So, the period from the appearance of the first complaints to the manifestation of symptoms of cholestasis (ictericity of the skin and mucous membranes, darkening of urine, lightening of feces) in the main group amounted to: the median was 8 days (the 25th percentile was 3 days; 75th percentile - 14 days); in the control, the median was 3 days (the 25th percentile was 3 days; the 75th percentile was 14 days) (p <0.05). Moreover, the earliest manifestations of the disease in patients of the main group were signs of asthenovegetative syndrome (28 observations in patients of the main group and 15 cases among patients in the control group, with p <0.05).

Complaints of pain and discomfort in the epigastrium and right hypochondrium were observed in 50% of patients of the main group (20 cases) and 38.2% of the control (13 cases) (p <0.05). Episodes of hyperthermia in the prehospital period were observed among patients of the main group in 27 cases and in 22 cases in the control (at p> 0.05). At the time of admission, the average body temperature in patients of the main group was 37.2 ± 0.690 ° C, in the control - 36.8 ± 0.550 ° C (p <0.05). Chills were more often observed among patients of the main group. So, chills in the prehospital period were noted by 14 (35% of patients) of the main group and only 6 (17.6%) of the control group, with the statistical significance of the obtained indicators (p <0.05). Differences in clinical data are due to more severe cholangitis, which more often accompanied by MF on the background of HB. What is confirmed by the data of laboratory research methods. So, upon admission to the hospital, patients of the main group showed statistically significant differences in the indicators of the number of white blood cells (9.9 ± 4.2 * 109 / l in the main group and 8.0 ± 2.6 * 109 / l in the control, with <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, with p <0.05), which indicates a greater severity of systemic inflammatory reactions in patients of the main group.In the study of laboratory parameters at 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 μmol / l - in the control, p> 0.05), there is a lower value of the prothrombin index in the main group (70.5 + 14.5%),

compared 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 function of the liver in patients with breast cancer on the background of HB. The levels of thymol test were higher in patients of the main group (5.3 + 4.0 IU) compared with those in the control group (2.7 + 2.3 IU at p <0.05), which indicates the activation of mesenchymal inflammatory syndrome in patients with MF on the background of concomitant hepatitis B virus.

Biliary surgery was performed in 35 (87.5%) patients of the main group and in 30 (88.2%) cases in the control (p> 0.05). The nature and extent of surgical interventions performed by the patient are presented in table. 2.

table 2

Types of decompression of the biliary system in patients with obstructive jaundice

Bile duct surgical interventions Patient groups Total

the main

(n = 40) control (n = 34)

abs. % abs. %

Percutaneous transhepatic cholangiography with biliary tract 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

Choledochoyunoanastomosis 2 5 1 2,9 3

Endoscopic papillosphincterotomy 3 7.5 2 6 5

Bile duct surgical interventions Patient groups Total	Patient groups Total the main				**Всего**
	основная (n=40)		**контрольная (n=34)**		
	абс.	%	абс.	%	
Чрескожная чреспеченочная холангиография с дренированием желчных путей	29	72,5	17	50	46
Лапаротомия. Холецистостомия.	2	5	3	8,8	5
Лапаротомия. Наружное дренирование желчных путей	4	10	11	32,3	15
Холедохоеюноанастомоз	2	5	1	2,9	3
Эндоскопическая папиллосфинктеротомия	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 duct using traditional access were performed in 8 (20%) cases among patients of the main group and in 23 (67.6%) in the control. 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 common complication of the postoperative period was liver failure (PN). The severity of ST was evaluated in accordance with the classification of V.D. Fedorova et al. [7.8]. So in the main group, the proportion of patients with a severe degree of PN (22.4%) significantly exceeded the proportion of patients with a severe degree of PN control (10.8%) (p <0.05). These observations are due to

functional and morphological changes in the liver already existing at the time of development of the breast. Moreover, with the onset of cessation of bile passage, an exacerbation of liver function failure naturally occurred. Other frequent complications of the postoperative period in patients with breast cancer of malignant genesis against a background of hepatitis B included cholangitis and manifestations of hemorrhagic syndrome. 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 ($p < 0.05$). In patients of the main group, clinical manifestations of hemorrhagic syndrome were somewhat more frequently observed. So in 20% of patients of the main group and in 13.4% in the control (at $p > 0.05$), spontaneous hematomas were observed in the postoperative period of the appearance of petechial rashes on the skin and mucous membranes. In this case, episodes of gastrointestinal bleeding that occurred against the background of acute erosion 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: hepatitis B 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 - 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 on the background of hepatitis B in comparison with patients in the control group. This testified to earlier violations of homeostasis in patients with MF on the background of hepatitis B, which was often activated back in the period when the passage of bile to the duodenum had not completely stopped. When admitted to patients of the main group, the clinical picture of cholangitis was significantly more often observed, with such characteristic manifestations as epigastric pain and right hypochondrium combined 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 development of the breast, which arises as a result of the close anatomophysiological connection between the parenchyma of the liver and the biliary system and leads to a natural lesion of the biliary tract [10].

The postoperative period of patients with breast cancer of malignant genesis against the background of hepatitis virus more often was accompanied by such formidable complications as severe degree of liver failure, hemorrhagic syndrome, severe forms of cholangitis. This is due to the interplay of two competing diseases in this category of patients [11].

Conclusion. The course of breast cancer of malignant genesis 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 MF patients is a prognostic adverse factor contributing to a more frequent development of complications and high mortality.

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