



NON-ALCOHOLIC FATTY LIVER DISEASE DIAGNOSES SOME ASPECTS

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Abstract

This in our article present in days current to the problem turning around coming the liver non-alcoholic oily the disease in diagnosis being done affairs about one series data is mostly non - invasive early to the diagnosis attention directed . To the gold standard has become liver from a biopsy from , new elastometry , laboratory practices and algorithms disadvantages and superiority sides about word held .

Key words

non-alcoholic fatty liver diseases , cap- elastometry , steatosis , non-alcohol steatohepatitis ,

Current at the time Non-alcoholic liver oily disease (NAFLD) to a pandemic around the world the most wide spread out liver diseases between strong high place take over is coming This of the trend instigator factor obesity , metabolic syndrome , diabetes diabetes and metabolic syndrome such as NAFLD forecast often is growth . Nosology itself is a complex concept and includes several pathological conditions that alternate with the development of the disease.

Clinical appearance

In 48-100% of patients, the clinical presentation of NAFLD is asymptomatic [3,4]. Only in exceptional cases there are complaints of weakness, discomfort and mild pain in the right hypochondrium. In this regard, the diagnosis is made only on the basis of a combination of laboratory and instrumental research data.

Liver biopsy

Liver biopsy. Most experts consider liver biopsy to be the "gold standard" for diagnosis due to its prognostic value in determining and distinguishing the stage of liver damage in the patient's NAFLD and the severity of pathological changes (steatosis, fibrosis, degree of hepatocellular damage). . Since the biopsy represents only a limited area of liver tissue, the basis of pathomorphological data may not be sufficiently accurate and objective, and the question of what kind of "gold standard" this method is remains controversial.

Laboratory diagnostics

In routine clinical practice, after studying the anamnesis and the results of clinical examination, laboratory diagnostic methods help to differentiate the form of NAFLD. The presence of cytolytic syndrome indicates an inflammatory process, which in turn indicates NASH, its absence can be interpreted as part of fatty steatosis in the presence of other signs of NAFLD;

Instrumental diagnostics

Liver fatness level determination for separately with CAP (CAP – Controlled attenuation parameter) sensor through elastometry practice will be held .

Liver elastometry with together CAP currently non-alcoholic jiaigni oily disease and steatosis and fibrosis with depends another chronic liver diseases with hurt in patients in NAFLD steatosis reliable quantitative evaluation enable The only invasive didn't happen is an inspection . This of methods high accuracy chronic liver diseases has been in patients approved , but in Uzbekistan this diagnosis methods yet

wide not spread [10].

Oily liver of the disease different degrees CAP values for scale as follows :

- S.0 CAP <238
- S.1 CAP = 238-259
- S.2 CAP = 260-291
- S.3 CAP ≥292

This values not only oily hepatitis level to determine , perhaps treatment on time time pass with comparative it is also possible to evaluate will give .

Summary

So today in the day of the clinician like NAFLD in hand liver damage progressive shape with depends has been such " to the eye non-disposable ", but very serious the disease diagnosis for many tools there is. This tools serological diagnosis methods and high level specialized instrumental studies own into takes Anamnestic data with together this methods for the diagnosis of NAFLD high accuracy with to check help will give.

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