

## EFFICACY OF THE USE OF SERUM MARKERS FOR THE DIAGNOSIS OF LIVER FIBROSIS

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**T**he introduction into practice of non-invasive methods for the diagnosis of liver fibrosis can significantly reduce the time and material costs of the examination.

**Objective:** To determine the efficacy of WFA±M2BP in clinical practice to determine the extent of liver fibrosis and the possibility of using it to predict the risk of developing cirrhosis.

### MATERIAL AND METHODS

The study included 41 patients, of them 9 patients with chronic hepatitis B (CHB), 15 with CHB + D, 11 with CHB + D with signs of transition to liver cirrhosis (LC), 6 with HBV and HDV etiology.

The diagnostic accuracy of WFA±M2BP was compared with various fibrosis markers, such as puncture biopsy and liver elastography. Diagnoses are focused on the parameters of the histological examination. WFA±M2BP was determined by ELISA.

### RESULTS OF THE RESEARCH

The analysis of the obtained data showed that at CHB the WFA±M2BP levels were represented by values from 0.33 to 4.13 (an average of 1.14±0.2). Clinical diagnoses coincided with histological diagnoses in practically all patients and corresponded to low values of WFA±M2BP.

In terms of elastography, the degree of liver fibrosis corresponded to F0-F3 on average 10.6±2.1 kPa. In one patient with a histological diagnosis of chronic hepatitis of minimal activity, with fibrosis sites, WFA±M2BP had a high index of 10.6. In a given patient, signs of LC appeared after 1 year.

In patients with CHB + D, the mean serum concentration of WFA±M2BP was 1.60±0.23. Histological diagnosis in 7 (46.7%) patients did not coincide with clinical. There was a reassessment of the patient's condition. The mean indices of the degree of hepatic fibrosis were 7.8±2.4 kPa (from F0 to F3)

according to the elastography data. Histological indices did not correspond to the data of elastography in 6 (40%) patients.

In 5 out of 11 patients with histological diagnosis of chronic hepatitis with transition to LC or starting LC, clinical diagnoses did not correspond to the results of histological studies - underestimation of the state occurred. In 3 cases out of 11 the liver fibroscanization data did not coincide with the histological indices and indicated F3. Against this backdrop, WFA±M2BP had the best result. The mean values of WFA±M2BP in this group corresponded to 3.22±0.5.

In a group of patients with a Child-Pugh class A and B developed from 6 people, one had low M2BP values of 1.41, the remaining five serum markers ranged from 3.33 to 14.73, an average of 6.62±0.5. Heavy liver elastography was observed at 20.8±7.0 kPa, which corresponded to the F3-F4 degree. Clinical diagnoses in 5 out of 6 patients coincided with histological and with WFA±M2BP.

### CONCLUSIONS

An important serum marker of chronic viral hepatitis B and D, reflecting the degree of fibrosis should be considered WFA±M2BP. In chronic hepatitis B, histological diagnoses coincided with those of WFA±M2BP. A prognostically favorable outcome of the disease should be associated with a low score of WFA±M2BP. Patients with a pattern of low or moderate chronic hepatitis, but with high WFA±M2BP values, need close and longer follow-up, since normal ALT, absence of complaints and objective changes do not exclude the possibility of transition to LC. The levels of serum WFA±M2BP can be used to interpret the prognosis of the disease.

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