

Eurasian Medical  
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## Improving The Principles of Treatment Of Autoimmune Hepatitis.

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ABSTRACT

This chronic autoimmune liver disease with inflammation of liver cells with the description of unknown etiology. The disease occurs in people of different ages and for many years can be hidden. During the disease, liver failure, and death sorosis can be observed. Autoimmune hepatitis is one of the rare types of liver diseases in the country, and about 2 percent of the chronic liver diseases 2: Occurs at a ratio of 100000. Available in three types of this disease occurring in women. The 1-category of autoimmune hepatitis 70% of patients make up for it. The treatment of the disease in long-term corticosteroid therapy is carried out. As a result of cirrhosis in patients with this disease only to the last stage of a baking treatment is liver transplantation.

Autoimmune hepatitis (AIH) is conducted under the control of the disease in clinical therapeutic research - with corticostroids is effective for the treatment of liver disease, which is the show that first. Nevertheless, AIH is still a big problem remains a diagnostic and therapeutic get up to the present day. There are two main causes of this problem. First, let the AIH is that the disease is relatively rare. Secondly, heterogeny very sick.

**Keywords:**

**The purpose of research:** Our main goal is to take as early as the time of the strike. We have to put a definite diagnosis of the disease in patients with early AIH. Selecting of the type and proper treatment introduction to the practice of effective treatment methods.

**Materials and methods:** Autoimmune of hepatitis 81-86% accounted for 1 make up category. When antibodies against the core in it (THOSE) and smooth muscle antibodies (SMIR-smooth muscle antibodies) is characterized by the presence of. 70 % of patients are women. The disease can occur at any age, and often happens over the age of after 40. However, the diagnosis is usually put at the age of 50-60. In 45 % of patients with other autoimmune disease (e.g., autoimmune thyroiditis, lipid testing, ulcerative colitis) to accompany certain organs (organ-specific) the probability of finding

autoantibodies is low. Immunosuppressive therapy (treatment with drugs against which the immune system) response is usually positive.

1-HLAM in patients with autoimmune hepatitis categories A1, HLAM HLAM and B8 DR3/DR4 tissue increases the frequency of the marker. HLAM DR3 DR4 positive patients is observed in patients younger than positive HLAM (start age <35) and is distributed more and less suitable for the treatment of active disease. They also have high levels of recurrence of the disease and the treatment of these patients will then also need to liver transplantation.

2-categories of autoimmune hepatitis. This anti LK I-1 (liver, kidney mikrosomal-1) and ALS-1 (liver sitozol-1) is characterized by the presence of autoantibodies. This type of the majority of patients with autoimmune hepatitis are children (age 2-14). 2-category of AIH get the

most serious form of autoimmune hepatitis. Autoimmune diseases (vitiligo, associated insulin diabetes, autoimmune thyroiditis) specific to the body and autoantibodies can be positive.

3-categories in the serum anti-SLA (soluble liver autoantibody against the organisms) and anti-LP (pancreatitis, liver organisms developed against autoantibody) is characterized by the presence of. Usually young and female patients (90%) is observed.

Whatever the type of autoimmune hepatitis, which, outlined the purpose of the treatment is to slow down or stop the immune system to attack the liver. It will help to slow down the development of this disease. Medications that decrease the immune system in infected patients in order to achieve this goal you will need. Initial treatment is usually prednisolone. In addition, the second drug, azathioprine can be recommended. We can add the following drugs used in the treatment of disease; Corticosteroids (Methylprednisolone).

Corticosteroids are used to suppress the immune system. A dose of 20-60 mg per day as initial therapy monotherapy can be applied. The lowest dose should reduce improve the disease when the disease of a controlled substance. Corticosteroids, as well as 50 mg/day may be used in conjunction with azathioprine.

Azathioprine: When used in conjunction with low dose level cortisone hold and reduces the side effects associated with cortisone. Steroids as initial therapy in conjunction with a dose of 50-100 mg per day may be applied.

Cyclosporin: would your positive results in primary care and therapies, it can be used as an alternative means. Side effects of these drugs in serum and the amount due to the necessity of constant monitoring is not preferred.

**Results:** Symptomatic treatment of patients with autoimmune hepatitis after 15 years of life extended to the level increased to 50%. Effective results in the treatment of patients with autoimmune hepatitis is liver transplantation, despite the fact that the survival rate compared to patients without as is often the general process will be low. The generally positive results of liver transplantation in patients

extended to the level of the rest of his life to five years more than 85%. To further improve these results, it is necessary to strictly follow the dietary table.

**Summary:** Immunosuppressive which do not respond to therapy of liver failure in patients with end-stage liver transplantation is the only way last. After transplantation, the level of life for patients to extend to 5 years for 90% of makeup.

#### Literature.

1. Ansgar W. L. EASL Clinical Practice Guidelines: Autoimmune hepatitis // *Journal of Hepatology*, 2015.- 63 j 971-1004
2. Manns M.P., Lohse A.W., Vergani D. Autoimmune hepatitis- // *Journal of hepatology*, 2015 – 62 s.
3. Migita K, Watanabe Y, Juichi Y, Nakamura Y, Saito A, Yagura M, et al. Hepatocellular carcinoma and survival in patients with autoimmune hepatitis (Japanese National Hospital Organization autoimmune hepatitis prospective study). *Liver Int* 2012; 32:837-844.
4. Mack C, Adams D, Assis DN, et al. Diagnosis and management of autoimmune hepatitis in adults and children: 2019 practice guidance and guidelines from the American association for the study of liver diseases. *Hepatology*.2019. <https://doi.org/10.1002/hep.31065:1-119>.
5. Курбанова З.Ч. Особенности нарушения системы гемостаза при хронических гепатитах вирусной этиологии и циррозе печени: автореф. Дис. Кан. Мед. Наук. - Ташкент, 2019. -45
6. Таирова Г.Б. Лабораторная диагностика аутоиммунного гепатита: время // *актуальные проблемы современной клинической лабораторной диагностики*, 2022. - С.
7. Таирова Г.Б., Курбанова З.Ч. Улучшение лабораторной

- аутоиммунного гепатита: журнал // разработка и инновации, 2022. – 1-10.
8. Ивашкин В.Т., Буеверов А.О., Абдулганиева Д.И. Клинические рекомендации по диагностике и лечению аутоиммунного гепатита. Москва 2013.
  9. Широкова Е.Н., Ивашкин К.В., Ивашкин В.Т. Аутоиммунный гепатит: новое в диагностике, патогенезе и лечении. //Рос.журн. гастроэнтерологии, гепатологии, колопроктологии. – 2012. - №22(5). - С.37–45.
  10. Кляритская И.Л., Шелихова Е.О., Семенихина Е.В. Диагностика аутоиммунного гепатита согласно рекомендациям easl 2015 Крымский терапевтический журнал 2015, №4 9-18)