

OCCURRENCE OF NON-ALCOHOLIC FAT LIVER DISEASES DEPENDING ON AGE

Valieva Zulfiya Sayfiddinovna

Assistant of the Department of Propaedeutics of Internal Diseases

Andijan State Medical Institute

Abstract Currently, non-alcoholic fatty liver disease (NAFLD) is one of the most common diseases in hepatology, leading to poor quality of life, disability and death. In this article, the frequency of occurrence of non-alcoholic fatty liver disease among the female and male population was studied. There was a high percentage of occurrence of this disease, especially among the working age.

Key words: non-alcoholic fatty liver disease, hepatic steatosis, non-alcoholic steatohepatitis

The urgency of the problem. Non-alcoholic fatty liver disease (fatty liver, fatty liver, non-alcoholic liver steatosis) is a primary liver disease or syndrome formed by excessive accumulation of fats (mainly triacylglycerides) in the liver. If we consider this nosology from a quantitative point of view, then "fat" should be at least 5-10% of the weight of the liver, or more than 5% of hepatocytes should contain lipids (histologically).

Non-alcoholic fatty liver disease can be primary (metabolic) and secondary. Causes of primary non-alcoholic fatty liver disease: visceral obesity, type 2 diabetes mellitus and hyperglycemia, dyslipidemia. Reasons for the development of secondary non-alcoholic fatty liver disease: surgical interventions (gastroplasty for morbid obesity, imposition of a jejunoileal anastomosis, imposition of a biliary-pancreatic stoma, extensive resection of the small intestine); drugs (amiodarone, glucocorticoids, synthetic estrogens, tamoxifen, tetracycline, NSAIDs, nifedipine, diltiazem); other causes are bacterial overgrowth syndrome, rapid weight loss, regional lipodystrophy, abetalipoproteinemia, Weber-Christian disease. Currently, non-alcoholic fatty liver disease is one of the most common diseases in hepatology, leading to a deterioration in the quality of life, disability and death. The overall prevalence of non-alcoholic fatty liver disease in the population ranges from 10 to

40% [1,3]. In the normal course of non-alcoholic fatty liver disease, 12-40% of patients with hepatosis develop non-alcoholic steatohepatitis after 8-13 years. Of these, 15% of patients develop cirrhosis of the liver and liver failure. Of 7% of patients with liver cirrhosis, hepatocellular carcinoma develops within 10 years [2,4].

Purpose of the study. To determine the incidence of non-alcoholic fatty liver disease at the stage of fatty hepatosis and steatohepatitis among the male and female population, depending on age.

Materials and research methods. To solve the tasks, 89 patients with non-alcoholic fatty liver disease were examined, of which 58 (68.3%) patients at the stage of liver steatosis (HL) and (31.6%) steatohepatitis (SH). Of these, 36 (46%) men and 44 (54%) women aged 20 to 75 years (mean age 49.2 ± 4.2). The results of the studies were recorded in the developed clinical information cards (questionnaire). When selecting patients, we took into account the criteria for including and not including patients in the study. The diagnosis of non-alcoholic fatty liver disease was made on the basis of anamnesis, laboratory tests and ultrasound examination of the liver.

According to the results of our study, the distribution in women with liver steatosis and steatohepatitis by age was as follows: up to 39 years was: 1 (2.7%) and 1 (6.25%), respectively, 40-49 years - 6 (16, 2%) and 2 (12.5), among 50-59 years old - 17 (45.9%) and 6 (37.5%), in 60-74 years old - 13 (35%) and 7 (43.7 %). Whereas among men the distribution of steatosis and steatohepatitis is presented as follows: up to 30 years - 2 (6.6%) and 1 (6.6%), respectively, among 40-49 years - 5 (16.6%) and 2 (13.3%), 50-59 years old occurred in the following ratio - 9 (30%) and 5 (33.3%), in 60-74 years old - 14 (46.6%) and 7 (46.6%), respectively. Thus, the distribution of steatosis and steatohepatitis among those with NAFLD depending on age among women was 37 (69.8%) and 16 (30.1%), among men 30 (66.7%) and 15 (33.3%) people.

Conclusions: Analyzing the age criteria that SP occurs at any age, the able-bodied population is most susceptible to it. This once again proves the seriousness of this issue and the need to develop preventive programs.

Used Books:

1.Подымова С.Д. Современный взгляд на патогенез и проблему лечения неалкогольной жировой болезни печени // Экспериментальная и клиническая гастроэнтерология. - 2016. - №5. - С. 74 - 82.

2.Черкашина Е.А. //Актуальные вопросы диагностики и лечения жировой болезни печени // Медицинский совет. 2015 | № 4. - С.67 - 70.

3.Aijaz Ahmed M.D. Ryan B., Perumpail M.D., Stephen A., Harrison M.D. High prevalence of hepatic fibrosis in the setting of coexisting diabetes and hepatic steatosis: A case for selective screening in the general population? // Hepatology. - 2016. - № 63 (1). - P. 20 - 22. doi:10.1002/hep.28277.

4.Plavinsky S.L., Boyarsky S.G., Barinova A.N. Comparison of versions of the audit questionnaire for assessing alcohol consumption // Original scientific research. Russia, 2012. - S. 41-46.