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THE PREVALENCE OF SPLENOMEGALY SYNDROME IN CHRONIC LIVER DISEASES

Resume. Recently, new diseases of the spleen have been identified and new methods of their treatment have been developed. The multilateral activity of the spleen is controlled by a complex regulatory system, which is still poorly understood. Splenomegaly syndrome is a fairly common manifestation of various diseases. However, the involvement of the spleen in the pathological process almost always requires differential diagnosis. Differential diagnosis of splenomegaly.

Key words: anemia, splenomegaly, myeloid leukemia, chronic lymphocytic leukemia, osteomyelofibrosis, erythremia, myeloma, cholecystoangiocholitis, hepatitis, liver cirrhosis, thrombophlebitis, splenomegaly.

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СОБЕННОСТИ ПРОЯВЛЕНИЯ СИНДРОМА СПЛЕНОМЕГАЛИИ ПРИ ХРОНИЧЕСКИХ ЗАБОЛЕВАНИЙ ПЕЧЕНИ

Резюме. За последнее время идентифицированы новые болезни селезенки и разработаны новые методы их лечения. Многосторонняя деятельность селезенки управляется сложной регуляционной системой, которая до настоящего времени недостаточно изучена. Синдром спленомегалии – довольно частое проявление различных заболеваний. Однако вовлечение селезенки в патологический процесс практически всегда требует дифференциальной диагностики. Дифференциальная диагностика спленомегалии.

Ключевые слова: анемии, спленомегалии, миелолейкоз, хронический лимфолейкоз, остеомиелофиброз, эритремии, миеломной, холецистоангиохолит, гепатит, цирроз печени, тромбофлебитичную спленомегалию.

Recently, new diseases of the spleen have been identified and new methods of their treatment have been developed. The multilateral activity of the spleen is controlled by a complex regulatory system, which is still poorly understood. Splenomegaly syndrome is a fairly common manifestation of various diseases. However, the involvement of the spleen in the pathological process almost always requires differential diagnosis. Differential diagnosis of splenomegaly. Having found an enlarged spleen in a patient, after the results of a general clinical and laboratory - instrumental examination for the differential diagnosis of splenomegaly, it is necessary to conduct the following special studies.

1. Assessment of peripheral blood parameters (and, if necessary, the study of sternal punctate and iliac trepanate) in splenomegaly allows you to diagnose such systemic blood diseases as acute, chronic myeloid leukemia, chronic lymphocytic leukemia, osteomyelofibrosis, erythremia, myeloma.

2. The presence of anemia, bilirubinemia with an increase in the indirect fraction of bilirubin and reticulocytosis in patients with splenomegaly suggests the likelihood of hemolytic anemia with intracellular hemolysis. The presence of hyperchromic macrocytic anemia and megaloblastic hematopoiesis in the bone marrow in a patient with splenomegaly is characteristic of a B 12 (folic)-deficient condition.

3. In the case of a combination of splenomegaly with lymphadenopathy, leukocytosis, absolute and relative lymphocytosis in the blood, it is worth thinking about chronic lymphocytic leukemia.

4. Acute development of lymphadenopathy and splenomegaly with angina and fever requires the exclusion of infectious mononucleosis, in which moderate lymphocytosis, monocytosis and the presence of atypical mononuclears are detected in the blood.

5. Enlargement of the spleen and lymph nodes without specific changes in the blood allows you to suspect the development of lymphogranulomatosis, non-Hodgkin's lymphoma, Brill-Simmers lymphoma, the diagnosis of which is based on histological and cytological studies of the removed lymph node or spleen.

6. With simultaneous enlargement of the spleen and liver and the presence of signs of portal hypertension, chronic cholecystoangiocholitis, hepatitis, cirrhosis of the liver, thrombophlebitic splenomegaly can be suspected.

7. In the case of a combination of splenomegaly and fever, sepsis, bacterial endocarditis, hematogenically disseminated tuberculosis, systemic lupus

erythematosus, typhoid, leptospirosis, lymphogranulomatosis, malignant lymphoma can be suspected.

8. Effective treatment of the underlying disease, one of the symptoms of which is splenomegaly, in most cases leads to a reduction in the spleen. Below we present our own materials for studying the features of the spleen echogram in liver cirrhosis of viral and alcoholic etiology.

Objective: To study the features of the spleen echogram in patients with liver cirrhosis of viral and alcoholic etiology.

Materials and methods: 50 patients with cirrhosis of the liver developed after chronic viral hepatitis B and 30 patients with alcoholic cirrhosis of the liver, in the Child Pugh class – A stage, were examined.

The control group consisted of 80 people. The age of the examined patients ranged from 25 to 50 years. The duration of the diseases ranged from 3 to 8 years. Ultrasound examination was performed on a MINDRAY DC-6 Expert using a 2.5-10 MHZ convexal sensor. The patients were examined in a polypositional, complex manner. The diagnosis of cirrhosis of the liver was established on the basis of clinical and laboratory, biochemical results of studies and verified by the detection of specific markers in peripheral blood by the method of enzyme immunoassay on the "Multiscan" device. Study of the spleen was performed with the patient on his right side through the intercostal spaces on the 9 – 11th rib for medium and segnalazioni lines polypositional on three dimensions: length – position the scan plane parallel to edges and measuring the maximum length of the body, the thickness in the above position of the sensor and the measurement from the region of the gate of the spleen to the lateral surface of the perpendicular to the latest and width at the position of the scan plane perpendicular to the ribs and measurement visible diameter.

Results of the study: Normally, on echograms, the spleen had a semilunar shape, limited to a capsule up to 2-3 mm, which was determined as a hyperechoic

strip along the entire contour of the organ with the exception of the gate area. The length of the spleen was 100.2 ± 7.9 mm, and the thickness was 36.5 ± 3.9 mm. The spleen index, determined by multiplying the thickness of the spleen by the distance from the spleen gate to the lower pole, normally did not exceed 2200 sq.mm., the structure of the spleen parenchyma was homogeneous, fine-grained, the echogenicity of the spleen is comparable to the echogenicity of the cortical layer of the kidney. The splenic vein was normally visualized as an anechoic vein with a diameter of 5.8 ± 0.5 mm. Echogram of the spleen in liver cirrhosis of viral etiology at the stage of compensation with portal hypertension was characterized by: an increase in length in 80% of patients by an average of 30-35%. Thickening of the capsule (more than 3 mm) was noted in 55% of patients by an average of 25-30%. An increase in the thickness of the spleen of more than 50 mm was observed in 80% of patients.

Dilation of the splenic vein (more than 8 mm) was detected in 85% of patients, on average by 40%. An increase in the spleen index compared to healthy patients was observed in 77% of cases by an average of 25%. In 5 patients with cirrhosis of the liver, dilated veins were found at the gate of the spleen and in the wall of the gallbladder. In patients with alcoholic cirrhosis of the liver, the spleen echo indicators were characterized by the following features: An increase in length was observed in 20% of patients by an average of 25%. Capsule thickening was observed in 15% of patients by an average of 20%. An increase in the thickness of the spleen was observed in 20% of patients. Dilation of the splenic vein (more than 8 mm) was observed in 15% of patients, on average by 20%. An increase in the spleen index was noted in 30% of cases by an average of 15%.

Conclusions:

1. There are more than 50 types of splenopathy that require timely etiological diagnosis, which requires consultations of ULTRASOUND specialists, hepatologists, hematologists, lymphologists, oncologists, etc.

2. In liver cirrhosis of viral etiology, a violation of all parameters of the spleen echogram was observed in 1.5-2 times more than in alcoholic liver cirrhosis. In this case, splenomegaly was accompanied by dilation of the veins at the gate of the spleen and in the wall of the gallbladder. Therefore, according to the degree of changes in the echocartin of the spleen, we can assume the etiological factor of splenopathy.

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