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# **ACTUAL TRENDS OF MODERN SCIENTIFIC RESEARCH**



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# **ACTUAL TRENDS OF MODERN SCIENTIFIC RESEARCH**

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# THE INDICATORS OF THE LIVER'S DYNAMIC STATE IN PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS, DEPENDING ON THE PRESENCE OF COMORBID BRONCHIAL ASTHMA AND OBESITY

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**Introductions.** In recent years the incidence of bronchial asthma (BA) and non-alcoholic steatohepatitis (NASH) is growing rapidly. Obesity has become epidemic as well.

**The aim of the study:** to establish changes in the functional state of the liver in patients with NASH and obesity, depending on the presence of comorbid BA.

**Materials and methods:** 50 people aged 30 to 50 years (average age - 42) were examined, 40% - men and 60% - women. Among them in 30 patients with first-degree obesity (BMI over 30 kg/m<sup>2</sup>) was diagnosed NASH, and in 20 other patients NASH was combined with first-degree obesity and persistent BA of medium severity. The duration of disease ranged from 2 to 6 years. Control group consisted of 20 almost healthy individuals, according to their age and sex. The examination embodied general clinical blood and urine analysis, rapid response to syphilis, glycemic blood profile, chest X-ray, ECG, biochemical test of liver function and ultrasound of the abdomen.

**Results.** In patients of the second group the decreasing De Ritis ratio was revealed (AST / ALT) to 28.2% (p <0.05) and in the first group to 23.4% (p <0.05) in comparison to the USO. The authentic increase of total bilirubin's content in patients of the second group was established up to 2.2 times (p <0.05) in comparison to the first-group patients, whose bilirubin's content has increased by 1.5 times. The maximum authentic thymol test indices also related to the second group (p <0.05).

The increased activity of alkaline phosphatase and  $\gamma$ -GT was found. It was 35.0% and 30.4% ( $p < 0.05$ ) in patients with NASH and BA together with obesity against 20.8% and 19.2% ( $p < 0.05$ ) in patients of the first group. Bile acids' content in blood has also increased by 2.3 and 1.9 times ( $p < 0.05$ ), indicating the presence of cholestasis, which was also observed in the second-group patients.

**Conclusion.** In patients with non-alcoholic steatohepatitis together with first-degree obesity and BA of moderate severity of the persistent flow, the content of markers, which are responsible for cytolysis activity of hepatocytes, cholestasis and mesenchymal inflammation, is increasing. It indicates the powerful impact of asthma on the course of NASH.