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ORDINARY CUTANEOUS SYMPTOMS IN THE DIAGNOSIS OF CHRONIC VIRAL HEPATITIS B AND C

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The skin is the leading barrier system of the body. They are closely linked to the functional activity of the liver, the main detoxifying and biochemical laboratory of the human body. The latent character of the disease or a lack of specific clinical manifestation of "hepatic" symptoms observed in a significant proportion of patients with chronic viral hepatitis B and chronic viral hepatitis C. Along with this, there is very often, and sometimes dominates the clinical symptoms of extrahepatic localization. Cutaneous manifestations of chronic viral hepatitis B and C belong to the group of the most common and diagnostically significant extrahepatic symptoms. Thus, in patients with chronic viral hepatitis C, they are found in 54% of all cases [1]. This abstract will be considered common and clinically bright dermatological manifestations of chronic viral hepatitis B and C: skin itching, palmar and plantar erythema and telangiectasia.

Skin itching (pruritus) - very frequent clinical manifestation of liver disease, including chronic viral hepatitis. Itching of the skin is observed with a significant violation of the excretory function of hepatocytes (80%). Its nature is not completely installed. Probably the compounds that cause itching, synthesized in the liver - in favor of this indicates the disappearance of pruritus in terminal stage of liver failure. Traditionally, itching of skin associated with a delay of bile

acids in the skin and irritation of the nerve endings of the dermis, epidermis. Along with this, the frequency of occurrence and severity of itching is not correlated with the severity of cholestasis. Typically, skin itching is generalized, it is amplified at night and is most pronounced in distal extremities, on the hips and abdomen. Perhaps cholestatic pruritus unique feature is the fact that the pruritus occurs initially and reaches a maximum intensity in the skin of palms and soles. In patients with chronic viral hepatitis C itching of skin is registered in 23 - 58.4% of all cases [2, 3]. In patients with chronic viral hepatitis-B itching of skin is more rare - only 8% of all cases [4]. This symptom is very poorly tolerated by patients, adversely affect the performance and sleeping. It is the cause of neurotic disorders, depression and even suicidal behavior. Exposure of itching to therapeutic effects is not high enough, despite the wide range of medications used by different groups (ursodeoxycholic acid, cholestyramine, colestipol, rifampin, sertraline, naltrexone, flumetsinol), which sometimes requires the appointment of barbiturates (phenobarbital) and opioids (butorphanol).

Palmar or plantar erythema, is the redness, respectively, the palmar surface of the hands (observed more often) and the plantar surface of the foot (occurs more rarely). This erythema visualized as symmetric, painless, does not itching reddish creation. It may be slightly warm to the touch, most commonly affects area of thenar and hypothenar. This part of the skin of palms has the largest number of arteriovenous shunts. The main cause of erythema in hepatic pathology is the elevated estrogen levels and impaired metabolism of vasoactive factors that leads to increased levels of nitric oxide and prostacyclin. Certain significance is also given to processes of neoangiogenesis. Dilation of capillaries and superficial arteriovenous network detected at microscopic study of the erythema. Palmar (plantar) erythema is a very characteristic symptom of cirrhosis of the liver, and often the clinical finding in chronic hepatitis. In patients with chronic viral hepatitis C the palmar (plantar) erythema occurs at 8 - 24% of all cases [1, 5], in patients with chronic viral hepatitis B in 25 % of all cases [6].

Telangiectasia (spider veins, spider nevus) are etiopathogenetical identical by palmar / plantar erythema. Telangiectasia are stable dilatation of small subcutaneous vessels and defined in some areas of the skin; are red, shaped like a "star" or "spiders". In patients with diseases of the liver place of typical telangiectasia localization are the face and body. In general, vascular "stars" in chronic viral hepatitis are de-

tected less frequently than palmar erythema. In patients with chronic viral hepatitis C telangiectasia were determined at 16% of all cases; in patients with chronic viral hepatitis C they are observed in 14% of all cases [7,8].

Thus, dermatological pathology in chronic viral hepatitis B and C in its essence is the clinical systemic manifestation of these diseases. It is an important extrahepatic symptom, which may cause patients to demand medical care. Bright "external" symptoms of cutaneous manifestations can help gastroenterologists, internists and family physicians in the diagnosis of oligosymptomatic chronic viral hepatitis B and C.

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