ISSN: 2582-4686 SJIF 2021-3.261,SJIF 2022-2.889,
2023-5.384 ResearchBib IF: 8.848 / 2023

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-4, ISSUE-1

RATIONAL THERAPY OF LIVER COLIC, JAUNDICE SYNDROME, LIVER DYSFUNCTION SYNDROMES.

Ishmurodov Sherzod Parda o‘g‘li
ishmurodovsherzodbek7@gmail.com
Raupov Asadbek Yoqub o‘g‘li
asadbekmedic113@gmail.com
Department of pharmacology and clinical pharmacology,
Termiz Branch, Tashkent Medical Academy
Research advisor: ass.**Chariev Muzaffar Yuldashevich**
Termiz Branch of Tashkent Medical Academy. Uzbekistan.

Abstract: This article provides information on the causes, treatment, and immediate relief of hepatic colic. In addition, this article provides detailed information on the types of jaundice syndrome, its causes and elimination, and rational therapy of liver dysfunction syndromes.

Key words: therapy, rational therapy, liver colic, types of jaundice, jaundice syndrome

Hepatic colic is the most common clinical manifestation of cholelithiasis, an acute attack of visceral pain caused by obstruction of the cystic duct by a calculus. This condition has typical symptoms: intense pain in the right hypochondrium or epigastrium, which lasts from fifteen minutes to 5-6 hours and is accompanied by vomiting. Diagnosis is based on analysis of the clinical picture, physical examination and ultrasound diagnostics. Treatment is aimed at relieving pain and spasm. After the attack, the question of whether it is advisable to remove the gallbladder with stones is decided.

- Causes of hepatic colic
- Symptoms of hepatic colic
- Diagnosis of hepatic colic
- Treatment of hepatic colic

o Forecast and prevention of hepatic colic

- Treatment prices

General information

Hepatic colic in 75% of patients is the first clinical sign of cholelithiasis. According to statistics in gastroenterology, recurrent attacks of hepatic colic are diagnosed in every tenth patient with gall bladder stones. In men, this complication of cholelithiasis occurs twice as often as in women, despite the fact that the female gender is more predisposed to the formation of stones. With age, the risk of developing biliary colic in patients with asymptomatic stone carriers increases: during the first five years of the disease, attacks occur in 20% of patients, after ten years - in 25%.

Hepatic colic is characterized by a typical clinical picture; the main symptom is severe pain. The intensity of pain depends on both the size of the stone and its location. When the stone is localized in the area of the bottom and body of the gallbladder and in the absence of inflammation, pain does not occur. Moderate intensity of pain is typical for the location of the stone closer to the neck of the bladder. The duct area is a zone in which the presence of a stone is accompanied by an intense attack

ISSN: 2582-4686 SJIF 2021-3.261,SJIF 2022-2.889,
2023-5.384 ResearchBib IF: 8.848 / 2023

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-4, ISSUE-1

of pain; a sharp disruption of the outflow of bile, spasm of the ducts, ischemic changes in their walls. The overlying sections of the ducts are overstretched, which causes an additional increase in peristalsis. This vicious circle leads to incessant pain until the stone passes.

Symptoms of hepatic colic

The symptoms of hepatic colic are typical. In most cases, against a background of complete rest, an attack of intense pain occurs. The pain is localized in the area of the right hypochondrium, most often in the projection of the gallbladder (Keur's point), less often in the epigastrium, and can have a cutting, stabbing, tearing character. During an attack, the patient rushes about in bed and cannot find a body position that will relieve the pain. Irradiation of pain to the area of the right shoulder blade, collarbone, supraclavicular area, neck, and shoulder is typical. Sometimes the pain radiates to the heart area and simulates an attack of angina.

An episode of hepatic colic is accompanied by nausea, possible mild vomiting of bile, which does not bring relief, and bloating. Uncontrollable vomiting in hepatic colic is a diagnostic criterion for the involvement of the pancreas in the pathological process.

The greatest intensity of pain is observed in patients with small stones in the gallbladder. This is due to the fact that the occurrence of pain is caused not so much by the stretching of the bladder wall by stones, but by its overstretching when the ducts are blocked by stones and a significant increase in intravesical pressure.

An attack of hepatic colic can last from fifteen minutes to 5-6 hours. A longer attack of pain may be a sign of complications, in particular acute cholecystitis. This is also evidenced by significant hyperthermia - more than 38°C. Obstruction of the biliary tract can lead to obstructive jaundice.

Diagnosis of hepatic colic

At a consultation with a gastroenterologist, a patient with suspected hepatic colic undergoes a detailed physical examination and a study of anamnestic data. The history almost always contains information about previous attacks of pain in the right hypochondrium of varying intensity and duration. As gallstone disease progresses, episodes of hepatic colic recur more and more often, the intensity of the pain syndrome increases, and attacks become protracted. Many patients have a history of nonspecific symptoms: dyspeptic complaints, a feeling of heaviness in the right hypochondrium, especially after errors in diet.

When examining the patient, pallor of the skin is determined, icterus of the skin and sclera is possible. The forced position of the patient's body is typical: on the side with the legs brought to the stomach. Palpation of the abdomen reveals a symptom of muscle protection (tension of the muscles of the anterior abdominal wall), pain when palpating the projection point of the gallbladder during inspiration (positive Kehr's sign) and when tapping the right costal arch with the edge of the palm (Grekov-Ortner sign); with deep palpation of the Kehr point during inspiration, the patient involuntarily holds his breath (positive Murphy's symptom). At the end of the attack (the stone is released), these symptoms are absent.

A highly informative method for diagnosing hepatic colic is ultrasound of the liver, gallbladder, and biliary tract. When visualizing stones, characteristic signs of an increase in the size of the bladder and stretching of its walls, and the presence of a typical clinical picture, the diagnosis does not cause difficulties.

In laboratory tests for hepatic colic, a third of patients show leukocytosis, and half have an increased ESR. The results of a general urine test are unchanged; after an attack, bile pigments may

ISSN: 2582-4686 SJIF 2021-3.261,SJIF 2022-2.889,
2023-5.384 ResearchBib IF: 8.848 / 2023

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-4, ISSUE-1

be detected (this is an early sign of obstructive jaundice). In 20% of patients, an increase in urine amylase is detected. However, there are no laboratory signs confirming hepatic colic without the addition of cholecystitis.

Plain radiography of the abdominal organs plays a certain role in verifying the diagnosis (but in the presence of gallstones, the information content of this method does not exceed 15% due to the X-ray negativity of the stones); Radionuclide methods may also be used. When performing intravenous cholecystography, a sign of obstruction of the cystic duct by a stone is a "disabled" gallbladder. To clarify the diagnosis, determine the number of stones and their approximate density, CT and MRI of the liver and gallbladder are performed.

Differential diagnosis of hepatic colic is carried out primarily with acute non-calculous cholecystitis or exacerbation of chronic, pain syndrome due to pathology of the kidneys and intestines (renal colic, intussusception, intestinal spasm, etc.), appendicitis, pancreatitis, peptic ulcer of the stomach and duodenum.

Treatment of hepatic colic

Patients diagnosed with hepatic colic are subject to hospitalization in the gastroenterology department. During the attack and for another day, complete fasting is prescribed, then diet No. 5. One of the drugs is administered for antispasmodic purposes: atropine sulfate, papaverine, platiphylline, drotaverine, hyoscine butyl bromide, mebeverine. In the case of a severe, prolonged attack, a combination of two antispasmodics with metoclopramide is used. To relieve pain, metamizole sodium, ketoprofen, and ketorolac are administered intramuscularly. If the pain syndrome is not relieved within six hours, the patient should be hospitalized in the surgical department, where, after consultation with a surgeon, the issue of surgical treatment is decided.

With frequent relapses of hepatic colic, cholecystectomy is performed. Laparoscopic intervention is the standard treatment for this pathology and is used in most cases. This method can significantly reduce treatment time, is less traumatic, has a better cosmetic effect, and also prevents recurrence. The operation is performed in the long term after the attack - six to eight weeks. In case of a single episode of hepatic colic, a wait-and-see approach is justified.

Jaundice (icterus) in adults is not an independent disease, but a whole symptom complex, which is characterized by yellowing of the patient's skin and mucous membranes. It indicates an increase in the concentration of bilirubin (bile pigment) in the blood. Accumulating in excessive quantities, it is deposited in the epidermis, which is accompanied by the appearance of characteristic visual symptoms. Pathology in most cases occurs in diseases of the hepatobiliary system. However, yellowing of the skin is also possible with hematological problems and/or infectious diseases with liver damage.

The classification of this condition is quite extensive and involves the identification of different types of symptom complex, taking into account the origin, nature of the clinical picture and a number of other parameters.

Experts classify three main types of jaundice that occur in adult patients:

• hemolytic, when the cause of the pathology is the destruction of red blood cells due to exposure to toxins or an autoimmune disease;

• parenchymal or hepatic, which is based on damage to hepatocytes (liver cells);

• mechanical or subhepatic, when the outflow of bilirubin is obstructed by physical objects, for example, a tumor, calculus or inflammatory focus.

ISSN: 2582-4686 SJIF 2021-3.261,SJIF 2022-2.889,
2023-5.384 ResearchBib IF: 8.848 / 2023

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-4, ISSUE-1

Each type of jaundice also has its own subtypes, is accompanied by certain symptoms and poses a different level of danger to the patient's body.

There is also the concept of pseudojaundice. This condition is characterized only by yellowing of the skin without involvement of the mucous membranes. Most often, this form of jaundice is associated with the consumption of large amounts of carotenes, which are found in certain foods, for example, in ordinary carrots, pumpkin or orange bell peppers.

In newborns, other variants of icterus occur, the most dangerous of which is kernicterus, which almost always leads to severe brain damage, the so-called bilirubin encephalopathy.

Jaundice can accompany various diseases of the blood and hepatobiliary system. The symptom complex itself is manifested by yellowing of the skin and visible mucous membranes. The color intensity can vary from pale yellow to orange. It all depends on the cause of the development of jaundice and the individual characteristics of the adult patient.

A laboratory sign of the condition is an increase in the concentration of bilirubin in the blood (hyperbilirubinemia). An increase in the amount of pigment in the patient's serum leads to its release into the urine. Urine becomes dark in color.

Considering that jaundice in 80-85% of cases is a consequence of a certain disease of the blood or hepatobiliary system of an adult patient, this syndrome is very often accompanied by clinical signs of a primary pathology, which are:

- pain and discomfort in the right hypochondrium;
- bitter taste in the mouth;
- increase in body temperature to 37-38oC;
- darkening of urine;
- loss of appetite, nausea, vomiting;
- weight loss;
- spider veins;
- enlargement of the liver and spleen in size;
- skin itching and others.

Some patients experience lightening of the stool, while others report persistent bruising of the skin even after minor impacts or pressure.

There are a number of signs in which jaundice, regardless of the cause, can have serious consequences for the body. If such symptoms occur, consult a doctor immediately. These include:

- acute abdominal pain;
- sudden changes in mental state: sudden aggression, irritability, drowsiness, emotional agitation, apathy, etc.;
- blood in vomit or feces;
- unstoppable nosebleeds, cuts.

Such phenomena may indicate extremely unstable and dangerous conditions, when delay can result in a serious threat to the health and even life of the patient.

ISSN: 2582-4686 SJIF 2021-3.261,SJIF 2022-2.889,
2023-5.384 ResearchBib IF: 8.848 / 2023

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-4, ISSUE-1

REFERENCES:

1. Son of Khushvaktov Ilyas Shadiqul, son of Tugalboyev Daniyor Abdurasulovich, and son of Khursandov Husniddin Yusubali. (2023). LEARNING THE FUNDAMENTALS OF ANTISEPTIC AND ASEPTIC. MEDICINE, PEDAGOGY AND TECHNOLOGY: THEORY AND PRACTICE, 1(4), 79–82. izvlecheno ot https://universalpublishings.com/index.php/mpttp/article/view/3709

2. Mirzaali Oglu, A. J., Shadiqul Oglu, X. I., Eminjon Oglu, S. H., Aliqul Oglu, N. B., & Begzod Oglu, M. M. (2022) . Importance of medical prevention in medicine. Texas Journal of Medical Science, 13, 175-176.

3. Mirzaali oglu, A. J., Shadiqul oglu, H. I., Fazil oglu, N. A., & Davronbek Ulugbek oglu, T. (2022). TERMINAL CASES LUNG AND HEART RESUSCITATION TRANSFER PRINCIPLES. Galaxy International Journal of Interdisciplinary Research, 10(10), 729-731.

4. Tashboltaevna A. S. et al. STUDY OF SEASONAL BIOLOGICAL BACTERIAL INTESTINAL INFECTIONS IN THE EXAMPLE OF ESHERICHIA //Journal of Universal Science Research. - 2023. - T. 1. – no. 3. - S. 110-115.

5. Mirzaali son A. J. et al. THE LAST BRAIN, ITS CHANGES DEPENDING ON AGE. RELIEF OF PLASH. LATERAL WHITE MATTER OF THE BRAIN. BASAL STEMS //PEDAGOG. - 2022. - T. 5. – no. 6. - S. 319-326.

6. Rakhmon Og A. M. et al. PHYSIOLOGY OF THE HEART, AUTOMATIC HEART, ELECTROCARDIAGRAM //SUSTAINABILITY OF EDUCATION, SOCIO-ECONOMIC SCIENCE THEORY. - 2022. - T. 1. – no. 4. – S. 4-8.

7. Choriyeva Z. et al. INFORMATION ON DIABETES DISEASE. THE ORIGIN OF DIABETES DISEASE AND MEASURES APPLIED IN THIS DISEASE //Theoretical aspects in the formation of pedagogical sciences. - 2022. - T. 1. – no. 4. – S. 96-99.

8. Asfandyorov J. et al. SOME CONSIDERATIONS ABOUT PYLOnephritis DISEASE AND ITS CONSEQUENCES //Akademicheskie issledovaniya v sovremennoy nauke. - 2022. - T. 1. – no. 15. - S. 55-57.

9. Asfandiyorov J. et al. ON GENERAL CHARACTERISTICS OF ADENOCARCINOMA DISEASE //Current approaches and new research in modern sciences. - 2022. - T. 1. – no. 4. – S. 70-72.

10. Asfandyorov J. et al. Liver immunity and its importance for human health //Solution of social problems in management and economy. - 2022. - T. 1. – no. 4. – S. 17-19.

11. Asfandyorov J. et al. BLOOD. FORMAL ELEMENTS OF BLOOD. ERYTHROCYTES. THE IMPORTANCE OF ERYTHROCYTES IN THE ORGANISM AND DISEASES RELATED TO ERYTHROCYTES //Models and methods in modern science. - 2022. - T. 1. – no. 15. - S. 132-135.