HEPATIC ENCEPHALOPATHY IN SEVERELY BURNED PATIENTS

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Introduction

Hepatic encephalopathy (HE) is a complex of potentially reversible neuropsychiatric disorders that develop as a consequence of acute or chronic liver failure and/or portosystemic shunting of blood. According to the literature, in patients with burn disease HE develops in 30–45% of cases during the post-shock period.

Aim of the study

To evaluate the impact of liver dysfunction in patients with extensive thermal injuries on the development of hepatic encephalopathy, as well as to determine the effectiveness of including *Hepotek* (L-ornithine L-aspartate) in the complex therapy.

Materials and methods

The study included 50 patients aged 20–60 years with thermal burns covering 20–45% of the body surface area, who presented with clinical manifestations of HE. Patients were divided into two groups of 25 each:

Group 1 — received standard traditional therapy;

Group 2 — in addition received *Hepotek concentrate* at a dose of 10 ml daily for 10 days, depending on the severity of HE.

Clinical manifestations, liver function tests, and the dynamics of encephalopathy symptoms were evaluated.

Results

Liver dysfunction was most frequently observed during the toxemia and septicotoxemia stages (45.5%). Clinical manifestations of CNS involvement were identified in 87.9% of patients and were characterized by drowsiness, lethargy, loss of appetite, asthenia, and emotional indifference. In 75.8% of cases, more severe symptoms were observed, including psychomotor agitation, delirium, hallucinations, asterixis (“flapping tremor”), foot clonus, and impaired performance in the number connection test (Reitan test).

Signs of toxic hepatitis were registered in 27 patients (54%), manifested by hepatomegaly, subicterus of the skin and sclera, vomiting, decreased prothrombin index, hyperbilirubinemia, and increased levels of ALT, AST, alkaline phosphatase, urea, and ammonia.

Under traditional therapy, the manifestations of toxic encephalopathy regressed, but in the control group (Group 1), 75.6% of patients still demonstrated lethargy, asthenia, drowsiness, irritability, and asterixis.

In contrast, in Group 2 patients treated with *Hepotek*, toxic hepatitis progressed in a more compensated manner, and manifestations of liver failure were less pronounced.

Conclusions

The inclusion of *Hepotek* in the complex therapy of patients with extensive deep burns contributes to a more favorable course of toxic hepatitis. It reduces the severity of liver failure and the degree of functional impairments, as evidenced by improvements in clinical and biochemical parameters and regression of hepatic encephalopathy symptoms.

References

1. Азимова, А. А., Маликов, Д. И., & Шайкулов, Х. Ш. (2021). МОНИТИРОИНГ ЭТИОЛОГИЧЕСКОЙ СТРУКТУРЫ СЕПСИСА ЗА. PEDAGOGICAL SCIENCES AND TEACHING METHODS, 48, 18-22.
2. Азимова, А. А., Абдухоликов, С. Х., & Бозоров, Х. М. (2023). Осложнение глюкокортикоидной терапии у больных сахарным диабетом, перенесших covid-19. ББК 5я431 М42 Печатается по решению Редакционно-издательского совета Государственного гуманитарно-технологического университета, 18, 10-13.
3. Супхонов, У. У., Файзиев, Х. Ф., Азимова, А. А., & Абдурахмонов, Д. Ш. (2024). СУЩЕСТВУЮТ СОВРЕМЕННЫЕ МЕТОДЫ ЛИПОСАКЦИИ, КОТОРЫЕ УСПЕШНО ПРИМЕНЯЮТСЯ ДЛЯ КОНТУРНОЙ ПЛАСТИКИ ТЕЛА. NAZARIY VA AMALIY FANLARDAGI USTUVOR ISLOHOTLAR VA ZAMONAVIY TA'LIMNING INNOVATSION YO'NALISHLARI, 1(2), 18-22.
4. АЗИМОВА, А. А., & МАЛИКОВ, Д. И. (2022). ПОВРЕЖДЕНИИ МЯГКОТКАНЫХ СТРУКТУР КОЛЕННОГО СУСТАВА И УЛЬТРАЗВУКОВОЕ ИССЛЕДОВАНИЕ. МОЛОДЕЖНЫЙ ИННОВАЦИОННЫЙ ВЕСТНИК Учредители: Воронежский государственный медицинский университет имени НН Бурденко, 11(2), 10-13.