

Khukhlina O.S.

CLINICAL EFFICIENCY OF ANTRAL IN THE TREATMENT OF NON-ALCOHOLIC STEATOHEPATITIS AGAINST THE BACKGROUND OF OBESITY

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Bukovinian State Medical University*

The prevalence of non-alcoholic steatohepatitis (NASH) is gaining global significance in the population of economically developed countries with a growing tendency in Ukraine. According to various authors, the incidence of NASH ranges from 20% to 35%, which directly affects the quality of life of patients, contributes to the progression of disorders of all types of metabolism and development of hepatic cell insufficiency.

The objective was to establish the effectiveness of Antral usage on the effect on the intensity of clinical and biochemical syndromes in patients with non-alcoholic steatohepatitis comorbid with obesity

72 NASH patients with obesity of I degree were examined: 35 patients (group 1 – control group) received basic NASH therapy (Esentsiale forte N (Sanofi Avensis / Nutterman and Cie GmbH) 300 mg, 2 caps., 3 times per day) 60 days. The second group (basic group, 2) consisted of 37 NASH patients with obesity of I degree received Antral (Farmak, Ukraine) 200 mg, 3 times per day for 60 days as a hepatoprotector. The average age of patients was ($56,5 \pm 3,23$) years. The control group consisted of 30 apparently healthy persons.

Treatment dynamics with the Antral usage in patients with NASH with comorbid obesity on the 30th day of treatment was characterized by manifestations of asthenic-vegetative syndrome; in the 1st group - 16 (44.0%) people, in the 2nd group - 8 (21,7%) ($p < 0.05$). Periodic aching pains / discomfort / heaviness in the right hypochondrium disturbed - 15 (41.0%) people in the 1st group ($p < 0.05$), 6 (17.7%) people in the 2nd group ($p < 0.05$). Manifestations of dyspeptic syndrome on the 30th day of treatment in patients of the 1st group - 10 (27.2%), in patients of the 2nd group - 4 (11.0%) ($p < 0.05$). Cholestasis syndrome after treatment persisted in 6 patients of the 1st group (17.6%) and in 1 patient of the 2nd group (3.4%) ($p < 0.05$).

In the dynamics of treatment, on the 30th day of therapy, a significant decrease in the content of total bilirubin in the blood was recorded in patients of the 2nd group: in 1.9 times ($p < 0.05$), and in patients of the 1st group only in 1.3 times ($p < 0.05$). The content of direct bilirubin in the blood in NASH patients significantly decreased in 1.9 times ($p < 0.05$) with the normalization of this indicator, and in patients of group 2 - in 2.2 times ($p < 0.05$). The content of indirect bilirubin in the 1st group decreased in 1.1 times ($p < 0.05$), in the 2nd group there was a complete normalization of the indicator ($p < 0.05$). We found a decrease in alaninaminotransferase activity on the 30th day of treatment in patients of all groups: in patients of the 2nd group - in 2.7 times ($p < 0.05$) versus 1.7 times in patients of the 1st group ($p < 0.05$). A similar dynamic was observed in all groups of patients in terms of a decrease in aspartateaminotransferase activity: in the 1st group - in 1.8 times ($p < 0.05$), in the 2nd group - in 2.6 times ($p < 0.05$). A decrease in the activity of gamma-glutamyl transpeptidasa was noted: in the 2nd group in 2 times ($p < 0.05$) versus 1.6 times in the patients of the 1st group ($p < 0.05$). Thymol test after 30 days of treatment decreased in 1.9 times ($p < 0.05$) in patients of the 2nd group compared to 1.5 times ($p < 0.05$) in the 1st group ($p < 0.05$).

The use of Antral in the complex therapy of NASH patients with concomitant obesity is more effective than traditional therapy and contributed to the elimination of the clinical manifestations of NASH (asthenic-vegetative syndrome, dyspepsia, abdominal discomfort, cholestasis) and biochemical syndromes (cytolysis, cholestasis, mesenchymal-inflammatory syndromes), which will help reduce the risk of progression of major and concomitant diseases.