

## MODERN THERAPY OF VIRAL HEPATITIS

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**Relevance of the topic.** The frequency of chronic acute hepatitis C infection reaches 80%, acute hepatitis B-in 10-15% of cases, and in B+D infection-up to 90%. Progression of chronic hepatitis B to cirrhosis occurs with varying frequency and varies with HC and HC in 40-60% of patients, with GO-in 90% of patients with acute hepatitis. Patients with chronic hepatitis have a high risk of developing hepatocellular carcinoma, which kills more than a million people worldwide every year. Chronic hepatitis is a prolonged (more than 6 months) pathological process in the liver caused by the persistence of hepatitis B, C, and D viruses, with a genetically determined deficiency of cellular and macrophage immunity. It should be noted that clinical symptoms may not always serve as a reliable criterion for assessing the severity of chronic viral hepatitis (CVH).

**The purpose of the work.** Study to modern therapy of viral hepatitis.

**Materials and methods.** Indications for the appointment of etiotropic therapy for PRand viral hepatitis are: laboratory andmorphologically proven hepatitis B or C presence of markers of hepatitis B virus replication (determination of HBV and HBeAg DNA in blood serum) or hepatitis C virus (determination of RNA of the virus and its genotypes) ; if possible, of viruses in the blood persistently elevated ALT level absence of decompensated portal hypertension [29-30]. Contraindications to the use of alpha-IFN are: hypersensitivity to any of the components cirrhosis and decompensation of liver disease severe cardio vascular diseases severe renal failure epilepsy previously long-term immunosuppressive therapy autoimmune disease in the anamnesis (hepatitis, thyroiditis); diabetes mellitus, drug addiction. But the appointment of IFN is associated with certain difficulties, namely, the side toxic effect of the drug: flu-like syndrome, leuko and thrombocytopenia, hypo orhyperthyroidism, the formation of neutralizing antibodies to IFN, and deterioration of liver function indicators.

**Results.** Recombinant interferons include IFN  $\alpha$ -2a (roferon-A, Switzerland), interferon- $\alpha$ >2b (intron-A, USA), human leukocyte IFN-a (reaferon, Russia), and viferon. The list of IFN drugs offered for the treatment of VH is constantly expanding. There are new drugs - alfaferon (alfa-wasserman, Italy), recombinant  $\alpha$ -2 IFN-heberon- $\alpha$ -R. Introduction of long-acting (pegeled) recombinant alpha- IFN drugs-pegasys (Switzerland) and Peg Intron (USA) - into clinical practice is very promising, which makes it convenient to administer (once a week) and individually select the dose taking into account the patient's weight.

**Conclusions.** Amixin is the first oral inducer of endogenous interferons  $\alpha$ ,  $\beta$ , and  $\gamma$ . As a polyclonal stimulator, amixin induces the synthesis of IFN types 1 and 2 in T lymphocytes, penetrates the blood-brain barrier, and induces interferon in brain cells. For the treatment of acute hepatitis B, C, B+C, amixin is prescribed in one course according to the scheme: on the first day - 2 tablets of 0.125 mg, then every 48 hours 0.125 mg (10-12 tablets per course). For the treatment of chronic hepatitis B, C, and B+C, 4 to 6 courses of 10-12 tablets are prescribed (the total number is from 40-48 to 60-72 tablets). In pediatric practice, only viferon is widely used, since it is the only drug from the IFN group that is approved for the treatment of children (including newborns) with various infectious and inflammatory diseases.

### Literature

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