

FEATURES OF THE REJECTION OF VIRAL HEPATITIS A IN CHILDREN OF TYPES OF MIGRATIONS WITH HEPATITIS B

Resume: *The etiological system of viral hepatitis was studied in 140 children aged 1 to 14 years with a diagnosis of viral hepatitis in the Andijan Regional Infectious Diseases Hospital. The tests were carried out by the method of mass detection of serological markers of viral hepatitis. All patients were examined for serum anti-HAV Ig M, HBsAg, anti-Hbcor Ig M, anti-HDV Ig M, anti-HCV, anti-HEV Ig M.*

Key words: *viral hepatitis, chronic hepatitis, marker, genotype.*

Relevance of the problem: Viral Hepatitis A is considered one of the most pressing problems of the World Health System. First of all, this condition is due to the fact that hepatitis A is considered hyperendemic in 30% of developed countries, and among developing countries up to 100%, this infection is very widely abandoned [2]. In subsequent years, children are more likely to experience forms of mics accompanied by Viral Hepatitis A with HB viral infection. In the conditions of the epidemic wave of viral hepatitis A in chronic carrier of viral hepatitis B, the disease passes with both infection-specific regularities [1,3]. The lack of literature data on the growth, severity, uneven course of viral hepatitis A+B type of mixtape in the general system of viral hepatitis necessitates the study of complete hartomonization of this problem.

Purpose of the examination: to study the indicators of the joint rejection of viral hepatitis A in patients treated at the Clinical Hospital of infectious diseases of the Andijan region with hepatitis B types of migrations with viral infection.

Material and methods of examination: in order to determine the characteristics of laboratory, age and gender indicators of the scale of types of

mycst in children with viral hepatitis A hepatitis B infection, the etiological system of Viral Hepatitis was studied in 140 children aged 1 to 14 years, who were previously treated in Andijan regional infectious diseases hospital for a year with The examinations were carried out by identifying serological markers of viral hepatitis to yoppasi. All patients were examined for serum anti – HAV Ig M, HBsAg, anti – Hbcor Ig M, anti – HDV Ig M, anti – HCV, anti – HEV Ig M. These markers are in immunoferment analysis (IFA) ROSh Switzerland-Russia A.Sh. performed on test systems and equipment. From the IFA examination, the sung blood serum chain polymerase reaction (PTSR) method tested DNA HBV, RNA HDV, RNA HCV, RNA HEV to exam.

Results of the examination: according to the results of the examination carried out in patients, viral hepatitis A accounted for 33.8%, viral hepatitis V 14.8%, Viral Hepatitis D 4.3%, viral hepatitis C 4%, viral hepatitis E 2.5%. Placenta-borne viral hepatitis (with the addition of Viral Hepatitis D) accounted for 33.4%. At the same time the placenta-passing viral hepatitis in the viral hepatitis A and the concomitant type of viral hepatitis B accounted for the most part 51.2%. The remaining 28.8% of cases accounted for viral hepatitis B and viral hepatitis C , while 21.2% accounted for viral hepatitis B and viral hepatitis D (coinfection and superinfection). In our observation, 50 (36.4%) of 140 patients in the hospital with a diagnosis of acute viral hepatitis were diagnosed with viral hepatitis A. It was found that 23 patients (16.6%) had viral hepatitis V, and 22 patients (15.1%) had viral hepatitis A along with various forms of HBV infection. In particular, at the expense of viral hepatitis A, which occurs in 5.0% of cases on the HBsAg carrier floor, 2.7% of patients were diagnosed with acute viral hepatitis A with acute viral hepatitis B, 7.3% were diagnosed with viral hepatitis A accompanied by chronic viral hepatitis B, 6 patients with Viral Hepatitis D (1.1% form of coinfection, 3.2% Viral hepatitis C was detected in 6 patients (4%), viral hepatitis E in 4 patients children (2.5%). In 14 patients of children (10%), Viral Hepatitis was passed together by different etiological types, in which markers of various viral hepatitis

were detected in the blood together. In 16 patients of children (11.5%), markers of the now known Viral Hepatitis have not been detected. They made it possible to deny tsitomegalovirus infection, Epstein – Barr infection and iersiniosis according to detailed clinical–epidemiological and laboratory analyzes. It is analyzed that these patients may have etiological types of Viral Hepatitis that have not yet been well studied. The following conclusion was made in the distribution of viral hepatitis A and viral hepatitis A+B in relation to the age of children, the etiology of which is determined. Including viral hepatitis A: it was 1-3 years old (50.3%), 4-7 years old (34.0%), 8-10 years old (8.2%), 11-14 years old (7.5%). Viral hepatitis A+B was found to occur when accompanied: 1-3 years old (49.8%), 4-7 years old (25.6%), 8-10 years old (14.7%), 11-14 years old (9.9%). The following data were obtained when viral hepatitis A and viral hepatitis A+B patients were distributed over children by gender: 24 (49%) of 50 patients treated with viral hepatitis A were young children and 26 (51%) were girls. 22 viral hepatitis A+B infection accounted for 12 (55%) of patients who accompanied the infection at the expense of boys and 10 (45%) at the expense of girls.

Conclusion: according to our observations, as can be seen from the above data, viral hepatitis A and viral hepatitis A+B. The types of mykst, which are combined with infection, occupy a significant place in the etiological system of viral hepatitis. The bulk of the patients corresponded to the accounts of sick children aged 1-3 years, and the disease caused children to decrease with increasing age. Among patients with viral hepatitis A, the number of boys and girls was almost equal. In patients with viral hepatitis A+B infection, boys became more likely than girls.

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