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BIOCHEMICAL ALTERATIONS OF CHOLESTEROL AND HEMOSTATIC FACTORS IN CIRRHOTIC

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Aim of the study: To appropriate biochemical alterations of cholesterol and hemostatic factors in cirrhotic patients.

Patienes and methods: For 20 patients (study group) with ascitic liver cirrhosis were evalueted total and HDL-cholesterol,cholest./HDL-cholest. ratio, fibrinogen and prothrombin time.The same parameters were determinated in the control group without statistical differences by sex and age).

Results. The results are shown in table below:

Parameters	Study Group X±sd	Control group X±sd	P
Cholesterol mg/dl	135.8± 30.5	200± 60	p<0.001
HDL-choles.mg/dl	40.6± 6.7	55± 10	p<0.0001
Chol/HDL-chol	4.6± 2.22	3.2± 1.3	p<0.05
Fibrinogen mg/dl	230± 122	310± 100	p<0.05
Prothromb.time %	60.7± 11.5	85 ± 15	p<0.0001

Conclusions: 1.Cholesterol ,HDL-cholesterol,fibrinogen and prothrombin time were lower and Chol:/HDL-chol. ratio was higher in patients with liver cirrhosis.

2.There was a good correlation (r=0.89) between the decrease of cholesterol,HDL-cholesterol,fibrinogen and prothrombin time.

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ENZIMATIC AND ELECTROPHORETIC ALTERATIONS IN CIRRHOTIC PATIENTS

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Aim of the Study: To evaluate enzimatic and electrophoretic alteratiuons in cirrhotic patients.

Material and Methods In a 20 patients group (study group) with ascitic liver cirrhosis phosphatases and blood protein elektrophoresis,and enzima. The same parameters were evaluated in an other volountiers group (control group,without differences by sex and age).

For statistical analysis exact t-test and linear correlation were used where appropriate.

Results: The results are shown in table below:

Parameters	Study group X±sd	Cont.group X± sd	P
GOT U/l	35.6±17.1	30.5± 15.5	n.s
GPT U/l	36.3±14.5	30.5± 15.5	n.s
GGT U/l	89.4±42.6	30.8± 18.2	p< 0.0001
Alc.phosphat. U/l	250± 161	190± 120	n.s
α_2Globulins %	11.2± 1.3	7.3± 2.8	p< 0.0001
γGlobulins %	23.9± 4.4	16.4± 4.6	p< 0.0001

Conclusions: 1.GGT, and Globulins were higher in oatients with ascitic liver cirrhosis.2.There was a good correlation (r=0.92) between globulins,GGT alc.phoshp.

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THE SPONTANEOUS BACTERIAL ASCITES-PERITONITIS AND BACTERIAL TRANSLOCATION ON PATIENTS WITH THE LIVER CIRRHOSIS

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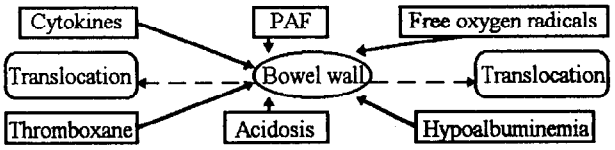
The spontaneous ascites-peritonitis developed on approximately of 20% patients with decompensative liver cirrhosis. It connected, in the first turn, with the bacterial translocation phenomena. The main link of its development is the damage of bowel wall. The ascites-peritonitis evokes, as the rule, by the monomicrobial gram-negative flora (more often Escherichia coli). Examination of patients with the spontaneous bacterial ascites-peritonitis showed, that in it diagnostic the great importance belongs to the clinical data (resistant ascites, abdominal pain, tenderness on palpation, hyperthermia) and cytologic and bacteriologic investigations of ascitic fluid also. The main criterion of the ascites' contamination is the quantity of polymorphonuclear leukocytes more than 250/mm^3 and often more than 5000/mm^3 and the presence of bacterial endotoxin in ascitic fluid. It is possible three mechanisms of bacterial translocation: disruption of the indigenous intestinal flora, loss of bowel wall barrier function, impairment of host defense. The latter two mechanisms strongly marked on liver cirrhosis. The mechanisms of the bowel wall damage are the next:



The complex radioimmunological investigation also shows the obvious immune disregulation on liver cirrhosis patients. With the aim of the intestinal decontamination it is necessary to use the norfloxacin, lactulosa, neomycin.