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**CONFERENCE ARTICLE**

**FEATURES OF EXTRAHEPATIC SYSTEMIC MANIFESTATIONS IN LIVER CIRRHOSIS**

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**The aim of the study** was to study the frequency and nature of extrahepatic systemic manifestations in liver cirrhosis.

**Materials and methods of the study**

The study included 66 patients with liver cirrhosis aged from 24 to 56 years, including 38 women and 28 men, who were undergoing inpatient treatment in the hepatobiliary pathology department of the multidisciplinary clinic of the Tashkent State Medical University. The etiology of liver cirrhosis is presented as follows: hepatitis B ( HbsAng negative ) - 23.8% of patients, hepatitis B ( HbsAng positive ) - 41.8% of patients, hepatitis C - 20.4 %, a combination of B and D infections - 3.7%, cryptogenic etiology - 10.3%.

**Results**

Systemic skin manifestations were expressed as erythema nodosum in 1.7% of cases, erythema annulare – in 6.1% of cases, lichen planus – in 2.6% of cases, skin hyperpigmentation – in 40% of cases, discoid form of systemic lupus erythematosus – in 1.7% of cases, vitiligo – in 0.9%. Dermatomyositis in combination with autoimmune thyroiditis was detected in one case (HB V ). Vitiligo in combination with the local form of systemic scleroderma was detected as the debut of hepatitis B. Autoimmune thyroiditis was diagnosed in 0.9% of cases, nodular goiter – in 0.5%, NS V – associated diabetes – 0.8%, Sjogren's syndrome – 0.3%. Hemorrhagic vasculitis was observed in 0.4% of patients, thrombocytopenic purpura and erythrocytosis were observed in one patient. Autoimmune hemolytic anemia was observed in 0.7%. Glomerulonephritis was also observed in 0.4% of cases, rheumatoid arthritis in 0.4%, ulcerative colitis in 0.4%, and reactive arthritis in 18.6%.

**Conclusion**

Thus, the presence of systemic manifestations of HBV and NSV infections necessitates differentiated patient selection for basic antiviral therapy, with mandatory consideration of the prognosis of possible undesirable side effects or adverse reactions during treatment.

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