

3rd World
LIVER CONGRESS

December 17-18, 2018 Abu Dhabi, UAE

Congenital Hepatic problems

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Statement of the problem: Normally on the 25th day of prenatal development, the endodermal rudiment of the liver appears, which has the appearance of protrusion of the ventral wall of the primary gut. In the region of the tip of the diverticulum there is proliferation of epithelial cells and their interaction with mesenchymal and sinusoidal capillaries - branches of gall-mesentery veins. So, if any of the liver parts didn't develop as well, there will be a lot of complications.

The purpose of this study is to describe the following common pathologies of hepatic formation in order to make all possible to treat and prevent them..

Violation of lobulations of the liver It occurs quite often and is characterized by the formation of additional particles or multicastrate structure of the body. There are described cases of rupture of additional particles of the liver during labour with the development of lethal bleeding.

Changes in the liver in diaphragmatic and other hernias. Effects in the diaphragm are more often on the left, and part of the liver extends to the left pleural cavity. The protruding part of the liver may be darkened with pits and often the area of compression. Rarely occurring herniated discoloration of the liver in the pericardium of the pericardium may result in a newborn to a massive pericardial haemorrhage.

Liver cysts. They can be found in newborns, 4 times more often in girls than in boys. They are usually solitary and unilocular, and multicellular ones are rare. Often, cysts are found in the right lobe of the liver, they are round, sometimes placed on the stalk. The cyst can be combined with the liver duct.

Congenital hepatomegaly. A syndrome characterized by an increase in the size of the liver. The cause can be viral hepatitis, infectious mononucleosis, alcoholic illness, cirrhosis, hemochromatosis, Budd-Chiari syndrome, fatty degeneration, cancer, cardiovascular and other diseases.

Anomalies of bile ducts. They occur in 1 of 10,000 newborns. Agenesis, atresia or stenosis appear, as well as duct extensions, such as atresia of extrahepatic bile ducts. Anomalies are divided by localization into external and intra-liver.

Findings: The prognosis of the disease depends on the severity of the changes. In 5-15% of the cases a correction of violations is possible in the presence of cellular storage of bile ducts. The operation of portoenterostomy or its modification is carried out. Hepatomegaly denotes an enlarged liver. This phenomenon has a different aetiology, depending on the age of the patient. If the child has an hepatomegaly, then we should fix a number of nuances and do not panic in advance, as well as consider the main reasons why a baby can be enlarged and what to do with it.

Conclusions & Significance: If the child has only one of that pathologies there are few steps how to help prevent and treat child with the hepatic disorders.

1. Early diagnostic
2. Proper laboratory analysis of wide spectrum
3. Qualified surgical operation (if needed)
4. Advanced medical treatment.

Biography

Mykhailo Bilousov 5-year student of Danylo Halytsky Lviv National Medical University analysed common congenital hepatic problems, describe preventive and treating steps. He aimed to attract attention of the scientists of other countries in order to discover better ways of treatment. He interested in improving the health and well-being of population. Focused on achieving positive results in medicine and to improve the methods of treatment of severe and rare pathologies.

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