HEPATITIS B, LIVER CIRRHOSIS, LIVER CANCER RELATEDTED WITH REVERSIBLE POSTERIOR LEUKOENCEPHALOPATHY SYNDROME

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Annotation. This article discusses the treatment of patients with co-morbidities, and reversible posterior leukoencephalopathy syndrome (RPLS) in history. Patient Wang, female, 53 years old, diagnosed with hepatitis, cirrhosis, liver cancer, lung metastasis, etc.

Data for reversible posterior leukoencephalopathy syndrome (RPLS) in combination with impaired function of the nervous system and a complex of other symptoms that describe the clinicians in their observations, recently updated with new data [1; 3; 5].

This fact helps clinicians to be based on the early diagnosis of a symptom that was significantly correlated with the syndrome rear reversible leukoencephalopathy (RPLS), prompt treatment of RPLS, because only in the case of early treatment of opportunistic diseases can achieve a reversible syndrome treatment back reversible leukoencephalopathy (RPLS).

In this study, the report focuses on the clinical symptoms that accompanied the reversible posterior leukoencephalopathy syndrome (RPLS) Patient Wang, female, 53 years old (the main concomitant diseases: hepatitis, cirrhosis, liver cancer, lung metastasis, etc.).

After the early diagnosis and successful treatment of co-morbidities, the Patient Wang, female, 53 years old revealed a positive dynamics of indicators of reversible posterior leukoencephalopathy syndrome (RPLS).

Key words: hepatitis B, cirrhosis, liver cancer, reversible posterior leukoencephalopathy syndrome (RPLS), magnetic resonance imaging (MRI), hemianopsia, cortical blindness, scleroderma, mental abnormalities, disturbance of consciousness, differential diagnosis of diseases.

Resume. Data for reversible posterior leukoencephalopathy syndrome (RPLS) complete with a dysfunction of the nervous system and a complex of other symptoms that clinicians describe their observations in recently replenished with new data. This fact helps to be based on the early diagnosis of a symptom that was significantly correlated with reversible posterior leukoencephalopathy syndrome (RPLS) early treatment RPLS, because only in this case it is possible to achieve a reversible flow posterior leukoencephalopathy syndrome.
In this study, the report focuses on the clinical symptoms that accompanied the reversible posterior leukoencephalopathy syndrome patient Wang, female, 53 years (basic associated disease: hepatitis, cirrhosis, liver cancer, lung metastasis, etc.).

**Case.** Patient Wang, female, 53 years old.

The diagnosis delivered in Tianjin Third Central Hospital (TTCH): hepatitis, cirrhosis of the liver metastases in the lungs. The hospital was conducted interventional therapy 08.03.2012. After 6 hours, held interventional therapy observed weak consciousness, depressed mood, difficult to understand speech, suppression of reflex activity of the lower limbs.

Surveyed: BP120/70 mm Hg, the diameter of the pupils of both 2.5 mm, the positive reaction to light, the neck muscles are not tense, there are conjugate reflexes to the lower limbs, tendon reflexes were positive, not inhibited. At night, there is myotonia upper extremities, lockjaw, tachycardia, increased blood pressure to a level of 190/100 mm Hg, single vomiting. 14.08.2012 — worsening of symptoms, the patient can eat and drink, poorly coordinated motor reactions, BP125/75 mm Hg, pupil diameter of 2.5 mm, the reaction of pupils to light — positive. Anticonvulsant therapy has been carried out and the normalization of intracranial pressure. After therapy showed improvement of metabolic reactions of the brain.

26.08.2012 (13 days after treatment). Symptoms improved, recovered motor activity, speech intelligible, the patient can eat and eat. Sometimes — there are convulsions. BP115/75 mm Hg, observed recovery of tendon reflexes. Reaction to light — positive. The figure shows the MRI patient before and after treatment (fig. 1, 2). After treatment, comorbidities seen positive dynamics of reversible posterior leukoencephalopathy syndrome (RPLS).

**Discussion.** About RPLS syndrome was first reported Hinchey, etc. [1] 1996. RPLS Symptoms include headache, nausea and vomiting, blurred vision, convulsions, changes in the level of consciousness. These symptoms are basic and are used as a main syndrome, which can be clinically visualized. Researcher Schwartz [2], called RPLS “syndrome high perfusion and encephalopathy”. Ay H., Buonanno F.S., Schaefer P.W., et al. [3] associated clinical manifestations of RPLS with the rapid progress of symptoms cranial pressure, seizures, blurred vision, and consciousness, mental disorders, which can be characterized with the help of neuroimaging in the display.

After a timely and effective treatment of the clinical manifestations and neuroimaging changes RPLS can fully recover, neurological complications are usually identified. The most common cause of hypertension, encephalopathy is a history of patient conditions such as renal failure, uremia, pregnancy. Postpartum eclampsia ranked second. In patients with normal blood pressure using an immune inhibitor and cytotoxic drugs. Scleroderma syndrome (Moschcowitz) [1] is a rare disorder of the blood coagulation system. Extensive microscopic clots are formed in the capillaries of the skin all over the body. These small blood clots, known as thrombi, can cause damage to multiple organs, including the kidneys, heart, and brain [2; 3]. Prior to the introduction of effective treatment by plasmapheresis, mortality was about 90%. The use of plasmapheresis reduced the mortality to 10%. Immunosuppresant’s such as glucocorticoids, cyclophosphamide, vincristine, rituximab, or cyclosporine, can also be used if there is a relapse before the next plasmapheresis [4]. For good control of dynamics, and clinical manifestations of RPLS still lacks detailed modern studies. Application widespread Imaging Technology is often not enough.
Major diseases such as malignant hypertension, pre-eclampsia, malignant tumors, the state organ transplantation are the exact same comorbidity to RPLS. The main clinical manifestations of RPLS related diseases are:

1. Traumatic brain pressure symptoms: headache, nausea and vomiting, papilledema.
2. Cramps. Very often occur at the beginning of the disease.
3. Mental disorders, impaired consciousness, including memory loss, inattention, lethargy, delirium, coma.
4. Violation of: including hemianopsia, cortical blindness.

5. The clinical signs and symptoms of the disorder of the nervous system are usually reversible and can be significantly weakened as a few hours to several days from onset.

6. It is necessary to distinguish the difference between the cytotoxic edema of ischemic brain damage and angioedema. For the treatment of reversible RPLE this circumstance is of vital importance.

**REFERENCE**

ГЕПАТИТ В, ЦИРРОЗ ПЕЧЕНИ, РАК ПЕЧЕНИ, СВЯЗАННЫЕ С СИНДРОМОМ ЗАДНЕЙ ОБРАТИМОЙ ЛЕЙКОЭНЦЕФАЛОПАТИИ

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Аннотация. В этой статье обсуждается лечение пациента с сопутствующими заболеваниями и синдромом задней обратимой лейкоэнцефалопатии (RPLS) в анамнезе. Пациент Ван, женщина, 53 лет, диагноз: гепатит В, цирроз печени, рак печени, метастазы в легких и т.д. Данные по синдрому задней обратимой лейкоэнцефалопатии (RPLS) в комплексе с нарушениями функции нервной системы и комплексом других симптомов, которые описывают клиницисты в своих наблюдениях, в последнее время пополняются новыми данными.

Это обстоятельство помогает клиницистам осуществлять на основе ранней диагностики симптомов, которые статистически достоверно коррелируют с синдромом задней обратимой лейкоэнцефалопатии (RPLS), своевременное лечение RPLS, потому что только в случае раннего начала лечения сопутствующих заболеваний можно достичь обратимого лечения синдрома задней обратимой лейкоэнцефалопатии (RPLS). В представленной работе подробно рассматриваются клинические симптомы, которые сопровождали этот синдром.

После ранней диагностики и успешного лечения сопутствующих заболеваний у пациентки выявлена положительная динамика показателей синдрома задней обратимой лейкоэнцефалопатии (RPLS).

Ключевые слова: гепатит В, цирроз печени, рак печени, синдром задней обратимой лейкоэнцефалопатии (RPLS), магнитно-резонансная томография (МРТ), гемианопсия, коккорва слепота, склеродермия, ментальные рассстройства, расстройства сознания, дифференциальная диагностика заболеваний.

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