

classification it should be stated that practitioners need to have a clear plan for helping their patients in order to be effective.

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CIRRHOSIS OF LIVER: CAUSES, CONSEQUENCES AND MODERN APPROACHES TO TREATMENT

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Cirrhosis is traditionally known as the end-stage of chronic liver disease, often associated with alcohol misuse or viral hepatitis. It is characterized by the progressive replacement of healthy liver tissue with scar tissue (fibrosis), leading to irreversible damage and liver dysfunction. However, beyond this common understanding lies a complex landscape of unusual causes, subtle and bizarre symptoms, and increasingly sophisticated treatment strategies that go far beyond simple abstinence.

Unusual and Surprising Causes of Cirrhosis While alcohol and hepatitis B/C are the most common culprits, a significant number of cirrhosis cases stem from less familiar origins. Recognizing these is crucial for accurate diagnosis.

1. Autoimmune Hepatitis (AIH): In this condition, the body's own immune system mistakenly attacks and destroys healthy liver cells. It can progress silently for years, leading to cirrhosis if undiagnosed. It predominantly affects women and often requires lifelong immunosuppressive therapy.

2. Non-Alcoholic Fatty Liver Disease (NAFLD) and its aggressive form, NASH (Non-Alcoholic Steatohepatitis): This is rapidly becoming a leading cause of cirrhosis

in the developed world. Linked to obesity, type 2 diabetes, and metabolic syndrome, NAFLD involves a buildup of fat in the liver that can trigger inflammation and scarring, even in individuals who consume little to no alcohol.

3. Genetic and Metabolic Disorders:

- Wilson's Disease: A rare inherited disorder causing copper to accumulate in the liver, brain, and other vital organs.
- Hemochromatosis: A genetic condition where the body absorbs and stores too much iron, which is toxic to the liver.
- Alpha-1 Antitrypsin Deficiency: A genetic disorder that can cause liver disease in children and adults due to the accumulation of an abnormal protein.

4. Biliary Cirrhosis (PBC and PSC): These are autoimmune diseases that target the bile ducts. Primary Biliary Cholangitis (PBC) destroys the small bile ducts, while Primary Sclerosing Cholangitis (PSC) causes scarring and narrowing of the larger ducts. Both lead to bile buildup, damaging liver cells.

5. Drug-Induced Liver Injury (DILI): Certain prescription medications (e.g., some antibiotics, anticonvulsants), over-the-counter drugs (notably acetaminophen in high doses), and even herbal supplements can cause chronic liver damage that culminates in cirrhosis.

Beyond Jaundice: Uncommon and Deceptive Symptoms The early stages of cirrhosis are often "silent," with no obvious symptoms. As it progresses, some signs are well-known, like jaundice (yellowing of the skin and eyes) and ascites (fluid buildup in the abdomen). However, other symptoms can be unusual and point to issues far beyond the liver.

1. Hepatic Encephalopathy (HE): This is one of the most bizarre manifestations. Toxins that the damaged liver cannot clear, especially ammonia, travel to the brain. This can cause symptoms ranging from subtle cognitive changes, mood swings, and sleep disturbances to more severe confusion, personality changes, a flapping tremor (asterixis), and even coma.

2. Pruritus (Severe Itching): In biliary diseases like PBC, intense, debilitating itching all over the body can be the first and most prominent symptom. It is caused by bile salts accumulating in the skin.

3. Feminization in Men: Due to the liver's impaired ability to metabolize hormones, men with advanced cirrhosis may experience testicular atrophy, loss of body hair, and breast enlargement (gynecomastia).

4. Skin Manifestations:

- Palmar Erythema: A reddening of the palms.
- Spider Angiomas: Small, spider-like blood vessels visible under the skin, commonly on the chest and face.
- White Nails (Terry's Nails): The nails appear mostly white with a dark tip.

5. Pulmonary Complications (Hepatopulmonary Syndrome): In a strange organ cross-talk, advanced liver disease can cause blood vessels in the lungs to dilate abnormally. This leads to low oxygen levels, causing shortness of breath, especially when upright.

Modern Treatment and Management: A Multi-Faceted Approach Treatment for cirrhosis is no longer solely about managing complications; it aims to slow or stop disease progression and address the root cause.

1. Treating the Underlying Cause: This is the most critical step.

- Alcohol Cessation: Absolute abstinence is non-negotiable for alcoholic liver disease.
- Antiviral Medications: For hepatitis B and C, modern antivirals can suppress or even cure the infection, dramatically improving outcomes.
- Lifestyle Modification: For NAFLD/NASH, weight loss, a healthy diet, and exercise are the cornerstone of treatment.
- Specific Medications: Ursodeoxycholic acid for PBC, chelating agents for Wilson's disease (to remove copper) and hemochromatosis (to remove iron).

2. Managing Complications:

- Ascites and Edema: Treated with a low-sodium diet and diuretics ("water pills").

- Hepatic Encephalopathy: Managed with laxatives like lactulose, which helps clear ammonia from the gut.
- Portal Hypertension: Medications like non-selective beta-blockers are used to reduce pressure in the portal vein and prevent variceal bleeding.

3. Nutritional Support: Malnutrition is common in cirrhosis. A high-calorie, protein-adequate diet is essential to prevent muscle wasting, a condition known as sarcopenia, which is a poor prognostic indicator.

4. Liver Transplantation: For eligible patients with end-stage liver disease, a transplant is the only definitive cure. It offers an excellent chance at a return to a normal life.

In conclusion, cirrhosis is a multifaceted disease with a wide array of causes and surprising systemic symptoms. Modern medicine's approach has evolved from passive management to an active, cause-targeting strategy, significantly improving the prognosis and quality of life for patients, even in advanced stages. Early diagnosis and a comprehensive treatment plan remain the keys to combating this complex condition.

Positive and Advanced Treatment Examples: A New Era of Hope The management of cirrhosis has been revolutionized by treatments that not only manage symptoms but can actually reverse fibrosis and prevent life-threatening complications. These advances offer tangible hope and significantly improve both the length and quality of life for patients.

1. Disease-Modifying Therapies: Halting and Reversing Scarring

The most groundbreaking development is the evidence that liver fibrosis can be reversed if the underlying cause is effectively treated.

- Hepatitis C Cure: The advent of Direct-Acting Antiviral (DAA) medications is one of the biggest success stories in modern medicine. These pills, taken for 8-12 weeks, have a cure rate of over 95% with minimal side effects. For patients with cirrhosis caused by Hepatitis C, achieving a sustained virologic response (SVR), or cure, drastically reduces the risk of liver cancer (HCC) and liver failure. Studies show that even advanced fibrosis can regress, moving a patient from a

diagnosis of cirrhosis (F4) back to a stage of significant fibrosis (F3), fundamentally changing the long-term outlook.

- Effective Suppression of Hepatitis B: While not yet a cure, modern nucleos(t)ide analogue drugs (e.g., Entecavir, Tenofovir) powerfully suppress the Hepatitis B virus to undetectable levels. This halts the ongoing liver damage, allowing the liver to stabilize and often leading to regression of fibrosis, preventing progression to decompensated cirrhosis and cancer.
- Emerging Pharmacotherapies for NASH: The search for a dedicated NASH drug is advancing rapidly. Medications like Resmetirom, a thyroid hormone receptor-beta agonist, have shown in clinical trials to directly resolve NASH and reduce liver fibrosis. The recent approval of this and similar drugs marks the beginning of a new era where we can directly target the metabolic drivers of the disease, not just recommend lifestyle changes.

2. Minimally Invasive Procedures for Complications

Advanced procedures now manage complications without the need for major surgery.

- TIPS (Transjugular Intrahepatic Portosystemic Shunt): For patients with severe portal hypertension leading to recurrent variceal bleeding or ascites that don't respond to diuretics, the TIPS procedure is life-saving. An interventional radiologist creates a small channel within the liver to bypass high-pressure areas. This is performed through a vein in the neck, is minimally invasive, and effectively controls these dangerous complications.
- Banding and Coiling for Varices: The dreaded risk of bleeding from esophageal varices is now proactively managed with endoscopic variceal ligation (banding). During an endoscopy, small bands are placed over the enlarged veins, causing them to scar and shrink. For gastric varices, endoscopic cyanoacrylate glue injection effectively seals them off. These outpatient procedures are highly effective at preventing first or subsequent bleeds.

3. Robust Management Tools and Monitoring

Proactive management has become the standard of care.

- Non-Invasive Liver Stiffness Measurement (FibroScan®): This technology has been a game-changer for monitoring. Instead of repeated liver biopsies, a FibroScan uses a painless vibration to measure liver stiffness (a marker of fibrosis) and controlled attenuation parameter (CAP, a marker of fat). This allows doctors to track disease progression or regression safely and frequently, enabling timely adjustments to treatment.
- Comprehensive Hepatocellular Carcinoma (HCC) Surveillance: Patients with cirrhosis are enrolled in rigorous surveillance programs involving an ultrasound and alpha-fetoprotein (AFP) blood test every six months. This protocol is highly effective at detecting liver cancer at its earliest, most treatable stages. Curative treatments like surgical resection, local ablation, or liver transplantation can then be pursued with high success rates.

4. The Ultimate Second Chance: Liver Transplantation

Liver transplantation remains the definitive cure for end-stage liver disease and its outcomes are outstanding.

- High Success Rates: Current one-year survival rates after transplantation consistently exceed 90%, and five-year survival rates are around 75-85%. For a successful transplant recipient, it means a return to a normal, active life.
- Living-Donor Transplantation: This innovative approach allows a healthy person to donate a portion of their liver to a patient. The livers of both the donor and recipient regenerate to full size within months. This dramatically shortens waiting times and saves lives, representing the pinnacle of collaborative treatment.

In summary, the narrative around cirrhosis is shifting from one of inevitable decline to one of active management and genuine hope. Through curative antiviral therapies, emerging NASH drugs, sophisticated minimally invasive procedures, and the life-saving option of transplantation, patients and their healthcare teams now have a powerful arsenal to fight this complex disease.

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PSYCHOLOGICAL FEATURES OF TEACHING FOREIGN LANGUAGES ONLINE DURING THE WAR

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The war in Ukraine has disrupted traditional educational structures, necessitating an urgent transition to online learning. Foreign language education, which relies heavily on interaction, immersion, and continuous practice, has been particularly affected. Certainly, the ongoing war in Ukraine has significantly altered the educational landscape, forcing a shift to online learning under crisis conditions. Foreign language instruction, which inherently relies on interaction, engagement, and consistent practice, has been particularly affected by these extraordinary circumstances.

The article aims to examine the psychological peculiarities of online language teaching in wartime conditions, addressing both theoretical and practical implications, it provides a scientific analysis of the concept, signs, features, and content of psychological peculiarities associated with teaching foreign languages online during the war in Ukraine, focusing on the cognitive, emotional, and motivational challenges that both students and educators face in such a context.

Psychological peculiarities in this setting refer to the distinct mental, emotional, and social factors that impact the learning process in a war-torn country. These factors arise from both external conditions, such as displacement, security threats, and infrastructure disruptions, and internal psychological responses, including stress, anxiety, and decreased motivation. Theoretical frameworks such as Cognitive Load Theory (Sweller, 1988), Trauma-Informed Pedagogy (Carello & Butler, 2015), and Self-Determination Theory (Deci & Ryan, 1985) provide a foundation for understanding the mechanisms underlying these psychological challenges of the primary indicators of psychological peculiarities in online language education during wartime is cognitive strain. High levels of stress and uncertainty negatively affect