

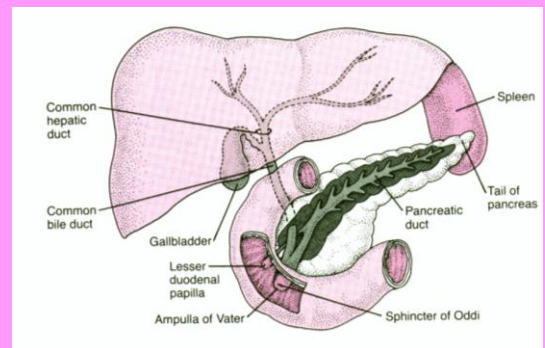
Cirrhosis

Definition

- A chronic liver disease which causes
- damage to liver tissue,
 - scarring of the liver
 - progressive decrease in liver function,
 - ascites
 - coagulopathy (bleeding disorders)
 - portal hypertension
 - hepatic encephalopathy

Causes, Incidence, and Risk Factors

- The damaged and scarred liver becomes unable to adequately remove waste products (toxins) from the blood
 - The formation of scar tissue leads to increased portal hypertension in the veins between the intestines and spleen to the liver.
- Excessive alcohol use is the leading cause of cirrhosis
- Other causes include
 - infections (such as hepatitis)
 - diseases and defects of the bile drainage system
 - cystic fibrosis
 - increased iron and copper absorption.



- The type of cirrhosis depends on the cause of the disease.
- Complications of cirrhosis can be severe.
- Neurological problems (such as hepatic encephalopathy) can develop.
- Increased fluid collection in the abdominal cavity (ascites) is caused by decreased body protein, increased sodium, and increased pressure within the liver's blood vessels (portal hypertension).

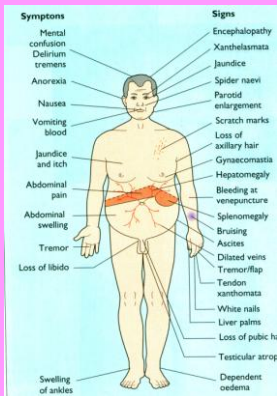
- Portal hypertension can cause increased pressure, size, and fullness in the blood vessels
 - in the oesophagus (**oesophageal varices**).
 - in the abdomen (**caput Medusae**)
- Problems with bleeding and clotting can occur. The increased pressures within the blood vessels and the problems with blood clotting can increase the possibility of severe and life-threatening haemorrhage.

Prevention

Control alcohol use and other causative factors.

Symptoms

- pale or clay coloured stools
- clubbing of the fingers or toes
- splenomegaly
- jaundice
- Spider naevi
- weakness
- weight loss
- nausea



- vomiting
- vomiting blood
- swelling, overall
- epistaxis
- abnormal menstrual periods
- impotence
- loss of interest in sex

Signs and Tests

- A physical examination reveals an enlarged liver.

Blood tests that reveal liver injury include:

- anaemia on a FBC
- coagulation abnormalities
- elevated liver enzymes
- elevated bilirubin
- serum albumin low
- Scan shows an enlarged liver.
- A liver biopsy confirms cirrhosis

Treatment

- The general principles of treatment include
 - abstinence from alcohol use
 - high protein in diet (except in cases of encephalopathy)
 - vitamin supplements
 - adequate rest
- Ascites is managed by
 - restricting sodium
 - taking diuretics
 - withdrawing fluid from the abdomen

- Bleeding oesophageal varices can be treated by sclerosing the veins, by injecting them with a solution or banding.
- Bleeding tendencies are treated with vitamin K preparations or blood transfusions.

Prognosis

- Survival is enhanced if the patient stops drinking before the disease becomes severe.
- The outcome is expected to be poor in advanced cirrhosis with severe liver dysfunction.
- 50% survive for 2 years.

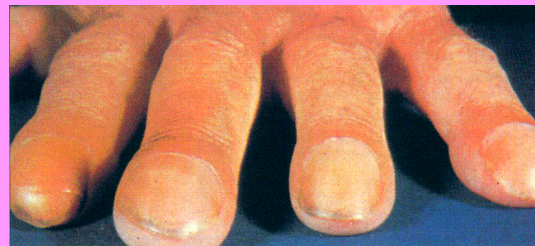
Complications

- bleeding oesophageal varices
- portal hypertension
- hepatic encephalopathy
- mental confusion
- coma

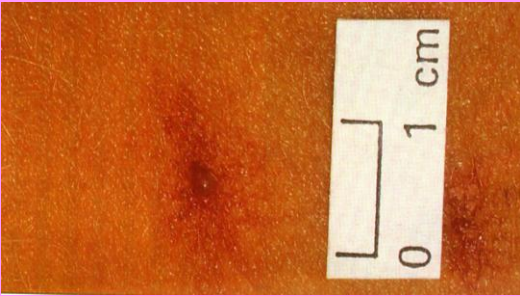
Palmer Erythema



Dupuytren's Contracture



Spider Naevus



Blanched Spider Naevus



Oesophageal Varices

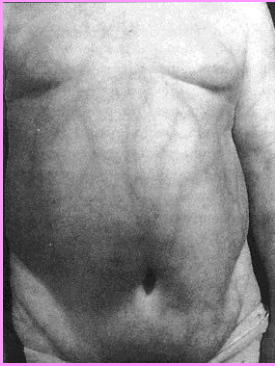


Spider Naevi



Alcoholic Cirrhosis





**Caput
Medusae**

