

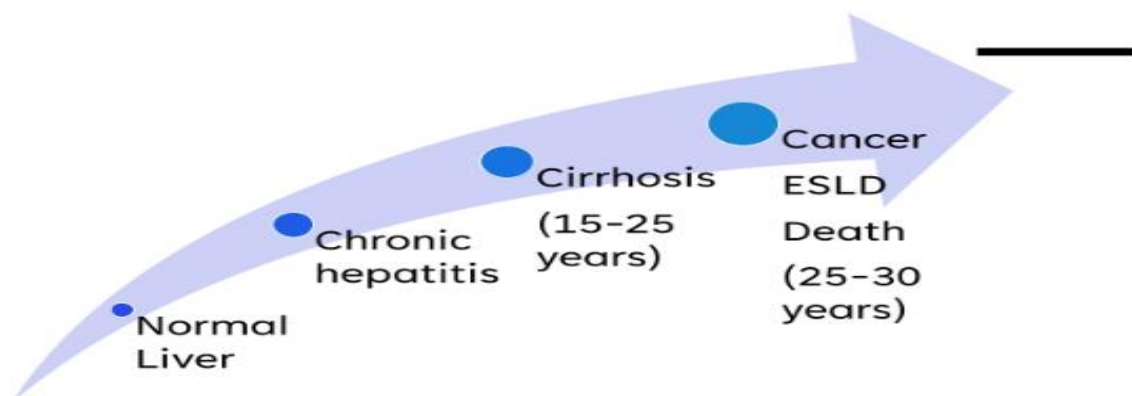
Demystifying Chronic liver disease (cirrhosis) & it's complications...

Chronic liver disease is marked by the gradual destruction of liver tissue over decades. Several liver diseases fall under this category, including cirrhosis of the liver and fibrosis of the liver. Because of chronic damage to the liver, scar tissue slowly replaces normal functioning liver tissue, progressively diminishing blood flow through the liver. As the normal liver tissue is lost, all of functions of liver (over 100) are adversely affected leading to a disruption of virtually all metabolisms. CLD causes Portal Hypertension which in turn causes oesophageal varices leading to fresh, large volume blood vomiting from upper GI.

Cirrhosis has various causes.

- Alcohol-related liver disease.
- Chronic hepatitis C; Chronic hepatitis B and D.
- Non-alcoholic fatty liver disease (NAFLD).
- Autoimmune hepatitis.
- Biliary diseases
- Drugs, toxins and infections.

Chronic liver disease generally progresses slowly from hepatitis to cirrhosis to cancer to end stage liver disease to death, often over 10 to 30 years.



Portal hypertension is elevated pressure in the portal vein.

It is caused most often by cirrhosis.

Portal hypertension is asymptomatic; However, once the portal pressure rises complications can arise, such as varices and ascites.

Symptoms and signs result from its complications. The most dangerous is acute variceal bleeding. Patients typically present with sudden painless upper GI bleeding, often massive and could be fatal.

Decompensated cirrhosis

The liver is critical to survival. When the causative factor, damage or kill liver cells, the remaining cells can compensate by doubling their metabolic function. If liver injury or cell loss outstrips its ability to compensate, all the liver functions of biotransformation, glycogenolysis, gluconeogenesis, protein synthesis, filtration, etc., diminish.

As the liver fails, the body will exhibit signs of severe hepatic insufficiency.

The decompensation may take the form of any of the following complications:

- Oesophageal variceal bleed
- Ascites (fluid collection in abdomen)
- Spontaneous bacterial peritonitis
- Hepatic encephalopathy (neuropsychiatric symptoms)
- Hepatorenal syndrome (acute kidney failure with normal kidneys)
- Hepatocellular carcinoma
- Sepsis

Patients with compensated cirrhosis have a median survival that may extend beyond 12 years but with multiple hospitalizations. Patients with decompensated cirrhosis have a worse prognosis than do those with compensated cirrhosis; the average survival without transplantation is approximately two years.