

Alcoholic liver disease.

Date

◦ "Symptoms of progressive inflammatory injury of liver associated with chronic heavy intake of alcohol."

◦ Alcoholic liver disease usually persists and progresses to cirrhosis if heavy use of alcohol continues.

◦ Of all the chronic drinkers, only 15-20% develops hepatitis or cirrhosis

◦ The 4 stages of liver damage are:

Healthy liver \Rightarrow Fatty liver \Rightarrow Liver Fibrosis \Rightarrow Liver Cirrhosis

◦ If alcohol use ceases, alcoholic liver disease resolves over weeks or months.

\Rightarrow Etiology:

(1) Excessive consumption of alcohol

(2) Other types of hepatitis, especially hepatitis C.

(3) Malnutrition: Many people who drink heavily are malnourished either because they eat poorly or because alcohol and its toxic

by-products prevents the body from properly absorbing the nutrients.

(4) Genetic mutations.

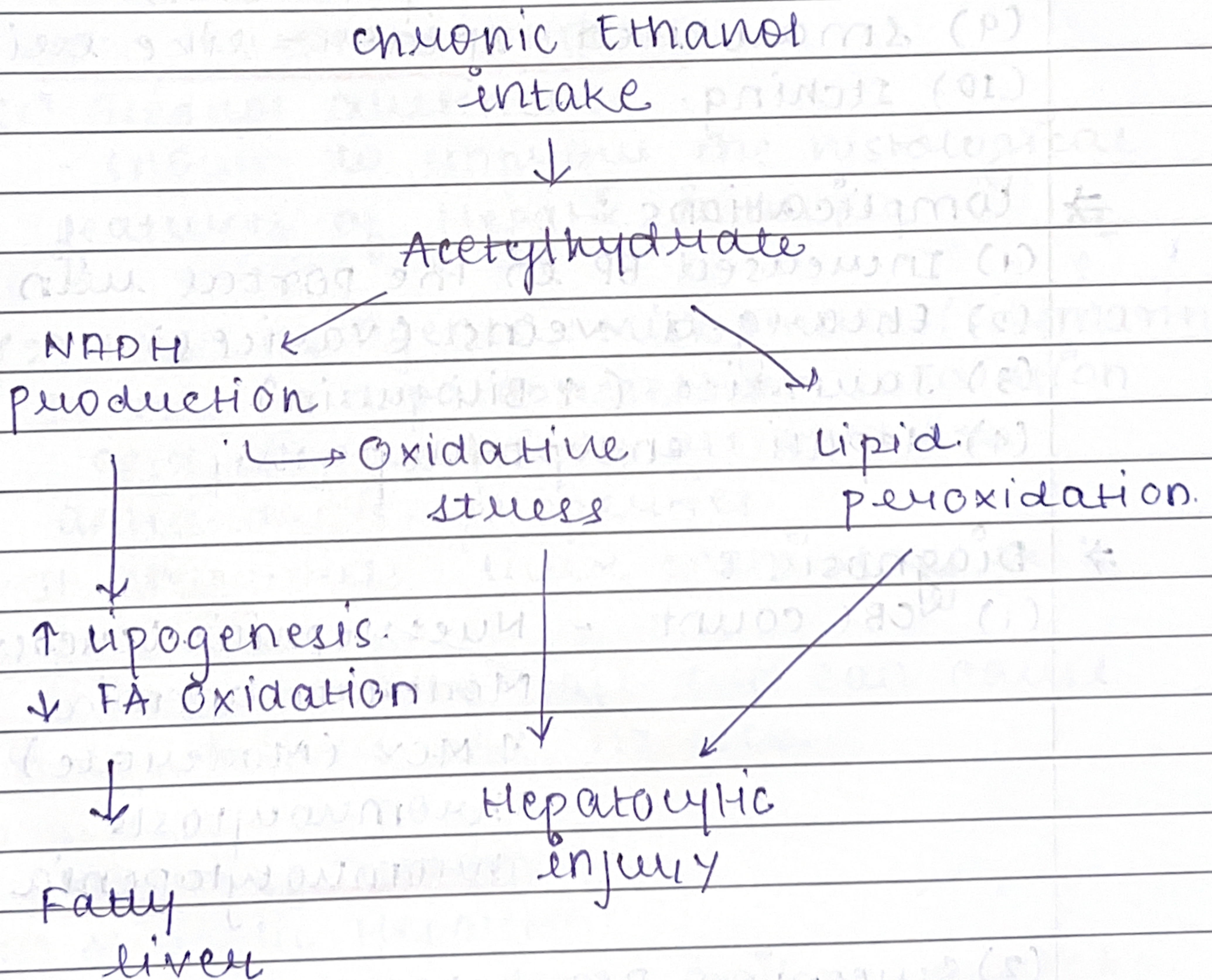
(5) sex : Toxic effects (M << F)

Because of an enzyme, alcohol dehydrogenase that breaks down alcohol into acetaldehyde, is not present in women.

(6) Type of Beverage (Beer or spirits)

(7) Obesity and Alcohol have a synergistic effect.

⇒ Pathophysiology:



⇒ Symptoms :

- (1) Pain and swelling in abdomen with tenderness.
- (2) ↓ Appetite and ↓ wt.
- (3) Nausea and vomiting
- (4) Fatigue.
- (5) Dry mouth and ↑ thirst.
- (6) Bleeding from enlarged veins in the lower part of esophagus.
- (7) Yellow skin or eyes (Jaundice).
- (8) Very dark or pale skin.
- (9) Small red spider-like veins
- (10) Itching.

⇒ Complications :

- (1) Increased BP in the portal vein
- (2) Enlarged veins (varices)
- (3) Jaundice (↑ Bilirubin)
- (4) Hepatic encephalopathy

⇒ Diagnosis :

- (1) CBC count - Neutrophilic leucocytosis
Moderate anemia
↑ MCV (Moderate)
Thrombocytosis
Thrombocytopenia
- (2) Screening Blood tests :
 - HBsAg → Hepatitis B
 - Anti-Hepatitis-E virus linked by ELISA detects Hepatitis C.

• Ferritin & Transferrin saturation detect hemochromatosis

• ↑ ALP

(3) Liver function tests:

• ↑ AST (moderate)

• ↑ ALT (Mild)

(4) Ultrasonography

(5) Liver biopsy

⇒ Treatment:

NON-PHARMAE THERAPY -

(1) Alcohol abstinence

- shown to improve the histological features of Hepatic injury

(2) Herbal agents: Milk thistle (silymarin)
It has a hepatoprotective mediation and is probably related to antioxidants properties.

It improves liver chemistry test results.

It is generally safe but can cause Diarrhoea and Nausea.

PHARMAE THERAPY -

(1) Alcoholic Hepatitis:

Prednisolone 40mg orally x 4 weeks.

↓
Taper dose.

(2) Folic acid deficiency -

Folic acid 1mg orally with improved dietary intake

(3) Thiamine deficiency -

Thiamine : 100mg orally or s/c daily
x 2 weeks

(4) Vit. D deficiency :

Ergocalciferol - 12000 to 15000 IU orally
daily

(5) Vit. E deficiency -

Vit E 400 IU orally daily

(6) Vit. A deficiency -

25000 to 50000 IU orally x 3 times
weekly.

OTHER CONSIDERATIONS:

(1) Liver transplant -

- Orthotopic liver transplant is widely used in patients with end-stage liver disease.

- The patient has to abstain from alcohol intake for at least 6 months to be considered for a transplant.

But, most patients have a low likelihood for reverting alcohol abuse.

(2) surgery -

- Patients with acute alcoholic liver disease are at high risk of developing hepatic failure following general anaesthesia and a major surgery.

- If patient remains abstinent, ALD usually resolves over time, permitting surgery to be undertaken with a substantially reduced risk of mortality.

Alcoholic
Fatty liver

Alcoholic
Hepatitis

Liver
cirrhosis.

↓
Abstinence.

← Psychotherapy and.

pharmac treatment.

(Eq: Baclofen)

↓
Nutritional therapy

1.2 - 1.5 g/kg per day of protein &

35-40 kcal/kg per day

←
Alcohol.
withdrawal
syndrome

General management

← (Fluid, electrolytes, vitamins
on admission)

↓
Thiamine
Benzodiazepines
& other drugs

↓
Pharmac
acc. to
severity

↓
Management
of
complications.