



Case Report on: Cirrhosis of Liver with Ascites and Splenomegaly

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ABSTRACT

Cirrhosis is a late-stage liver disease in which healthy liver tissue is replaced with scar tissue and the liver is permanently damaged. Scar tissue disturbs the liver function. Many types of liver diseases and conditions injure healthy liver cells, causing cell death and inflammation. This is followed by cell repair and finally tissue scarring as a result of the repair process.

Case report –

A 46 year old male patient admitted to AVBR Hospital with the complaint of hematemesis around 80 ml ; 2 episode, melena since morning, loose stool ; 3 -4 episode since afternoon, abdominal distention & pedal edema since 6 year. Patient has a history of hypertension six year back. Patient was chronic alcoholic since 10-12 year, last intake of alcohol was six year back.

Discussion –

The most common cause of portal hypertension is cirrhosis of the liver. Cirrhosis is scarring which accompanies the healing of liver injury caused by hepatitis, alcohol, or other less common causes of liver damage. The scar tissue blocks the flow of blood through the liver and slows the liver's ability to process nutrients, hormones, drugs and natural toxins (poisons). It also reduces the production of proteins and other substances made by the liver. Cirrhosis eventually keeps the liver from working properly. Late-stage cirrhosis is life-threatening.

Conclusion –

Chronic alcoholism can damage the liver and it may lead to cirrhosis of liver. In this case patient was chronic alcoholic.

Key words – cirrhosis of liver, chronic alcoholism.

Introduction –

Cirrhosis, also known as liver cirrhosis or hepatic cirrhosis, and end-stage liver disease, is the impaired liver function caused by the formation of scar tissue known as fibrosis due to damage caused by liver disease. Damage causes tissue repair and subsequent formation of scar tissue, which over time can replace normal functioning tissue leading to the impaired liver function of cirrhosis. The disease typically develops slowly over months or years. Early symptoms may include tiredness, weakness, loss of appetite, unexplained weight loss, nausea and vomiting, and discomfort in the right upper quadrant of the abdomen. As the disease worsens, symptoms may include itchiness, swelling in the lower legs, fluid build-up in the abdomen, jaundice, bruising easily, and the development of spider-like blood vessels in the skin. The fluid build-up in the abdomen may become spontaneously infected. More serious complications include hepatic encephalopathy, bleeding from dilated veins in the esophagus, stomach, or intestines, and liver cancer.(1)

Cirrhosis is the severe scarring of the liver and poor liver function seen at the terminal stages of chronic liver disease. The scarring is most often caused by long-term exposure to toxins such as alcohol or viral infections. The liver is located in the upper right side of the abdomen below the ribs. It has many essential body functions. (2)

Complications include Ascites, Esophageal variceal bleeding, Hepatic encephalopathy, Hepatorenal syndrome, Spontaneous bacterial peritonitis, Portal hypertensive gastropathy, Infection, Hepatocellular carcinoma.[4-6] The gold standard for diagnosis of cirrhosis is a liver biopsy, through a percutaneous, transjugular, laparoscopic, or fineneedle approach. A biopsy is not necessary if the clinical, laboratory, and radiologic data suggests cirrhosis.(3)

Case report –

A 46 year old male patient admitted to AVBR Hospital with the complaint of hematemesis around 80 ml ; 2 episode, melena since morning, loose stool ; 3 -4 episode since afternoon, abdominal distention & pedal edema since 6 year. Patient has a history of hypertension six year back. Patient was chronic alcoholic since 10-12 year, last intake of alcohol was six year back. Patient was conscious and oriented. Patient has previous history of hypertension. He belongs from joint family in their family five member are living together and he was belonging from middle class family and in their houses all facilities are available like electricity, water supply from municipality etc. her monthly income was 25000/- per month. Patient and her family members were psychological stable. He maintain good interpersonal relationship with others. He is taking only vegetarian diet. He doesn't have any allergic reaction from any food and no any history of any bad habits like chewing tobacco, smoking etc. but he was chronic alcoholic.

Patient general examination was state of health was unhealthy, conscious, Body built thin, Posture erect, and hygiene was bad. General parameter height was 154 cm, weight 45 kg. Vital sign is Temperature 98°C, Pulse 84 b/m, Respiration – 20 b/m, BP – 120/80 mmHg. Abdomen was distended.

An advance investigation gastroscopy was done; it shows that large esophageal varix with active bleed. Ultrasonography was done findings shows that gallbladder distended and edematous, gross ascites, splenomegaly, cirrhosis of liver. Blood investigation liver function test ; alkaline phosphatase 64, ALT (SGPT) 17, AST(SGOT) 41, total protein 5.4, Albumin 2.2, total bilirubin 2.0, BC bilirubin conjugated 0.5, Prothrombin time 17.9, APTT 34.8, INR 1.52, Hemoglobin 4.8 %, WBC 2700, platelet count 0.52.

Medication was administered inj. Avil 2 ml, inj. Hydrocortisone 100 ml, and blood transfusion also done.

Discussion –

Most common cause of cirrhosis of liver is chronic alcoholism which was present in this patient.

Cirrhosis is scarring which accompanies the healing of liver injury caused by hepatitis, alcohol, or other less common causes of liver damage. In cirrhosis, the scar tissue blocks the flow of blood through the liver. Other causes of portal hypertension include blood clots in the portal vein, blockages of the veins that carry the blood from the liver to the heart, a parasitic infection called schistosomiasis, and focal nodular hyperplasia, a disease seen in people infected with HIV, the virus that may lead to AIDS. Sometimes the cause is unknown. The onset of portal hypertension may not always be associated with specific symptoms that identify what is happening in the liver. But if patient have liver disease that leads to cirrhosis, the chance of developing portal hypertension is high.(4)

Infections can also cause liver disease. These typically result from viruses, parasites or other pathogens that are transmitted to patient from another person or source. Hepatitis A, hepatitis B and hepatitis C are common viruses that cause liver infections. Infections frequently lead to the death of liver cells and to inflammation, which can turn into fibrosis and cirrhosis if left untreated.(5)

Cirrhosis can lead to a litany of issues, as described by the Cleveland Clinic. Cirrhosis can cause patient arteries to weaken and lead to serious blood hemorrhages. Men may experience breast enlargement and women may be thrown prematurely into menopause. Patient could experience kidney failure or develop diabetes. Because cirrhosis inhibits the liver's ability to detoxify the blood, toxins can seep into the bloodstream, causing confusion, behavior changes and even coma.(6)

The symptoms of cirrhosis of the liver are dependent on the stage that the cirrhosis is in when detected. In its early stages, cirrhosis might not present any symptoms at all. An early warning sign is fluid retention. As the disease progresses, patient may experience fatigue, loss of appetite, jaundice (yellowing of the skin), itchy skin, blood in the stool and/or urine that is reddish-orange in color. In this patient abdominal distension was present.

Liver is a very important part of our body. This organ is responsible for breaking down everything we consume and goes down our food pipe. Therefore it is of the utmost significance to look after this essential organ. Liver is also responsible for eradicating toxins out of person body. Loss of appetite, abdominal pain and swelling and dark coloured urine are the symptoms of poor liver health. An unhealthy liver may end up creating severe circumstances if not treated accordingly on time.(7)

Conclusion –

This study revealed that chronic alcoholism can damage the liver and it may leads to cirrhosis of liver. In this case patient was chronic alcoholic.

Chronic liver disease occurs when permanent structural changes within the liver develop secondary to long standing cell damage ,with the consequent loss of normal liver architecture. Symptomatic treatment has been given in the present case and the aim of the treatment lies in mobilizing the abnormal collection of third space fluid (intra abdominal fluid) and this is achieved by the combination of salt reduction and fluid restriction by about 1-1.5 lt. per day. Other treatments such as use of diuretics, paracentesis, Transjugular intrahepatic portosystemic shunting (TIPS), spontaneous bacterial peritonitis (SBS) and liver transplantation can be used.

Ethical approval

Not applicable

Patient inform consent

While preparing case report and for publication patient's informed consent has been taken.

Conflict of interest

The Author declares that there are no conflicts of interest.

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