

Cirrhosis of liver

- It is a end stage liver disease characterized by fibrosis and regenerative module formation.
- Major Cause of Premature Death.

Causes

A - Alcohol, Non-Alcoholic Fatty Liver Disease.

B - Biliary cholangitis.

Biliary Cirrhosis, Cryptic fibrosis.

C - Cryptogenic, Chronic Venous outflow obstruction, Chronic liver Disease.

- Chronic Viral Hepatitis (B or C)

G - Genetic - Haemochromatosis

Wilson's Disease α_1 antitrypsin deficiency.

I - Immune $\rightarrow$ Autoimmune liver disease.

Sclerosing cholangitis.

Pathophysiology

During recurrent injury

$\downarrow$
Activation of stellate cells (usually stores Vitamin A) by cytokines by Kupffer cells & Hepatocytes.

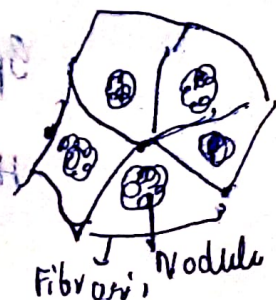
$\downarrow$
Transformation into myofibroblast.

$\downarrow$
Collagen synthesis.

$\downarrow$
Fibrosis (Cirrhosis)

Portal Hypertension

$\downarrow$
Colonies of living liver cells (Nodules) surrounded by fibrosis.



Histologically classified into two

- i) Micronodular cirrhosis $\rightarrow$ $\approx 1\text{mm}$ in AFID
- ii) Macronodular cirrhosis $\rightarrow$ large nodules of various shapes

① Complication

Fibrosis $\rightarrow$ $\uparrow$ Pressure $\rightarrow$ $\downarrow$ Liver Function

① $\downarrow$ Detoxification $\rightarrow$ $\uparrow$ Ammonia $\rightarrow$ $\rightarrow$ 888

$\downarrow$
Hepatic Encephalopathy

② $\downarrow$ Estrogen Metabolism

$\rightarrow$ Not extracted $\rightarrow$ $\uparrow$ Estrogen in blood

i) Gynecomastia, Testicular atrophy, Impotence, Enlarged men, amenorrhoea

ii) Spider angioma or spider naevus

$\rightarrow$ Dilatation of arteriole mostly in sun exposed areas, 1-2mm in diameter around nipple

iii) Palmar erythema

③ $\downarrow$ Bilirubin Conjugation

$\uparrow$ Unconjugated Bilirubin

$\downarrow$
Jaundice

④ $\downarrow$ Albumin production $\rightarrow$ Hypoalbuminemia

⑤ $\downarrow$ Clotting factors $\rightarrow$ Haemorrhagic

⑥ Blood Backs Up in Spleen

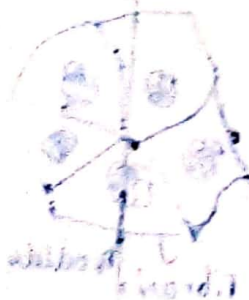
$\downarrow$
Splenomegaly

$\downarrow$
Hypersplenism

$\downarrow$
Anemia

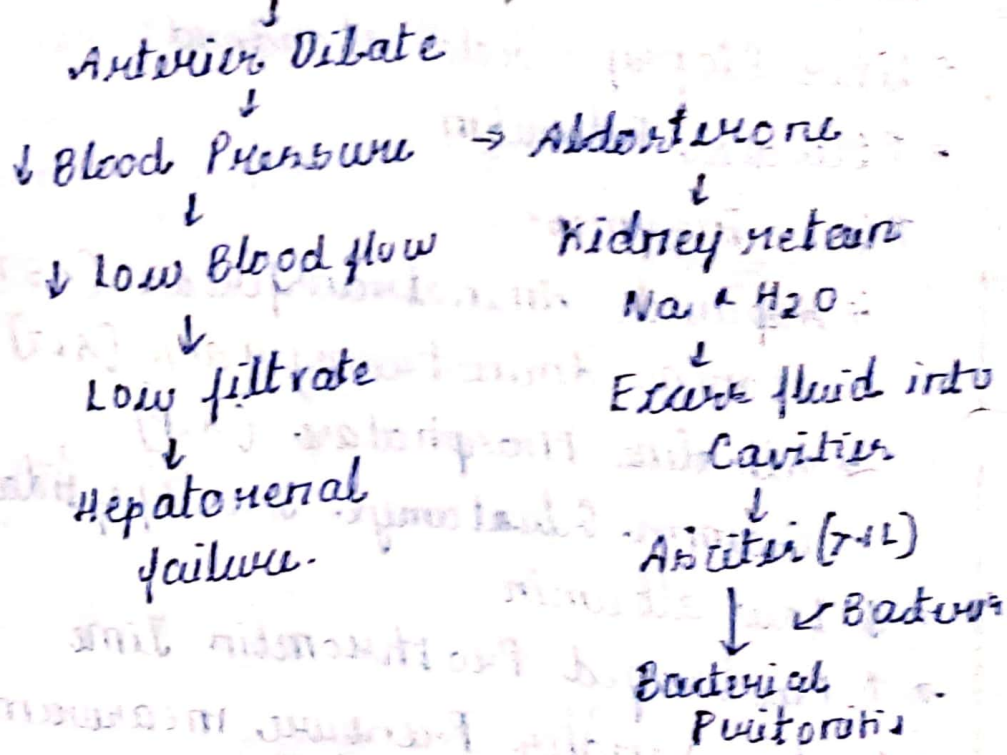
$\downarrow$
Leukemia

$\downarrow$
Thrombocytopenia



(splenomegaly)

③ Endothelial cells of anterior pituitary Nitric oxide



④ Oesophageal varices, Haemorrhoids, Caput Medusae

Clinical features

1) Early → still does the work (Compensated)
↳ Non specific (Weight loss, weakness, fatigue)
→ Asymptomatic

2) Later → Decompensated

↓
1) Jaundice → Pruritis, Yellow skin.

2) A^s Hepatic Encephalopathy → Asterixis, Coma.
Altered Consciousness, Confusion, lethargy.

3) Men - Gynecomastia, Impotence, Testicular atrophy
Women - Irregular menses, Amenorrhoea

4) Haemorrhagic Tendency → Puffiness, Easy
Bruising, Epistaxis.

5) Spider Naevi, Palmar Erythema,

6) Anemia, Infection, Bleeding

7) Abcites, 8) Others → Pigmentation, Dupuytren's
Contracture

→ Liver Biopsy → Gold Standard

→ ↑ Elevated Bilirubin

↑ Liver Enzymes

→ Aspartate Aminotransferase (AST)

→ Alanine Aminotransferase (ALT)

→ Alkaline Phosphatase (ALP)

→ Gamma Glutamyl Transpeptidase (GGT)

→ ↓ Low albumin

→ ↑ Prolonged Prothrombin Time

→ Portal Venous Pressure measurement

Prognosis

5 to 10 years

↓

1) Jaundice

2) Abdominal distension

3) Altered consciousness

4) Spider angiomas

5) Gynaecomastia

6) Hemorrhagic tendency

7) Splenomegaly

8) Ascites