Alcohol Related Liver Cirrhosis

Tarika Sharma¹, Urvashi Sharma²

¹ Assistant Professor, College of Nursing, Institute of Liver and Biliary Sciences, New Delhi, India
² Tutor, KGMU College of Nursing, King George Medical University, Lucknow, Uttar Pradesh, India

INTRODUCTION

Heavy alcohol consumption remains one of the most common reasons for development of advanced liver disease including cirrhosis, both through direct effects and as a contributing factor in other underlying liver diseases such as chronic hepatitis C infection. At early stages, the liver can repair the damage produced by the insult. However, upon continuous damage, the accumulation of molecules triggers fibrosis, which subsequently progresses towards cirrhosis and, ultimately, hepatocarcinoma [1]. Overall, about 25% of the cases of liver cirrhosis recognize as initial trigger the over-exposition to alcohol [2].

Definition

Cirrhosis of liver may be defined as a condition where there is replacement of liver cells with fibrous tissue leading to scarring of the liver usually due to long term damage to the liver cells.

Etiology

May be caused due to heavy and long term alcohol consumption, viral hepatitis, Nonalcoholic fatty liver disease, disorders of bile duct or may also be due to autoimmune diseases.

Clinical Manifestations

Signs and symptoms of CLD can be nonspecific, such as fatigue, anorexia, weight loss, or depend upon the complication that the patient has developed. At a later stage the clinical manifestations may include: Jaundice, Spider angiomata, Nodular liver, Splenomegaly, Ascites, Caput medusae, Palmar erythema, White nails, Hypertrophic osteoarthropathy/ Finger clubbing, Dupuytren’s contracture, Gynecomastia, loss of male hair pattern, Hypogonadism, Flapping tremor (asterixis), Foetor hepaticus, Anorexia, fatigue, weight loss, muscle wasting, Type 2 diabetes etc.

Stages of Liver Cirrhosis

Broadly Cirrhosis may be compensated or decompensated. Compensated cirrhosis is the asymptomatic stage of cirrhosis. Compensated cirrhosis is defined as cirrhosis in the absence of ascites, variceal hemorrhage, encephalopathy, or jaundice.

Decompensated cirrhosis is the symptomatic stage of cirrhosis and is defined by the presence of any of the clinically evident complications of portal hypertension (ascites, variceal hemorrhage, encephalopathy) or liver insufficiency (jaundice) [3].

Diagnostic workup

Includes history, physical examination, lab investigations particularly liver function tests, PT INR values, hepatitis screening, fibroscan and liver biopsy.

Complications

The three significant complications of Cirrhosis are due to portal hypertension (esophageal varices, ascites), hepatocellular insufficiency (e.g., jaundice, hepatic encephalopathy), and hepatocellular carcinoma. Patient may also develop sarcopenia, spontaneous bacterial peritonitis and renal failure as well.

Conclusion

Nurses have a very important role in the care of patients with chronic liver disease by delivering lifestyle counseling interventions, patient education, provision of treatment to the patients, diet counselling, motivation to do physical activities, monitoring for the onset of complications and also in following up the patients for alcohol abstinence. Moreover, Nurses can also play an important role in educating the community as a whole about ill effects of alcohol intake and also in screening and early detection of chronic liver diseases.

REFERENCES