



‘Up Dated Concepts of Cirrhosis’

Ashikujaman Syed,

Department of Pharmacy, School of Pharmacy, China Pharmaceutical University; Nanjing, Jiangsu, China.
E-mail: ashik@stu.cpu.edu.cn

Abstract

Cirrhosis of the liver is a disease of the liver, symptoms may present in a variety of ways, some of the most common are a lack of energy, tiredness, weight loss, loss of hunger, nausea and weakness. Fluid retention is frequent at some point in the stages of cirrhosis, whether through stomach bloating or swelling of the legs. Cirrhosis of the liver is the seventh most deadly disease in modern world.

Keywords: Introduction, Causes, Symptoms, Diagnosis, Stages, Treatment, Prevention.

Introduction

Cirrhosis is a condition in which the liver does not function properly due to long-term damage. This damage is characterized by the replacement of normal liver tissue by scar tissue. Typically, the disease develops slowly over months or years. Early on, there are often no symptoms. As the disease worsens, a person may become tired, weak, itchy, have swelling in the lower legs, develop yellow skin, bruise easily, have fluid build up in the abdomen, or develop spider-like blood vessels on the skin. The fluid build-up in the abdomen may become spontaneously infected. Other complications include hepatic encephalopathy, bleeding from dilated veins in the esophagus or dilated stomach veins, and liver cancer. Hepatic encephalopathy results in confusion and may lead to unconsciousness.

Causes: It usually happens over a long period of time because of infection or alcohol addiction. Most of the time, you can't fix the damage to your liver, but if you catch it early, there are treatments that can keep problems in check. liver is an organ that's about the size

of a football with an important job. It filters toxins from your blood, makes enzymes that help you digest food, stores sugar and nutrients, and helps you fight infections. Each time liver gets hurt, it repairs itself and forms tough scar tissue. When too much scar tissue builds up, the organ can't work right.

Symptoms: May not have any symptoms at first. But as time goes on, and the damage to the liver gets worse, you may notice things like Fatigue and weakness, Lack of appetite and weight loss, Nausea.

Also, bleed or bruise easily and have swelling in your legs or belly. You may also notice changes in your skin, such as Fatigue and weakness

Lack of appetite and weight loss

Nausea

Also, bleed or bruise easily and have swelling in legs or belly. may also notice changes in skin, such as Jaundice (when skin and eyes turn yellow).

Intense itching

Spider web-like blood vessels in your skin

Redness in the palms of your hands or whitening of your nails

Some changes to the way you think, such as problems with concentration or memory. If a woman may stop having periods. If a man, could lose sex drive, start to develop breasts, or see some shrinkage in your testicles.

Some other symptoms you might get are:

Vomiting blood

Severe muscle cramps

Brownish urine

Fever

Enlarged spleen Bone disease, causing bones to break more easily.

Causes, and Things That Make It More Likely

Cirrhosis doesn't happen overnight. damage the liver over a long period of time. The most common things that raise odds for cirrhosis are:

Heavy drinking due to alcohol addiction

Obesity, which raises your chances of conditions that lead to cirrhosis

A long-term hepatitis B or hepatitis C infection

Conditions that can lead to cirrhosis include:

Cystic fibrosis

Diseases that make it hard for body to process sugars

Too much iron buildup in body

Wilson's disease, where too much copper is stored in the liver

Autoimmune diseases that cause body to attack liver cells

Blockage of the bile duct, which carries digestive enzymes from your liver into the intestines

Certain genetic digestive disorders

Some infections, including syphilis and brucellosis

Bad reactions to certain medications

Diagnosis and Stages of Cirrhosis

Since might not feel symptoms right away, may not find out that you have cirrhosis until getting a routine checkup. When a patient visiting a doctor, will ask about his or her alcohol use and medical history. The doctor

will also examine to check if the liver is tender or larger than it should be.

Tests. If the doctor suspects cirrhosis, Doctor will do a blood test. It will check for signs that the liver isn't working right, such as:

High levels of certain liver enzymes

Buildup of bilirubin, a molecule that forms when your body takes oxygen from red blood cells

Low levels of proteins in your blood

Abnormal blood count

Infection with a virus

Antibodies that appear when you have an autoimmune liver disease may also do an imaging test of the belly, like an MRI or ultrasound. may also need a procedure called a biopsy, which removes a sample of liver tissue to see how much damage has been done and potentially learn the cause of liver disease.

Stages. the doctor may also tell the patient what stage your cirrhosis is in. If he or she says have compensated cirrhosis, it means your liver has scarring, but it still can do many of its key jobs. You might not notice any symptoms at this point.

If the doctor says you have decompensated cirrhosis, the liver is badly scarred and isn't working right. probably have a lot of symptoms.

Treatment: Home Care, Medications, and Surgery treatment depends on how badly your liver is injured. The goal is to protect the healthy tissue you have left. The first step is to treat the condition that's causing your cirrhosis to prevent any more damage. This could mean a few different things:

Stop drinking alcohol right away. the doctor can suggest a treatment program for addiction.

Lose weight if you are obese, especially if your cirrhosis is caused by fat buildup in your liver.

Take medications if you have hepatitis B or C.

Blood pressure medications. They can lessen bleeding inside your body that's caused by swollen and burst blood vessels. You may need surgery if you have severely enlarged veins. Antibiotics and vaccinations. treat and prevent other infections.

the doctor may also suggest medications to lessen a buildup of toxins if that's a problem for you. And if have inflammation in the liver, steroids can help.

the doctor may recommend regular testing to make sure you don't get liver cancer, which can be a complication of cirrhosis.

If cirrhosis is severe, may need a liver transplant. It's a major operation. likely need to get on a waiting list for a new liver from an organ donor who has died. Sometimes people with cirrhosis can get part of a liver that is donated from someone who is living.

What to Expect

Usually, the damage that's already been done by cirrhosis can't be undone. But liver can still work and bounce back even if two-thirds of it has been destroyed or removed.

If cirrhosis is caused by long-term hepatitis, treating the infection can lower the chances of more problems if the damage is caught early. Most people with cirrhosis that's found in its early stage can live healthy lives.

Obese or have diabetes, losing weight and controlling your blood sugar can lessen damage be caused by fatty liver disease. If the damage is caused by alcohol abuse, you can manage the cirrhosis better if stop drinking right away.

Prevention:-

A healthy lifestyle is a key part of preventing cirrhosis. If drinking alcohol, it's important to be moderate. If you're a man, don't have more than two drinks a day. If you're a woman, your limit should be one drink. If you have an addiction to alcohol, talk to your doctor about ways to quit.

Avoid risky behaviors that can lead to infections of hepatitis B and hepatitis C. Don't share needles when using illicit drugs, and use a condom when you have sex.

Also, try to keep to a healthy weight and stay up to date with vaccines.

References

1. Rao GA , Pandya PK,Statin therapy improves sustained virologic response among diabetic patients with chronic hepatitis C. *Gastroenterology*. 2011; 140: 144-152 2.
2. Ashikujaman Syed. (2018). Nipah Virus outbreak in the World. *Int. J. Adv. Res. Biol. Sci.* 5(9): 131-138. DOI: <http://dx.doi.org/10.22192/ijarbs.2018.05.09.013>
3. Papatheodoridis GV ,Manolakopoulos S ,Touloumi G .Greece Cohort Study Group et al. the HEPNETVirological suppression does not prevent the development of hepatocellular carcinoma in HBeAg-negative chronic hepatitis B patients with cirrhosis receiving oral antiviral(s) starting with lamivudine monotherapy: results of the nationwide HEPNET. Greece cohort study.*Gut*. 2011; 60: 1109-1116
4. Ashikujaman Syed. (2018). Chikungunya Virus: An Infectious Disease. *Int. J. Curr. Res. Biol. Med.* 3(10): 20-30. DOI: <http://dx.doi.org/10.22192/ijcrbm.2018.03.10.003>
5. Gluud LL, Klingenberg S ,Nikolova D Gluud C,Banding ligation versus beta-blockers as primary prophylaxis in esophageal varices: systematic review of randomized trials.*Am J Gastroenterol*. 2007; 102: 2842-2848
6. Ashikujaman Syed. (2018). Mixed Connective Tissue Disease (MCTD)' in the World. *Int. J. Curr. Res. Biol. Med.* 3(10): 48-54. DOI: <http://dx.doi.org/10.22192/ijcrbm.2018.03.10.006>
7. Beta-adrenergic-antagonist drugs in the prevention of gastrointestinal bleeding in patients with cirrhosis and esophageal varices. An analysis of data and prognostic factors in 589 patients from four randomized clinical trials.*N Engl J Med*. 1991; 324: 1532-1538
8. Ashikujaman Syed. (2018). Jaundice it is not a disease, it is a symptom of several possible underlying illnesses. *Int. J. Curr. Res. Med. Sci.* 4(11): 16-26 . DOI: <http://dx.doi.org/10.22192/ijcrms.2018.04.11.002>
9. A specialized, nurse-run titration clinic: a feasible option for optimizing beta-blockade in non-clinical trial patients. *Am J Gastroenterol*. 2010; 105: 1917-1921
10. Ashikujaman Syed. (2019). 'Snake Bites Problem in over the world' . *Int. J. Curr. Res. Med. Sci.* 5(2): 16-19DOI: <http://dx.doi.org/10.22192/ijcrms.2019.05.02.003>

11. Endoscopic treatment versus endoscopic plus pharmacologic treatment for acute variceal bleeding: a meta-analysis. *Hepatology*. 2002; 35: 609-615
12. Ashikujaman Syed. (2019). 'A review of Filariasis'. *Int. J. Curr. Res. Med. Sci.* 5(2): 26-30.
DOI:
<http://dx.doi.org/10.22192/ijcrms.2019.05.02.005>
13. Ashikujaman Syed. (2018). Alzheimer Disease Research. *Int. J. Curr. Res. Med. Sci.* 4(11): 40-46.
DOI:
<http://dx.doi.org/10.22192/ijcrms.2018.04.11.006>

Access this Article in Online	
	Website: www.ijarbs.com
	Subject: Medical Sciences
Quick Response Code	
DOI: 10.22192/ijarbs.2019.06.03.002	

How to cite this article:

Ashikujaman Syed. (2019). Up Dated Concepts of Cirrhosis'. *Int. J. Adv. Res. Biol. Sci.* 6(3): 7-10.
DOI: <http://dx.doi.org/10.22192/ijarbs.2019.06.03.002>