

Case Report

A case report of Liver Cirrhosis on an Alcoholic patient with abdominal distension

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Abstract: Alcoholic liver disease is a condition characterized by the impairment of liver function as a result of excessive alcohol consumption. The present case is of a male patient age of 70 year abdominal distention. Patient was found abnormalities with LFT, CBC, US Abdomen coarse texture, Gall Bladder wall thickening, Spleen with enlarged mass. Patient was assessed suffering from alcoholic liver cirrhosis. After the successful treatment patient was improved the condition and discharged.

Keywords: Liver, alcohol, LFT, CBC, US Abdomen, Gall Bladder, Spleen.

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INTRODUCTION

Liver cirrhosis term was 1st coined by Laennec in 1826 [1]. Alcoholic liver disease is a comprehensive term used to describe the liver-related effects of excessive alcohol consumption. This includes conditions like fatty liver, alcoholic hepatitis, and chronic hepatitis accompanied by hepatic fibrosis or cirrhosis [2].

The liver plays a crucial role in numerous bodily functions, such as blood detoxification and the production of bile, which facilitates digestion. A computed tomography (CT) scan of the upper abdomen can reveal the presence of fatty liver, indicating potential damage caused by alcohol abuse.

Alcoholic liver disease has three primary stages, while one stage frequently overlaps with the other [3].

Alcoholic fatty liver disease

Alcoholic fatty liver disease is the first stage of alcoholic liver disease. A large amount of alcohol, even for just a few days, can cause fatty acids to build up in the liver. Fatty liver disease rarely causes symptoms, but it is an important warning sign of unhealthy drinking. Fatty liver disease is reversible. If stop drinking alcohol for two weeks, liver will return to normal [4].

Alcoholic hepatitis

Alcoholic hepatitis (not related to infectious hepatitis) is another more serious stage of alcoholic liver disease. Long-term alcohol abuse over several years can cause inflammation of the liver tissues. Less commonly, alcoholic hepatitis can occur if drink large amounts of alcohol in a short period of time (binge drinking). Alcoholic hepatitis is usually reversible, although may need to stop drinking alcohol for several months or years [5].

Cirrhosis

Liver cirrhosis is the final stage of alcoholic liver disease. Liver cirrhosis occurs when long-term inflammation leads to scarring of the liver and loss of function. Loss of liver function can be life-threatening. The damage caused by cirrhosis is not reversible. In mild to moderate cases, stopping alcohol consumption immediately should prevent further damage and lead to gradual recovery of liver function. In more severe cases, a liver transplant may be necessary [6].

CASE STUDY

A 70 year old male patient was admitted in the hospital with the major complaints of abdominal distension, weakness, decreased appetite, weight loss. The patient has no medical & medication history. Patient was Alcoholic, Smoker, and Belongs to low economic status, Married, Non- Allergic. After primary investigation (Table-1) Patient was found abnormalities with LFT, CBC, US Abdomen coarse texture, Gall

Bladder wall thickening, Spleen with enlarged mass. assessed suffering from alcoholic liver cirrhosis. Based upon the above abnormalities, patient was

Table-1: Laboratory Reports

Parameters	Observed value	Normal range
Hb	12g/dl	13.5-17.5g/dl
RBC	3.2 cells/mcL	4.7-6.1 cells/mcL
WBC	6700/cumm	4,500-11,000/cumm
ESR	20mm/hr	0-15mm/hr
SGOT	52 IU/L	<49 IU/L
SGPT	50 IU/L	<49 IU/L
ALP	149 IU/L	20-140 IU/L
Albumin	3.1gm/dl	3.525 gm/dl
Globulin	2.31gm/dl	2.325gm/dl
BUN	12mg/dl	15-40mg/dl
Serum creatinine	0.7mg/dl	0.5-1.5mg/dl

DISCUSSION

The patient was received treatment according to the drug schedule shown in Table-2. There are no

drug-drug interactions and the prescribed medication makes sense. Every day, the patient's progress was monitored.

Table-2: Treatment Chart

SI No	BRAND NAME	GENERIC NAME	INDICATION	DOSE	ROA	FREQUENCY	DURATION			
							1	2	3	4
1	Inj. Monocef	Cephalosporin	Antibiotic	1 g	IV	BD	Y	Y	-	-
2	T. Udiliv	Ursodesoxycholic acid	Hepatic disorder	200mg	PO	TDS	-	Y	Y	-
3	Inj. Pan 40	Pantoprazole	Antacid	40 mg	IV	OD	Y	Y	Y	Y
4	Tab. Hepa-Merz	L-ornithin +L-aspartate	Liver cirrhosis	10 mg	PO	OD	Y	Y	Y	Y
5	Inj. Metronidazole	Metronidazole	Antibiotic	400mg	IV	OD	-	Y	-	-
6	Syp. duphalac	Lactulose	Laxative	2 tsp	PO	SOS	Y	Y	Y	Y

Table-3: Laboratory Reports after the treatment

Parameters	Observed value	Normal range
Hb	13.5g/dl	13.5-17.5g/dl
RBC	4.9 cells/mcL	4.7-6.1 cells/mcL
WBC	8000/cumm	4,500-11,000/cumm
ESR	16mm/hr	0-15mm/hr
SGOT	35 IU/L	<49 IU/L
SGPT	37 IU/L	<49 IU/L
ALP	85 IU/L	20-140 IU/L
Albumin	3.1gm/dl	3.525 gm/dl
Globulin	2.31gm/dl	2.325gm/dl
BUN	17mg/dl	15-40mg/dl
Serum creatinine	0.7mg/dl	0.5-1.5mg/dl

The patient was discharged on day 4 after the improvement (Table-3). The discharge medications were as follows Tab Pan 40mg OD, Tab Hepa-Merz 10mg OD, Tab Metronidazoal 400mg OD, Syrup Duphalac to treat associated conditions. The patient was advised to stop all alcohol intakes, quitting smoking and

to maintain a normal weight (Obesity can cause non-alcoholic fatty Liver, which is similar to alcoholic hepatitis), eating a balanced diet and taking certain vitamins and minerals can correct nutritional deficiencies caused by alcoholic abuse. Patient was



advised to take the medicines as prescribed by the Physician.

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