

# Understanding liver cirrhosis and its complications

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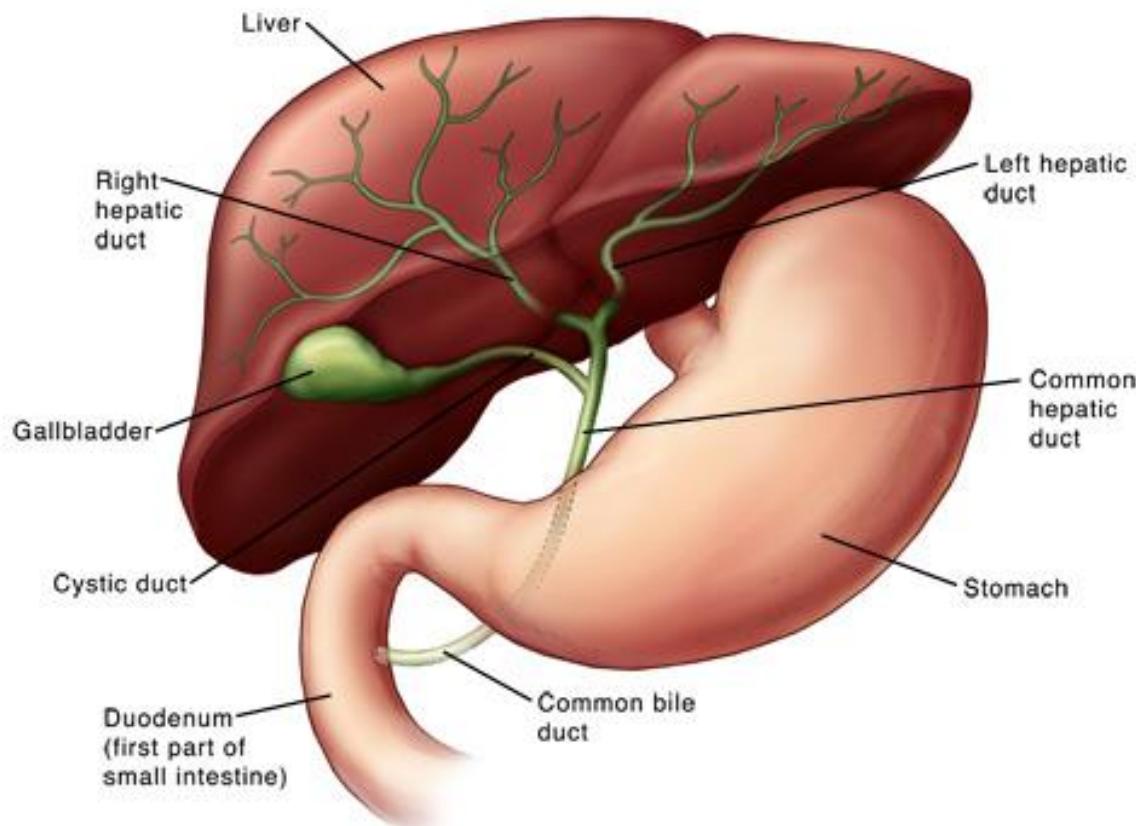
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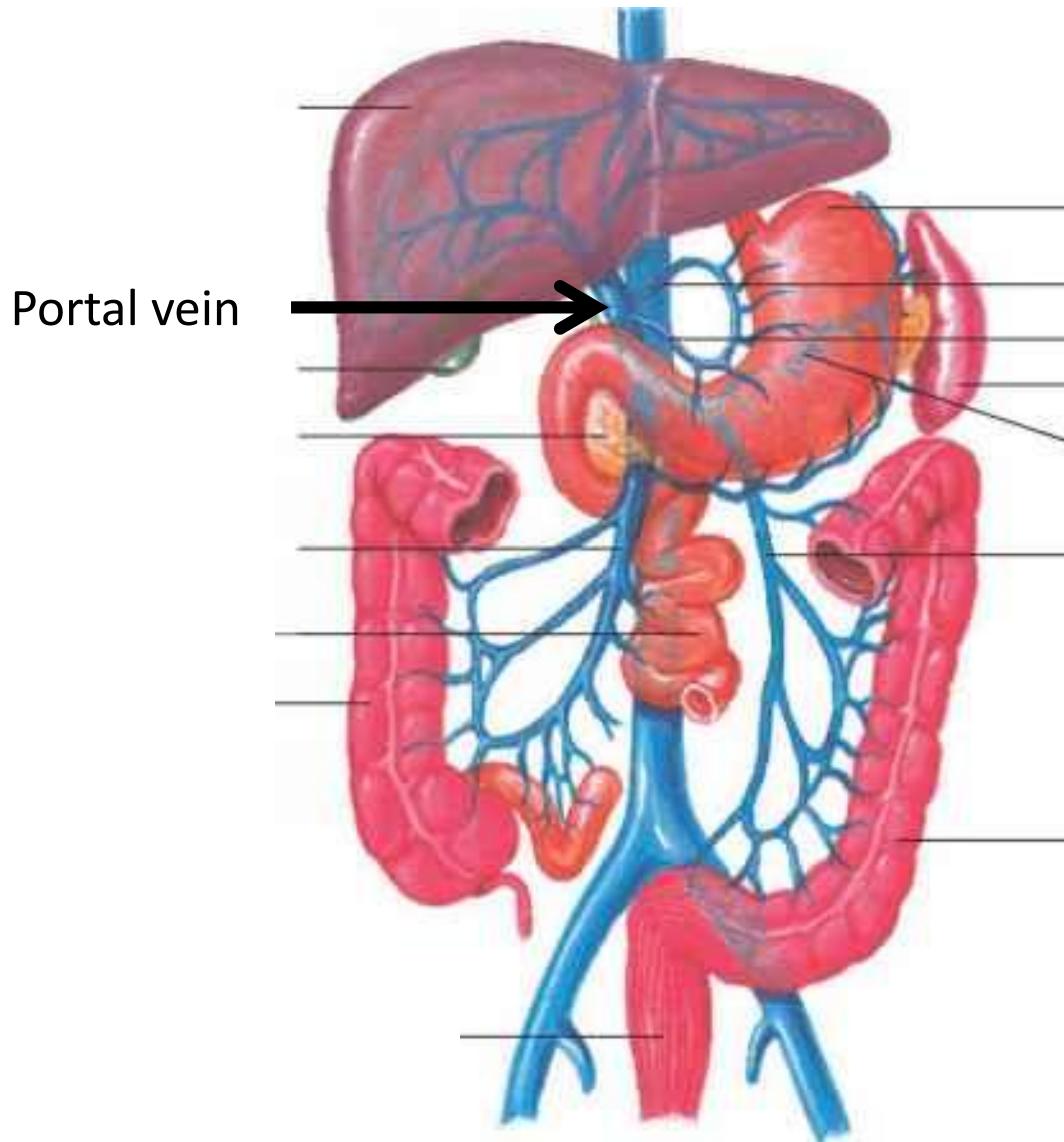
# Agenda

- Complications of cirrhosis
  - Loss of functional liver tissue
  - Portal hypertension
  - Hepatocellular carcinoma
- Anatomy and normal function of the liver
- HCV-induced inflammation and fibrogenesis

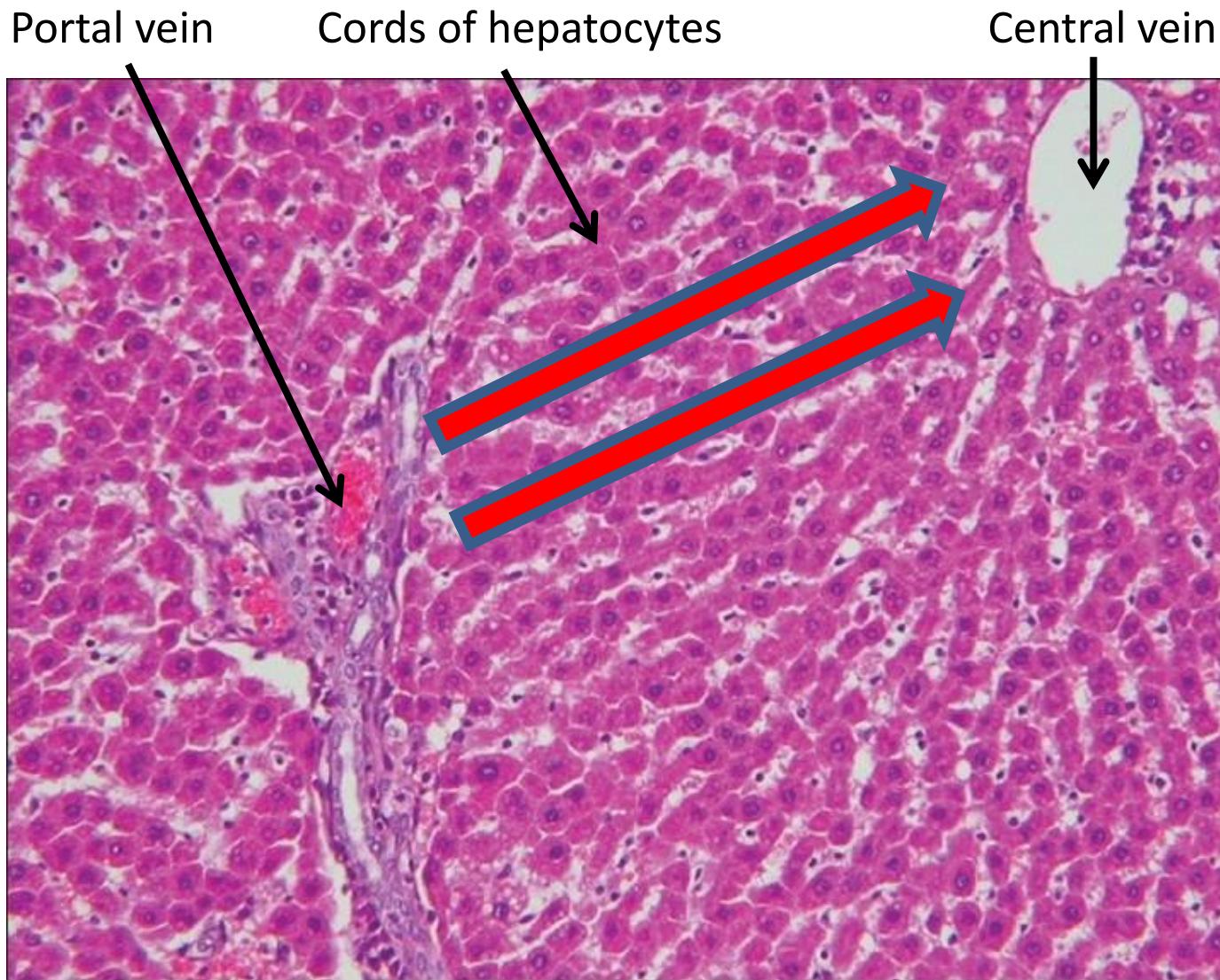
# Biliary system



# Liver blood flow



# Normal liver tissue



# The function of the liver.....

- Detoxification and metabolism

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- Detoxification and metabolism
- Energy metabolism

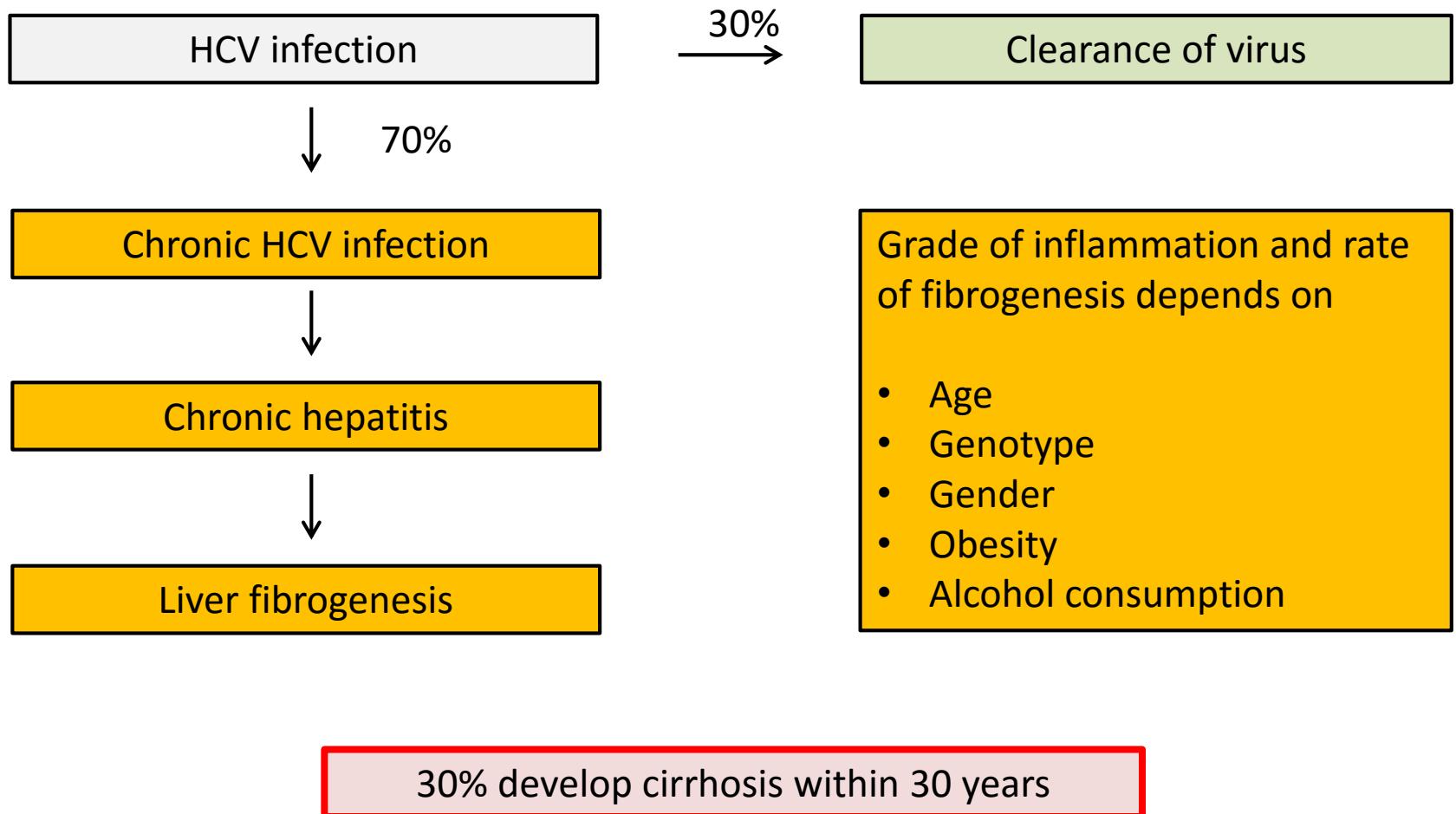
# The function of the liver.....

- Detoxification and metabolism
- Energy metabolism
- Synthesis
  - Proteins
  - Lipids
  - Carbohydrates
  - Bile
  - Cholesterol

# The function of the liver.....

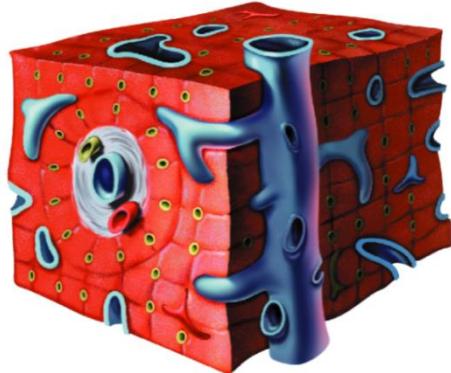
- Detoxification and metabolism
- Energy metabolism
- Synthesis
  - Proteins
  - Lipids
  - Carbohydrates
  - Bile
  - Cholesterol
- Part of the immune system

# Consequence of HCV infection

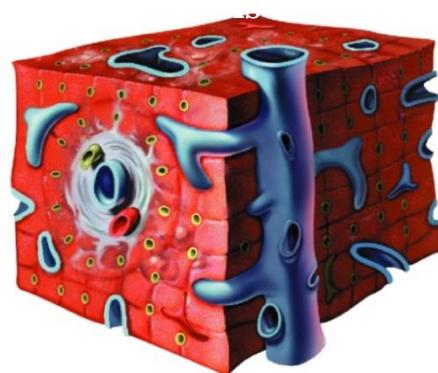


# Stages of fibrosis in HCV

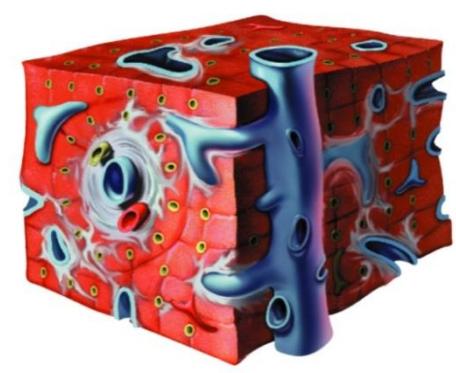
Stage 0



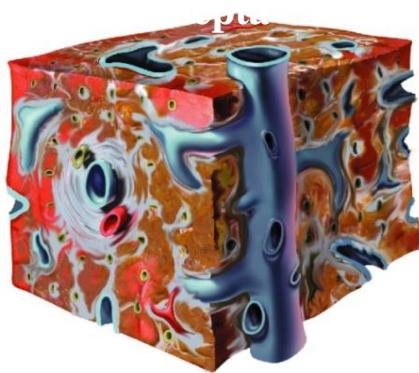
Stage 1



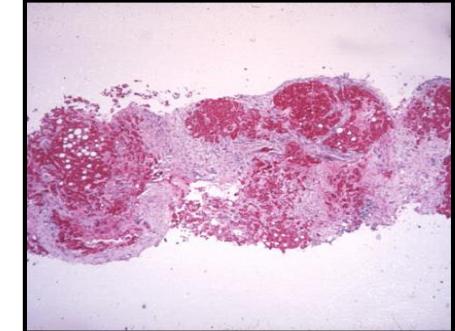
Stage 2



Stage 3



Stage 4 = liver cirrhosis



# Agenda

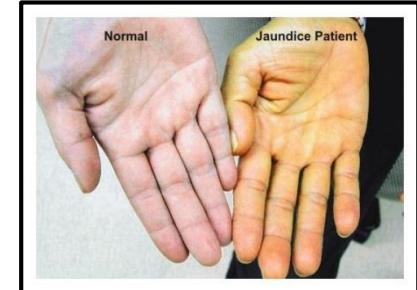
- Complications of cirrhosis
  - Loss of functional liver tissue
  - Circulatory changes - portal hypertension
  - Hepatocellular carcinoma

# Agenda

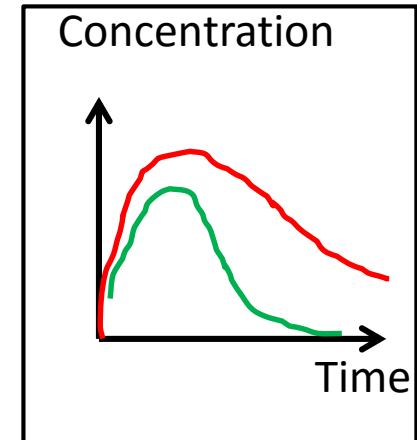
- Complications of cirrhosis
  - **Loss of functional liver tissue**
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# Disturbed detoxification and metabolism

- Accumulation of bilirubin → icterus/jaundice



- Altered pharmacokinetics → unpredictable responses to medications



- Accumulation of ammonium → Hepatic encephalopathy

# Hepatic encephalopathy (HE)

- Neuropsychiatric abnormalities observed in cirrhosis
- HE may be acute or chronic

	West Haven classification
Grade 1	Trivial lack of awareness, euphoria.....
Grade 2	Disorientation for time, personality change.....
Grade 3	Somnolence, gross disorientation.....
Grade 4	Coma

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Grade 1	Trivial lack of awareness, euphoria.....
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Grade 4	Coma

- Minimal HE is defined as less than grade 1.
  - Common (50-80%)
  - May interfere with daily life
- Drug-induced personality change or HE?

# Disturbed energy metabolism

- Diabetes mellitus 50-70%
- Muscle waisting
- Reduced tolerance for fasting
  - Cirrhosis: Protein breakdown after 12 hours
  - Normal: Protein breakdown after 72 hours



# Reduced synthetic function

- Coagulation factors ↓ → increased risk of bleeding
- Anti- coagulation factors ↓ → increased risk of thrombosis (x 2)



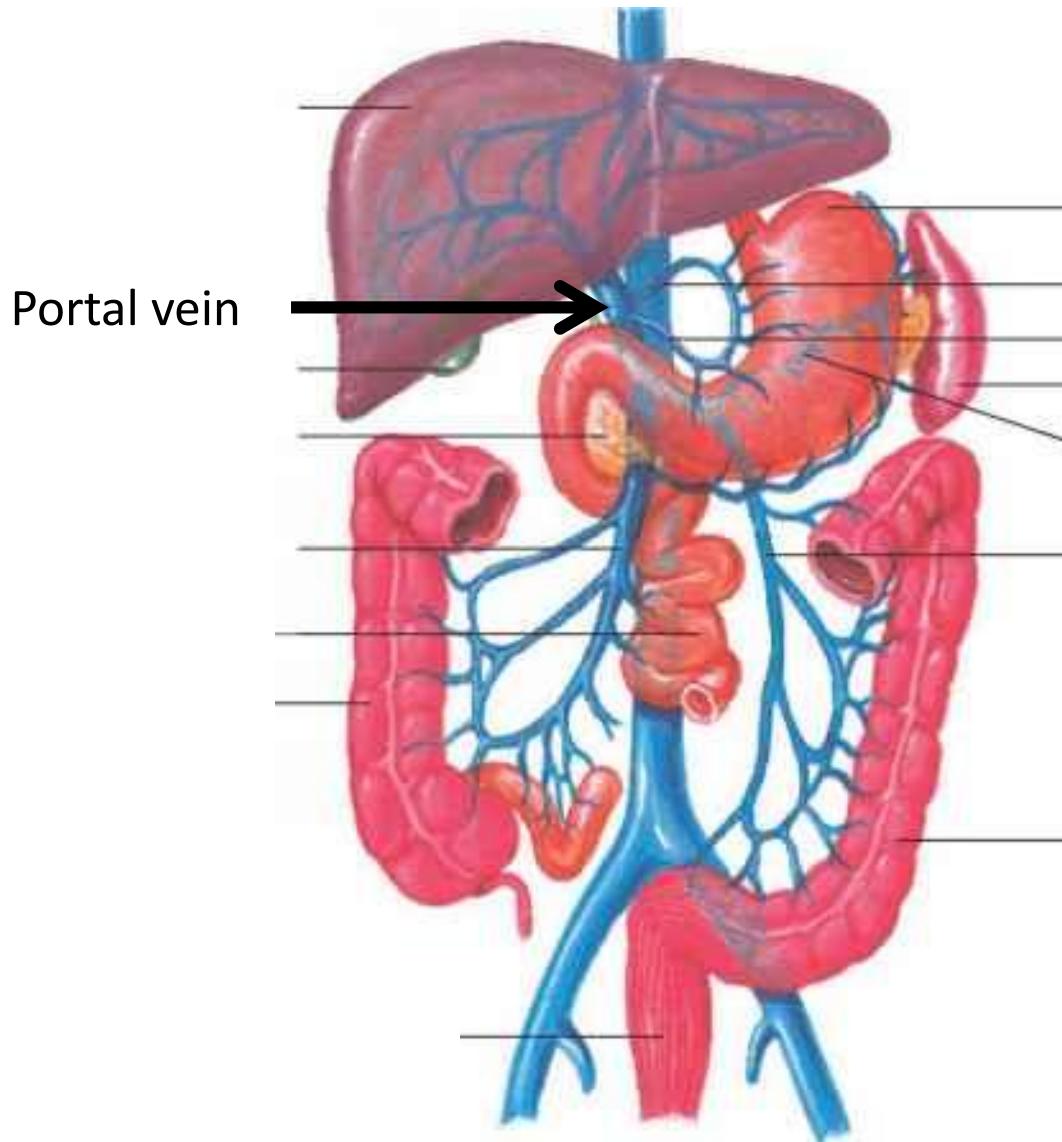
# Reduced immune function

- Increased risk of sepsis (x 2)
- When sepsis occurs → increased mortality (x 2)
- Infections are a main cause of death in cirrhosis

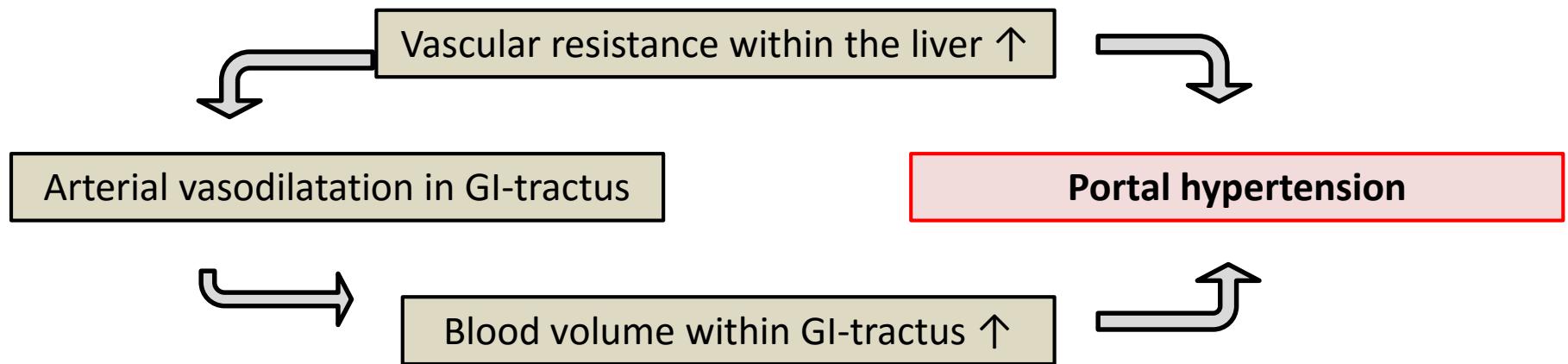
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  - **Circulatory changes - portal hypertension**
  - Hepatocellular carcinoma

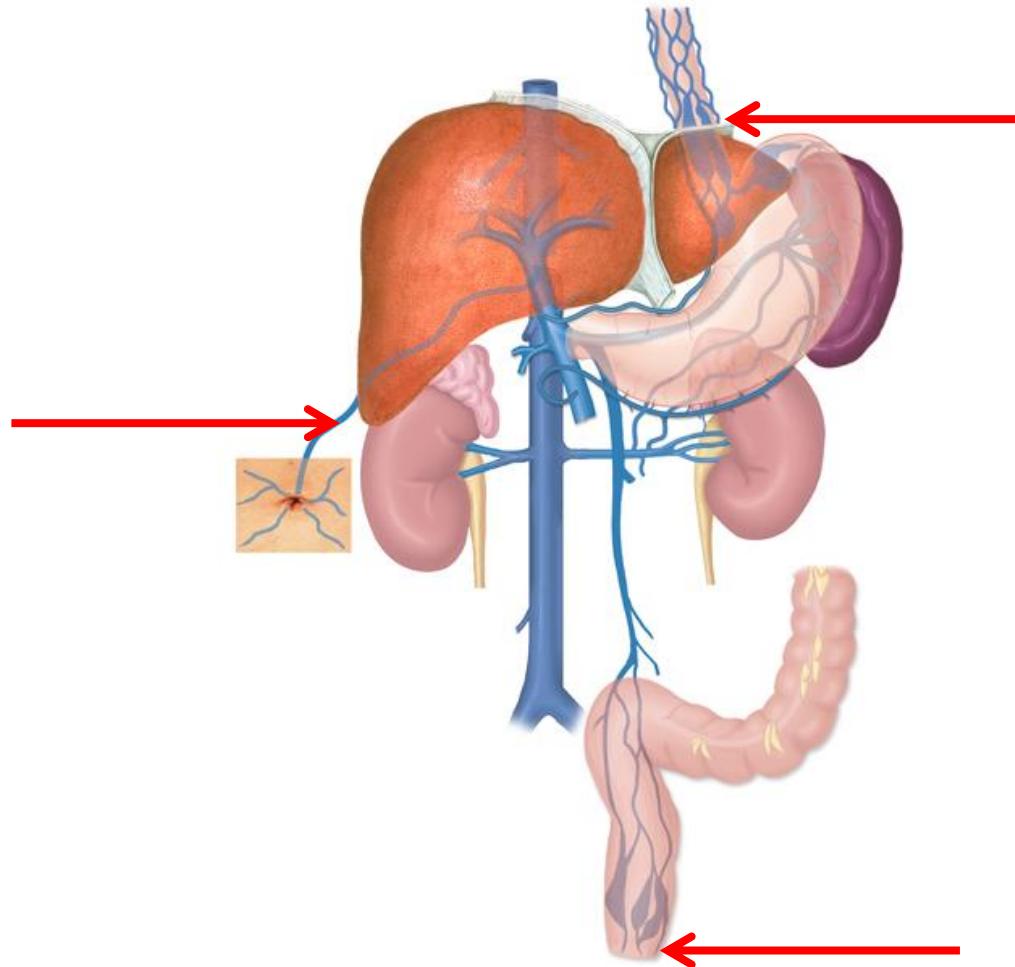
# Liver blood flow



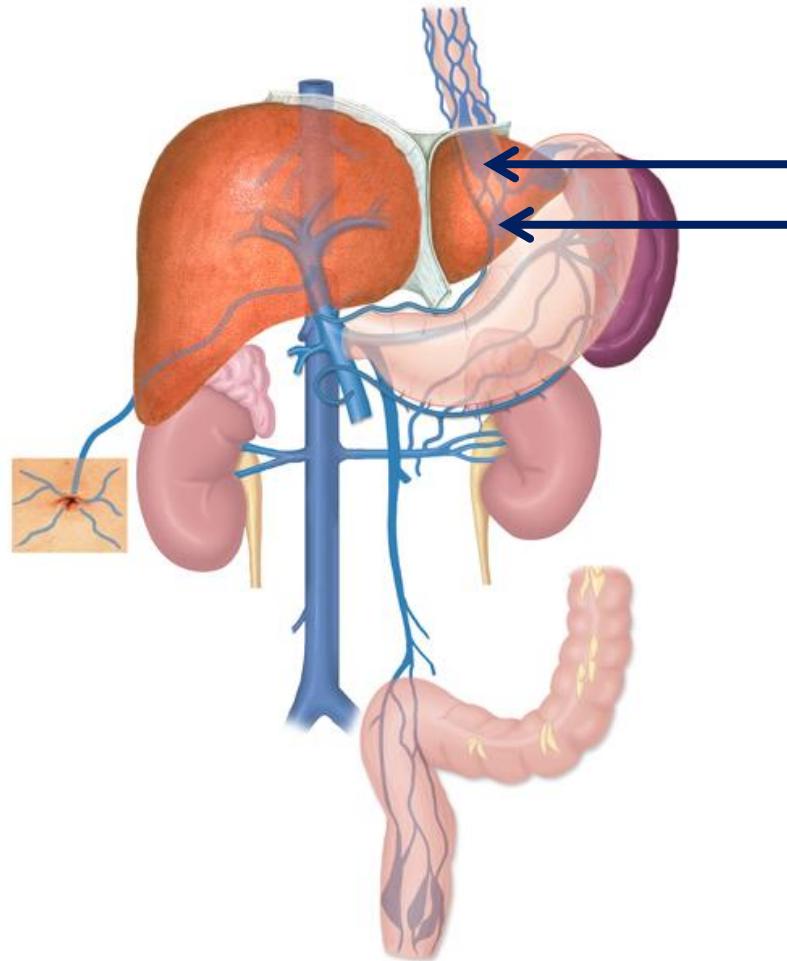
# Circulatory changes



# Porto-systemic shunting

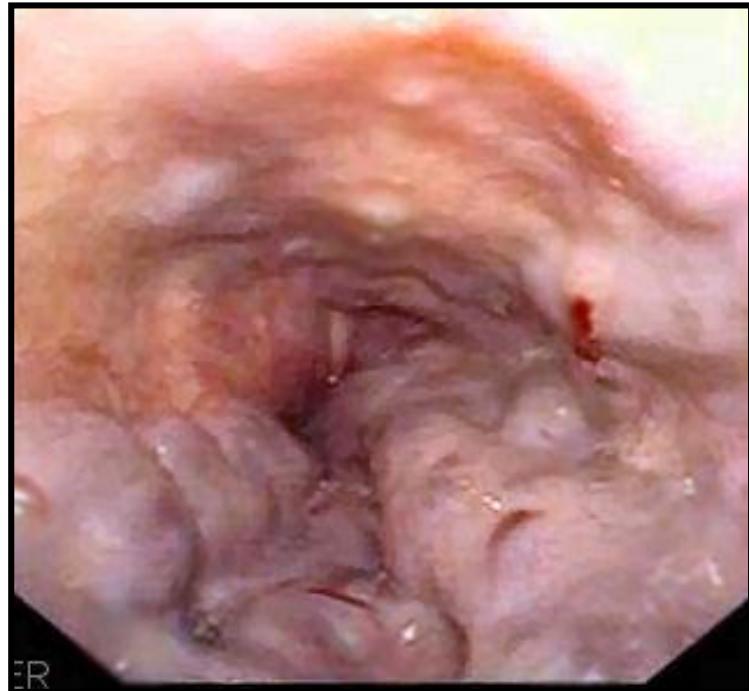


# Development of varices

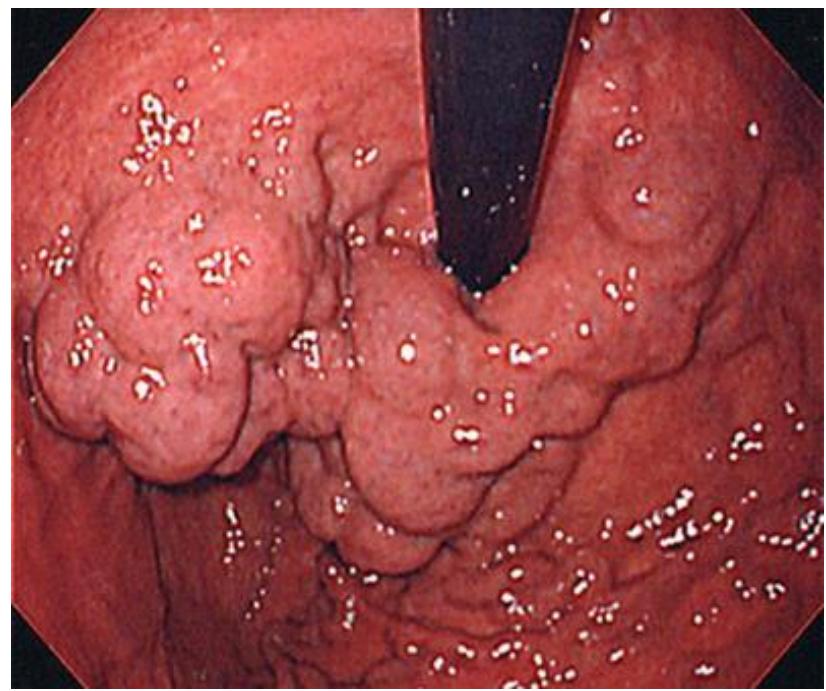


# Development of varices

Oesophagus



Stomach



# Varices

- Prevalence among cirrhotics: 40-80%
- Annual risk of bleeding: 5-15%
- Bleeding episodes imply high risk of complications and significant mortality
- Therapeutic options:
  - Medications (Nonselective betablockers....)
  - Endoscopic procedures
  - Radiological procedures

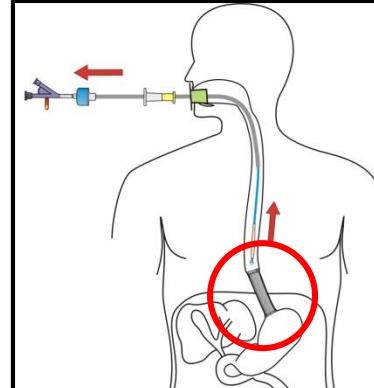
Endoscopic  
band ligation



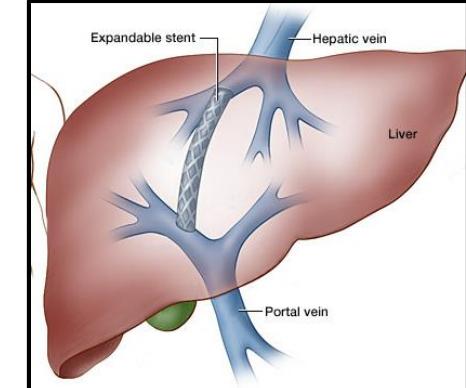
Endoscopic inj.  
of histoacryl



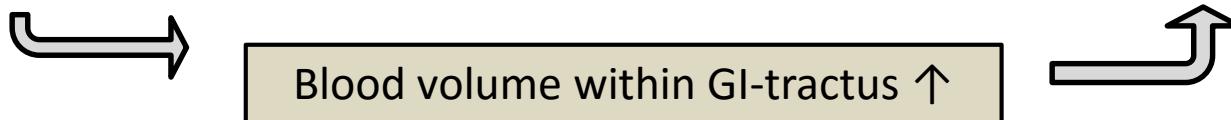
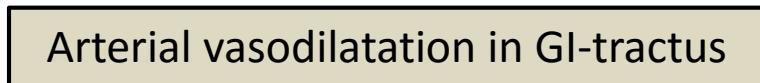
Endoscopic stent  
placement



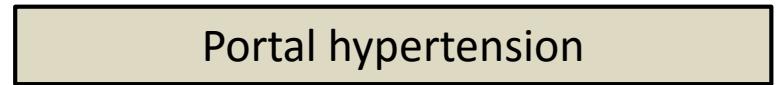
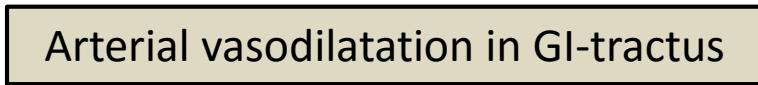
TIPS  
(intrahepatic stent)



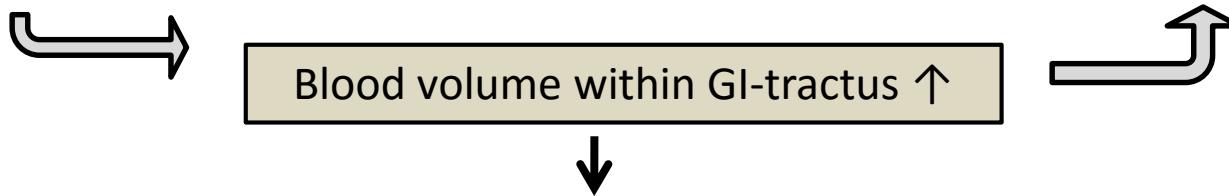
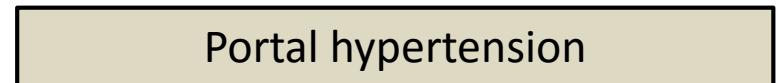
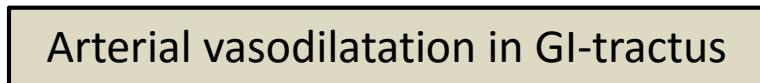
# Circulatory changes



# Circulatory changes



# Circulatory changes



A red box contains the text "**«Effective blood volume» outside  
GI-tractus ↓**". A downward-pointing arrow is positioned above the text.

# Circulatory changes



Arterial vasodilatation in GI-tractus

Portal hypertension



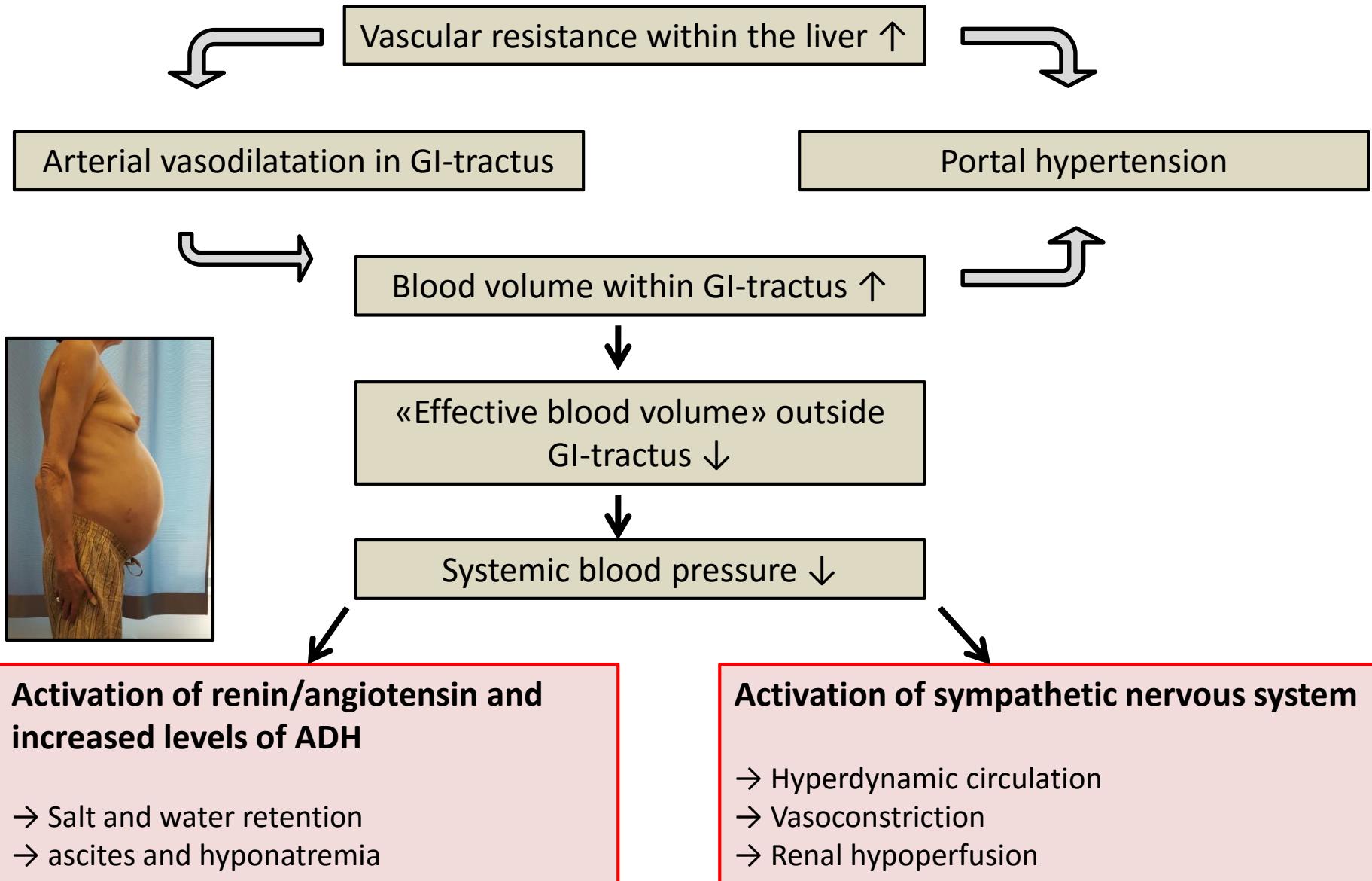
Blood volume within GI-tractus ↑

«Effective blood volume» outside  
GI-tractus ↓

Systemic blood pressure ↓



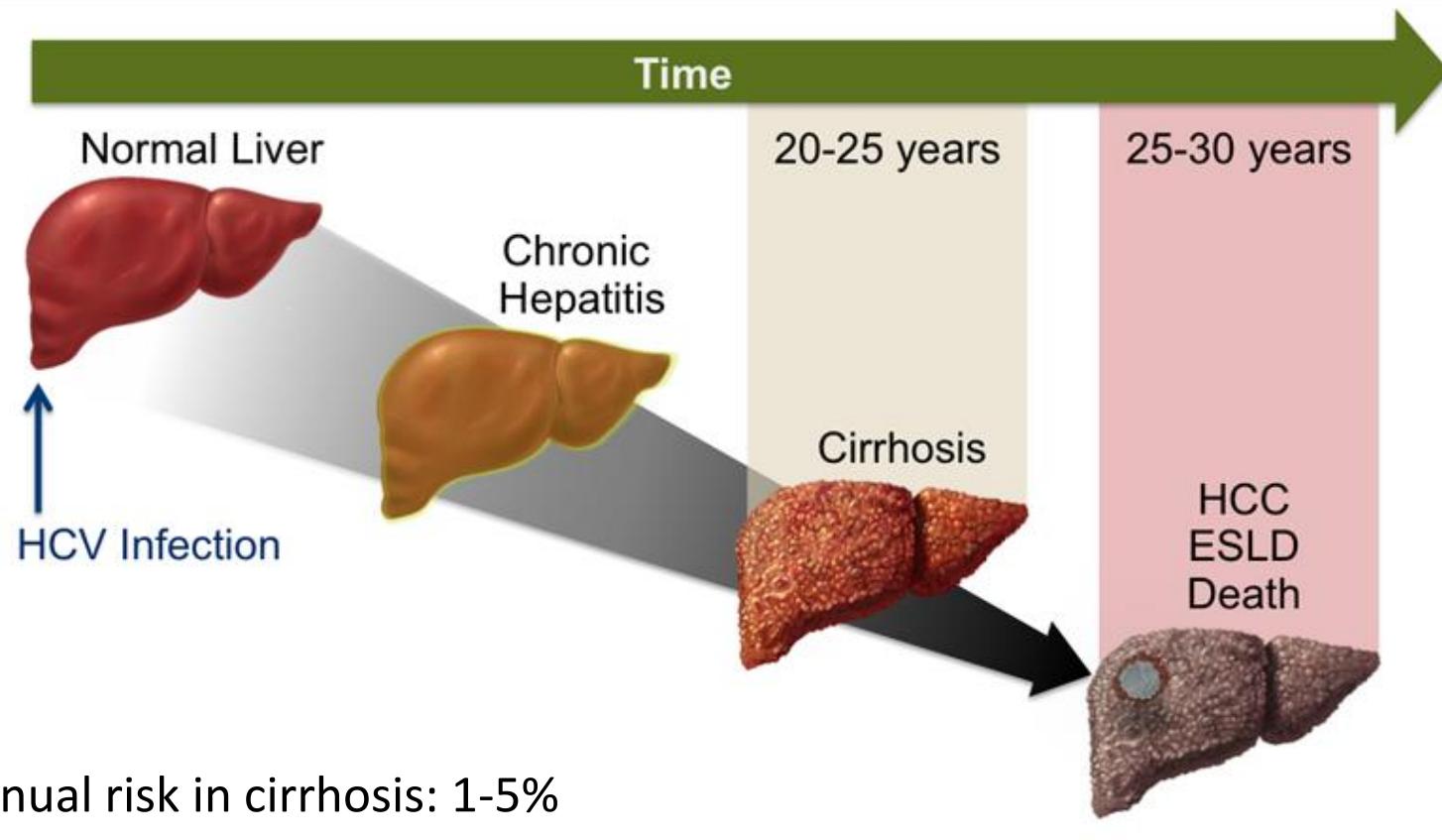
# Circulatory changes



# Agenda

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  - **Hepatocellular carcinoma**

# Hepatocellular carcinoma

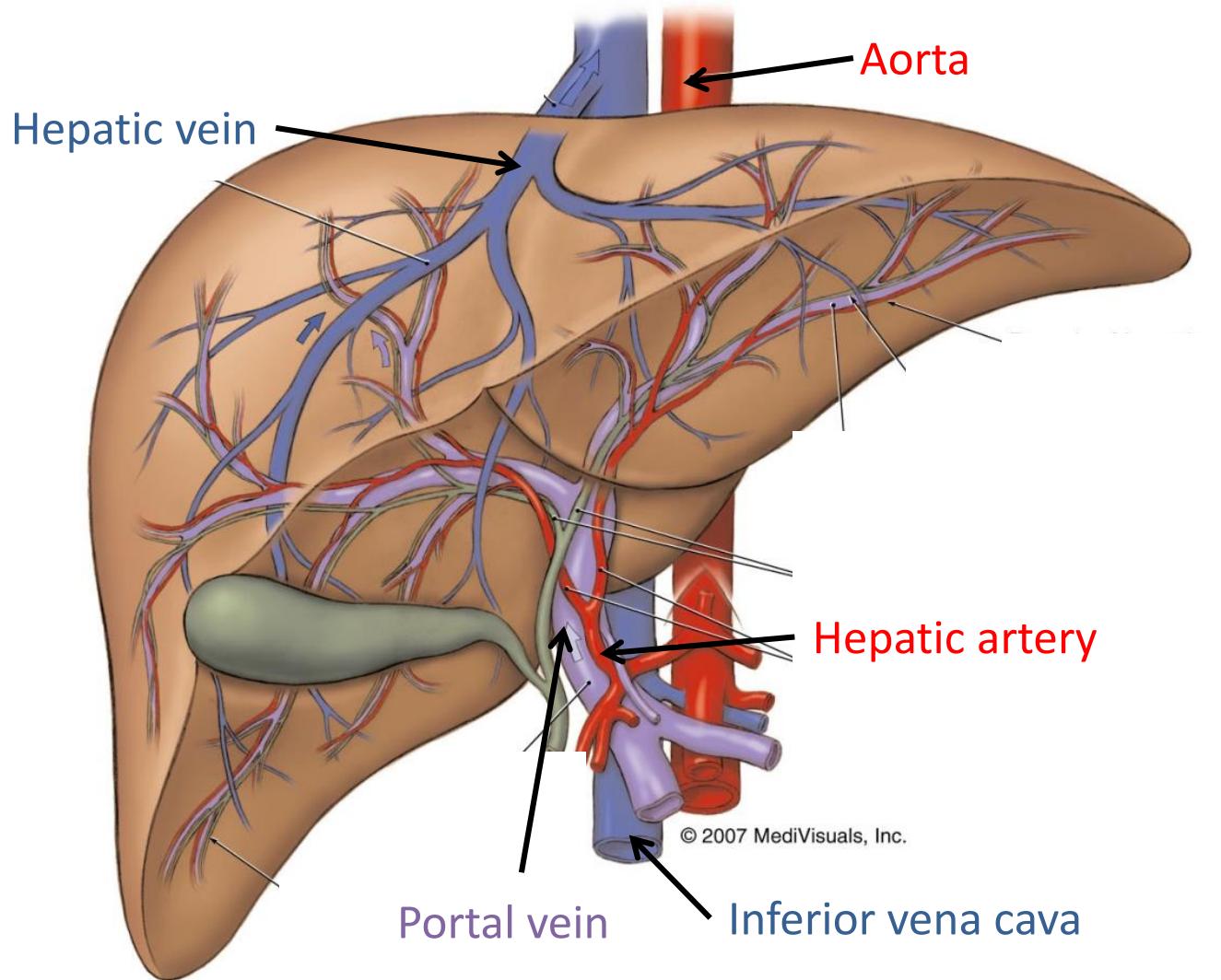


- Annual risk in cirrhosis: 1-5%
- Prognosis is poor when the cancer is symptomatic
- Early detection improves survival
  - Ultrasound/ AFP is recommended every 6. months

# Summary

- With cirrhosis the filter is destroyed
- Complications are caused by
  - Loss of functional liver tissue
  - Portal hypertension
  - Oncogenic effect of the chronic inflammatory state
- Prognosis may improve significantly after eradication of the virus

# Liver blood flow



	Direct treatment of varices			Reduction of portal pressure		
	Band ligation	Histoacryl injection	Oesophageal stent	Non-selective Beta-blockers	Terlipressin, somatostatin	TIPS
Prophylaxis	✓	✓		✓		✓
Bleeding	✓	✓	✓		✓	✓