**Chronic Liver Disease**

**Most common causes**

In order...
1. Alcohol
2. Non-alcoholic fatty liver disease
3. Viral hepatitides
4. Autoimmune (e.g. autoimmune hepatitis, PBC)
5. Metabolic (e.g. haemochromatosis)

*Note: the liver is often not palpable in cirrhosis because it shrinks (splenomegaly more common finding)*

**Long-term management**

- Treat cause
- General
  - Good nutrition
  - Alcohol abstinence
- 6-monthly screen
  - α-FP (monitor for HCC)
  - USS (HCC, hepatic v. thrombus, reversed portal flow)
  - Endoscopy (for varices)
- Treat/prevent complications
  - Varices: banding, propanolol
  - Ascites: spironolactone, low salt diet and fluid restriction
  - Encephalopathy: lactulose, rifaximin
  - Coagulopathy: vitamin K

**Acute complications**

**Investigations**

- Bloods: FBC, U&Es, LFTs, CRP, coag screen, glucose, blood cultures (if any signs of infection)
- Chest X-ray
- Urine dip and MSU
- Abdominal USS
- Ascitic tap (if ascites present)

**Types**

1. Decompensation
   - Signs: jaundice, ascites, encephalopathy
   - Causes: SBP/sepsis, dehydration/AKI, UGI bleed/constipation, others (portal vein thrombosis, drugs, liver ischaemia, HCC)
   - Management: treat cause, lactulose/enemas, avoid sedatives, nurse in intensive care if required

2. Hepato-renal failure
   - Worsening renal function in advanced chronic liver disease with no other cause (doesn’t respond to fluids)
   - Management: fluid balance monitoring and daily weights, suspend diuretics and nephrotoxic drugs, 5% human albumin solution boluses, arterial vasoconstrictors (e.g. terlipressin)

3. Spontaneous bacterial peritonitis
   - Sepsis/signs of infection in patient with ascites
   - Management: ascitic tap, IV antibiotics, 20% human albumin solution

If history if alcohol excess – prescribe parbinex and chlordiazepoxide for withdrawal