



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2573843>Available online at: <http://www.iajps.com>

Research Article

**CLINICAL PROFILE OF PATIENTS WITH ALCOHOLIC
LIVER DISEASE**¹Bedar Bakhat Khan, ²Dr. Muhammad Sohail Baig, ³Dr. Tufail Ahmed Baloch,⁴Hamid Nawaz Ali Memon, ²Dr. Samar Raza and ²Dr. Ali Raza Shaikh¹Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro²Liaquat University Hospital Hyderabad / Jamshoro³Consultant Surgeon & Medical Superintendent Peoples Medical College Hospital⁴Zulekha Hospital Dubai United Arab Emirates**Abstract:****OBJECTIVE:** To determine the clinical profile of patients with alcoholic liver disease**PATIENTS AND METHODS:** A total of fifty patients with alcoholic liver diseases were included in this study. The criterion for the selection of the patients for the study was those patients with the history of consumption of alcohol of ≥ 60 gm per day for 3 years durations. The exclusive criteria were patients with liver diseases due to non alcoholic causes and patients with alcoholic liver diseases who are found to have other causative factors while the frequency / percentages (%) and means \pm SD computed for study variables.**RESULTS:** During six month study period total fifty patients had alcohol liver disease were explored and study. The mean \pm SD for age of population was 50.54 ± 5.942 . Duration of alcohol use (yrs) < 5 04 (8.0%), 5-10 13 (26%), >10 33 (66%), residence urban 22 (44%), rural 28 (56%), clinical presentation abdominal pain and swelling 33 (66%), ascites 17 (34%), pedal edema 19 (38%), jaundice 12 (24%), hepatic encephalopathy 11 (22%), mortality 09 (18%). \downarrow albumin 38 (76%), \uparrow gammaglobulins 07 (14%), \uparrow AST 32 (64%), \uparrow gamma GT 30 (60%), \uparrow ALT 35 (70%), \uparrow alkaline phosphatase 10 (20%), \uparrow PT 37 (74%), \uparrow bilirubin 09 (18%) whereas the ultrasound findings were liver cirrhosis with portal htn 22 (44%), liver cirrhosis without htn 20 (40%) and enlarge liver 08 (16%).**CONCLUSION:** Alcoholic liver disease was commonly seen in middle aged males. Clinical, biochemical and histopathological abnormalities revealed various stages of hepatic damage.**KEYWORDS:** Cirrhosis, Alcohol and Chronic liver disease.**Corresponding author:***** Dr. Tufail Ahmed Baloch,**Email: zulfikar229@hotmail.com

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Please cite this article in press Tufail Ahmed Baloch et al., *Clinical Profile Of Patients With Alcoholic Liver Disease*, Indo Am. J. P. Sci, 2019; 06(02).

INTRODUCTION:

Alcohol is the commonest addictive drug in the present world, and which ravages every organ in the human body. It has become a necessary part of social existence for all ages and sexes [1]. Worldwide alcohol consumption is increasing and drinking problems are a major public health concern and a significant part of this concern comes because drinking habits are very difficult to change once established [2]. The definition of an alcoholic is usually taken to be an individual who consumes an amount of alcohol capable of producing pathology [3]. Alcohol toxicity on the liver causes major morbidity and mortality [4]. Not all those who abuse alcohol develop liver damage; the incidence of cirrhosis among alcoholics at autopsy is about 15-20% [5]. Cirrhosis of liver is common in our part of the world. The long term alcohol abusers develop alcoholic cirrhosis and a minority of individuals will not progress beyond the stage of fatty liver despite persistent drinking [6]. Some of this variation in individual susceptibility is accounted for by differences in duration and pattern of drinking [7]. An alcoholic can develop fatty liver, alcoholic hepatitis and cirrhosis. There is lack of clinical and laboratory correlation. Despite the recent advances in the knowledge of alcohol induced liver damage, distance from alcohol and supportive therapy remains the mainstay of management for majority of patients. So it is essential to diagnose alcoholic liver damage earliest because fatty liver is totally reversible and alcoholic hepatitis to some extent on stoppage of alcohol. The present study explored various clinical

features, liver biochemistry and imaging in chronic alcoholics presented at tertiary care hospital.

PATIENTS AND METHODS:

A total of fifty patients with alcoholic liver diseases were included in this study. The criterion for the selection of the patients for the study was those patients with the history of consumption of alcohol of ≥ 60 gm per day for 3 years durations. The exclusive criteria were patients with liver diseases due to non alcoholic causes and patients with alcoholic liver diseases who are found to have other causative factors. After having selected cases for the study, careful history & examination was carried out in each patient in particular relation to alcoholic liver diseases. The quantity and duration of alcohol consumption was also noted. Complications like pleurisy, peri-hepatitis, hemorrhage, biliary peritonitis, puncture of other viscera were always kept in mind. Biopsy material was preserved in 10 % formalin. The sections of the specimens were stained by hematoxylin and eosin, and were studied for fat, cellular infiltration, necrosis, fibrosis, hydropic changes, alcoholic hyaline, regenerating nodules and cirrhosis while the data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients had alcohol liver disease were explored and study. The mean \pm SD for age of population was 50.54 ± 5.942 . The demographical and clinical profile of study population is presented in Table 1 and Table 2

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	07	14
30-39	08	16
40-49	16	32
50-59	11	22
60+	08	16
DURATION OF ALCOHOL USE (yrs)		
< 5	04	8.0
5-10	13	26
>10	33	66
RESIDENCE		
Urban	22	44
Rural	28	56
CLINICAL PRESENTATION		
Abdominal pain and swelling	33	66
Ascites	17	34
Pedal edema	19	38
Jaundice	12	24
Hepatic encephalopathy	11	22
MORTALITY		
Yes	09	18
No	41	82

TABLE 2: THE BIOCHEMICAL AND IMAGING FINDINGS

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
↓Albumin	38	76
↑Gammaglobulins	07	14
↑AST	32	64
↑Gamma GT	30	60
↑ALT	35	70
↑Alkaline phosphatase	10	20
↑PT	37	74
↑Bilirubin	09	18
ULTRASOUND FINDINGS		
Liver cirrhosis with portal HTN	22	44
Liver cirrhosis without HTN	20	40
Enlarge liver	08	16

DISCUSSION:

Majority of the patients were in the age group of 40 – 49yrs (32%), this correlated with the study by Amrapurkar DN, et al in which the mean age of presentation of alcoholics was 41+11years [8].Beckett G in its study showed that the common age group of presentation of alcoholics was 40-50 years [9].In the present study all the cases were males. This is contrary to the study by Amrapurkar DN [8], which showed that females comprised 6% of the alcoholics while our series also correlated with Thornily et al, who showed that mean duration of alcohol consumption was 10-13yrs [10].Morgan MY [11] in their study revealed that mean duration of alcohol intake was 20.4yrs in men and 16.8yrs in women. The present study correlated with the study by Meden hall CL [12] in which hepatomegaly was an important finding seen in 60% of the cases, ascites, pedal edema in 30% and hepatic encephalopathy in 27% of the patients. Hepatomegaly was an important finding in fatty liver, hepatitis, cirrhosis and nonspecific reactive hepatitis. In Lieber Conserved hepatomegaly as 75%, 95% and 67% in fatty liver, hepatitis and cirrhosis respectively [13] while the jaundice was seen in 87.5% of patients with hepatitis and 70% with cirrhosis. In present study ascites was seen in 34% of the cases of cirrhosis while in the study by Meden hall CL was seen in 57% of patients with hepatitis and 79% with cirrhosis [12].Hepatic encephalopathy was also seen in the present study whereas another study it was seen in 44% of patients with cirrhosis [12].

CONCLUSION:

Alcoholic liver disease was commonly seen in middle aged males. Clinical, biochemical and histopathological abnormalities revealed various stages of hepatic damage. The severity of liver damage was directly related to the quantity and duration of alcohol consumption.

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