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DIFFERENT CLINICAL SIGNS IN THE CIRRHOSIS'S DIAGNOSIS AND THEIR VALUE

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Abstract:
Objective: *The aim of this research work is to record the value of different medical signs of cirrhosis in the identification of this very problem. This research work also reviewed the recent condition of the problem.*
Study Design: *This is an observational research work.*
Material and Methods: *This research was conducted in Bahawalpur Victoria Hospital Bahawalpur, and the duration of this research was from May 2018 to April 2019.*
Methodology: *Total 170 patients with young age identified with the clear evidences of the complication of cirrhosis with the utilization of the examination through ultrasound of the abdomen cavity were the participants of this research work. Two doctors checked all the patients and record of their medical signs maintained on special format organized for the maintaining the record of the medical signs. The information about the patient's age, gender of the patient, hepatitis availability (Hepatitis-B or C) gathered in the record.*
Results: *There were 62.0% male patients and 38.0% female patients in this research work. The average age of the patients was 53.20 years with no gross age disparity in hepatitis C virus positive & positive groups of HBsAg. There were 28.0% hepatitis C virus positive patients, 22.0% were positive in HBsAg, there were 10.0% patients found with no proofs of past infection of infections of HBV and HCV infections and there were 40.0% patients were available with no record of such tests. There was dominancy of the male patients in the group of HBsAg in comparison with the group of positive in HCV. We discovered pedal edema in 92.0% patients, ascites was present in 89.0% patients, jaundice was available in 64.0% patients, clubbing in 25.0% patients, palmar erythema was present in 23.0% patients, Terry s nails were available in 21.0% patients, testicular atrophy 4.0%, gynecomastia in 4.0%, loss of hair in pectoral area in 2.40%, leukonychia in 2.4% patients & hepatic encephalopathy with various levels in 19.0% patients. We were unable to notice spider navei, dupuytren. s contracture & caput medusa in any patient.*
Conclusion: *The findings of this research work concluded that recent medical practice has old signs of the complication of cirrhosis which have expectations to be present in the advanced patients as well as uncommon so there is no reliability in the identification of the disease only. There should be help of other examinations as ultrasound for the identification of the complication of cirrhosis. There is requirement further research works for the consolidation of the findings of this research work.*
KEYS WORDS: *Consolidation, Cirrhosis, Comparison, Morphologically, Infection, Encephalopathy, Hepatic.*

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INTRODUCTION:

A diffused procedure morphologically categorized by the fibrosis & the change of the normal healthy liver to the structural abnormal nodules is the cirrhosis [1]. There is facility of regeneration in these nodules. It is not a focal procedure but it is a process of diffusion [1]. The classification of the cirrhosis carried out into three types as (1) micro nodular, (2) macro nodular and (3) mixed nodular [2]. It is very hard to classify the diseases of cirrhosis on the basis of their morphology but there are a lot of appearances of the causative agents of the disease. The reasons of the disease may contain alcoholic, post necrotic and biliary cirrhosis, cardiac, metabolic & cryptogenic [3]. About 30% to 40% patients of liver cirrhosis remained undiagnosed and their identification carried out with the help of autopsy [4, 5]. So, it is very hard to document the precise prevalence of this complication.

Male are available with dominancy in the spectrum of this complication but the marking of the variations in geography is very necessary [6]. Compensated liver cirrhosis complication is medically latent & diagnosis of this complication is possible with cautious medical assessment & screening of the patients biochemically. About 30.0% to 40.0% patients of compensated liver cirrhosis are always available without any sign [2]. Those patients who become suggestive available with general symptoms as asthenia, weight loss & anorexia etc. The grave appearances are ascites, hemorrhage of gastro intestines, jaundice & hepatic encephalopathy [7]. There are many specific signs of cirrhosis as mentioned in this research work [8]. There is no practice to observe majority of signs even in the patients suffering from severe disease [9].

METHODOLOGY:

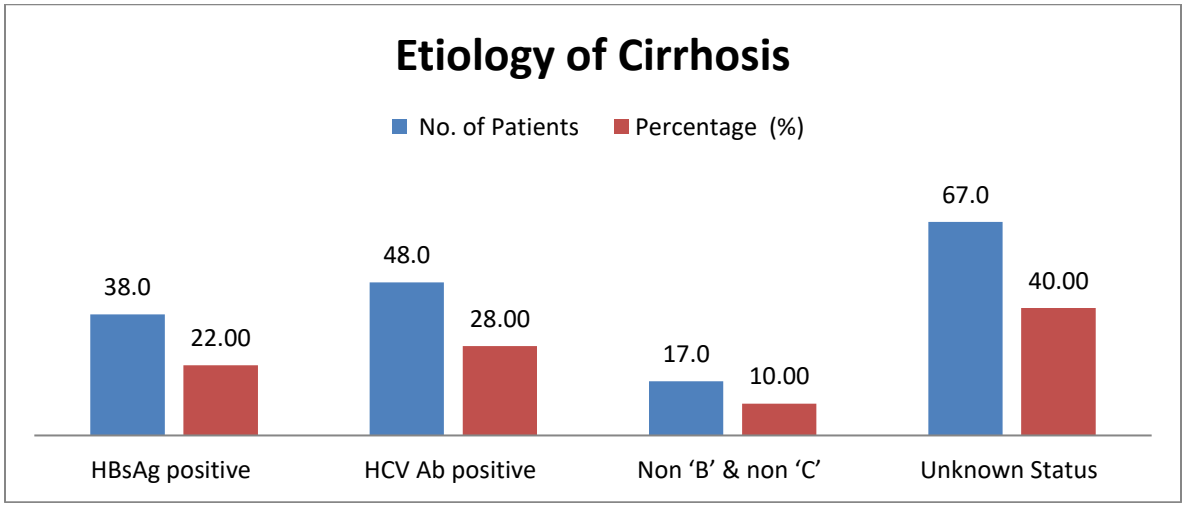
Patient particular adults suffering from liver cirrhosis and got admission in the Bahawalpur Victoria Hospital Bahawalpur, from May 2018 to April 2019 were in the part of this research work. The examination of the abdomen cavity of those patients confirmed the evidence of liver cirrhosis in those patients. All the patients examined carefully for the availability of the medical signs. Different features of all the patients were in the record on a special organized Performa for maintaining such information. The features contained gender of patient, the main cause of the disease (HBV, HCV or other reasons), and medical signs at the time of their appearance in the hospital as spider navei, terry's nails, clubbing, erythema, leukonychia, hair loss from the pectoral region, dupuytren's contracture, testicular atrophy, various levels of encephalopathy and many others.

RESULTS:

There were total one hundred and seventy patients of liver cirrhosis in this research work. Sixty-two percent patients (n: 102) were males and 38.0% (n: 64) patients were from female gender. The average age of the patients was 53.20 years and we found no important disparity between the ages of patients in both genders. Patients with HBsAg positive found with an average age of 53.80 years & hepatitis C virus positive patients found with an average age of 57.20 years. There were 28.0% (n: 48) patients positive for infection of HCV & 22% (n: 38) patients were available positive for HBsAg. Ten percent patients (n: 17) found with no markers of HCV or HBV (10%) whereas 40.0% (n: 67) patients found with no proof of such tests as elaborated in the Table-1.

Table-I: Etiology of Cirrhosis n=170

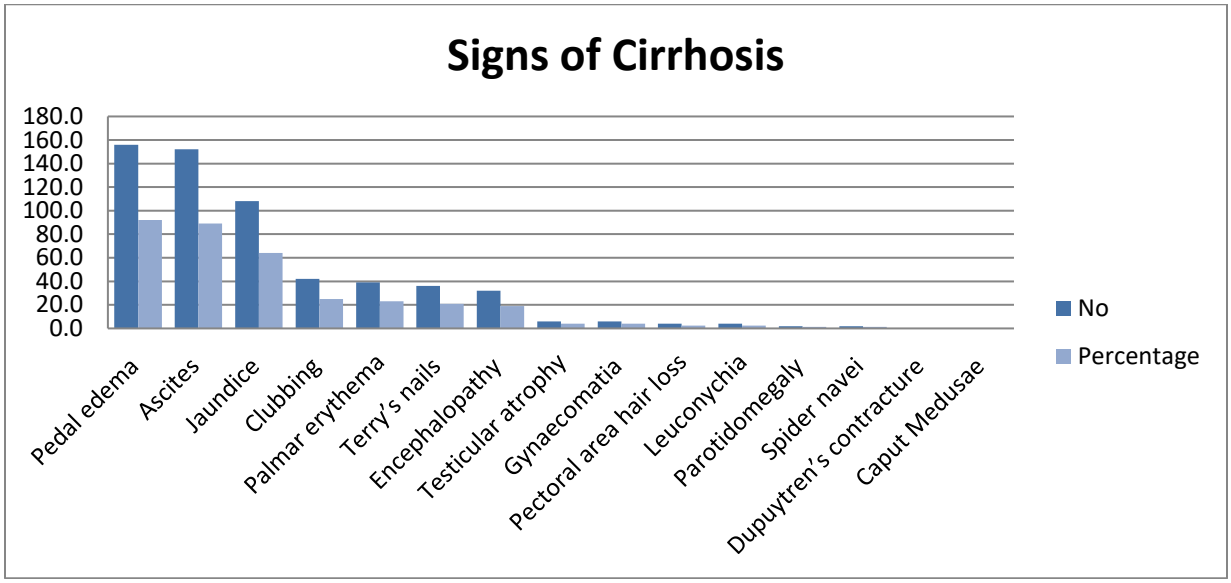
Disease	No. of Patients	Percentage (%)
HBsAg positive	38.0	22.00
HCV Ab positive	48.0	28.00
Non 'B' & non 'C'	17.0	10.00
Unknown Status	67.0	40.00



Male patients were dominating the group of HBsAg positive in comparison with the group present with positive for HCV. Male patients were 79.0% in hepatitis B virus and 63.0% patients were in the group of hepatitis C virus. The average duration for the appearing of the symptoms was fifteen months. The clinical signs as observed by this recent research work are available in Table-2.

Table-II: Clinical Signs of Cirrhosis n=170

Signs	No	Percentage
Pedal edema	156.0	92.00
Ascites	152.0	89.00
Jaundice	108.0	64.00
Clubbing	42.0	25.00
Palmar erythema	39.0	23.00
Terry's nails	36.0	21.00
Encephalopathy	32.0	19.00
Testicular atrophy	6.0	4.00
Gynaecomatia	6.0	4.00
Pectoral area hair loss	4.0	2.40
Leuconychia	4.0	2.40
Parotidomegaly	2.0	1.20
Spider navei	2.0	1.20
Dupuytren's contracture	0	0
Caput Medusae	0	0



DISCUSSION:

In this research work, we discovered that chronic infection of hepatitis C virus was the causative factor in 28.0% patients and chronic infection of hepatitis B virus was present in 22.0% patients. These findings are not much different from the results mentioned in a research work conducted by Farooq & Farooqi [10]. In current research work, 40.0% patients found with no evidences of these test methods and 10.0% patients found with no markers of HBV & HCV infections enhancing the fact that other prompting factors can be the part of this complication or cryptogenic cirrhosis was the prevailing complication in those patients. Greater than 50.0% cryptogenic cirrhosis patients can show the prevalence of infection of hepatitis C virus in scrutiny [3].

The average age of the patients was more than fifty-one years in both groups which is describing the slow promotion of the complication and the achievement of complication in adult life [11]. Total 79.0% patients were positive for HBsAg and 63.0% patients were positive for infection of HCV linked with the haircut and shave from barbers. This issue was also the matter of concern in the study of Tumenelli [12]. We noted the pedal edema in 92.0% patients, ascites in 89.0% patients and both of these were the most common present signs [13]. research works conducted by Leveen in which he concluded that 5.0% to 10.0% patients of ascites were present with association to pleural effusion [13]. Chung discovered a large amount of their patients suffering from jaundice because of the abnormality of the diseases of liver [14]. Hepatic encephalopathy from Grage-1 to Grade-4 was available in 19.0% (n: 32). Jalan also presented the complication of hepatic encephalopathy of liver cirrhosis in a valuable quantity of patients [15]. Palmar erythema was available in thirty-nine patients and gynecomastia was present in only 6 patients. Clubbing was available in 25.0% (n: 42) patients but this sign was the most common one in cirrhosis the research work of Ebstein [16]. In this research work, we were not able to observe the caput medusa. We also failed to identify any research work concluding the relative rates of different signs of liver cirrhosis and it was true when the scanning of a lot of medicines textbooks carried out [2, 3, 8].

CONCLUSION:

We concluded in this research work that most of the ancient old signs of the liver cirrhosis which were in expectation to be available in the advanced patients were not under observation and there is no reliability in the identification of the disease only. There should be a support of the ultrasonic assessment for the identification of the liver cirrhosis. There is requirement of further research works for the consolidation of the findings of this research work.

REFERENCES:

1. Poyard T, Bedossa P, Opolon P: Natural history of liver fibrosis progression in patients with hepatitis C. Lancet 1997; 349:825-34.
2. Chung RT. Complications of Chronic Liver Disease, Crit Care Clin 1995; 11: 431-5.
3. Caldwell H. Cryptogenic cirrhosis: clinical characterization and risk factors for underlying disease.
   Hepatology1999; 29:664-77.

4. Maarnbini, Tygstrup W, Orlandi F, eds. Cirrhosis of liver. Amsterdam: Elservier 1987:275-90.
5. Lawrence S, Friedman LS. Liver, biliary tract and pancreas. In: Current medical diagnosis and treatment 41st ed. Mc Graw Hill 2002: 675-21.
6. Colinogilvie, Cristopher C, EvansCC. In: Chamberlains symptoms & signs in clinical medicine 12th Ed. Buttterworth Heisnmann 1997: 78-81.
7. Epstein O, Ajdukiewicz AB, Dick R. Hypertrophic hepatic osteoarthropathy. Am J Med 1979; 67-88.
8. Raymond T, Chung RT, Daniel K, Podolsky DK. Cirrhosis and its complications. In: Harrison's Principles of Internal Medicine, 15th ed, New York, Mc Graw Hill 2001:1754-67.
9. Jalan R. Pathogenesis and treatment of chronic hepatic encephalopathy. Ailment pharmacol Ther 1996; 10: 681-4.
10. Ferri FF. The care of Medical patients. 4th ed. St. Loius: Mosby, 1998: 439–52.
11. Farooqi JI, Farooqi RJ. Related frequency of hepatitis B virus and hepatitis C virus infection in patients of cirrhosis in NWFP. J Coll Physician's Surg Pak 2000; 10: 217-9.
12. Anthony PP, Ishak KG, Nayak NC, Poulsen HE, Scheuer PJ, Sobin LH. The morphology of cirrhosis: definition, nomenclature, and classification. Bull WHO, 1977; 55:521-40.
13. Fattovich G, Guistina G, Degos F, Dioclatig, Almasid P. Morbidity and mortality in compensated cirrhosis type 'C': a retrospective follow up study of 384 patients. Gastroenterology 1997; 112: 463-72.
14. Conn HO & Atterbury CE. Cirrhosis. In: Schiff L, Schiff ER, eds. Diseases of the liver. 6th ed. Philadelphia: JB Lippincott 1987: 725-864.
15. Tuminelli F, Marcallin P, Rizzzos. Shaving as potential source of hepatitis 'C' virus infection. Lancet 1995; 2: 375-8.
16. LeVeen HH, Piccone VA, Hutto RB. Management of ascites with hydrothorax. Am J Surg 1985; 148: 210-3.