Liver Complications

Cirrhosis

Cirrhosis is an advanced form of liver damage that can have many causes, including chronic hepatitis B or hepatitis C, fatty liver disease and heavy alcohol consumption.

Liver damage triggers inflammation and scarring (fibrosis) as the organ tries to repair itself. Over time, more and more normal tissue is replaced by scar tissue, obstructing the flow of blood through the liver and affecting its structure and function.

Compensated cirrhosis means the liver can still perform its important functions, such as filtering toxins, managing sugar and fat metabolism and controlling blood-clotting factors. Decompensated cirrhosis, or liver failure, occurs when the liver can no longer carry out its vital work. In the most severe cases, people with end-stage liver disease may need a liver transplant.

Many people with early fibrosis have few or no symptoms. But as liver damage progresses, it can lead to a wide variety of signs and symptoms, including the following:

- Fatigue
- “Brain fog,” with confusion or difficulty thinking
- Nausea
- Loss of appetite
- Unintentional weight loss
- Pain in the upper abdomen
- Muscle or joint aches
- Itchy skin
- Easy bleeding or bruising
- Spider veins (small red spidery veins on the skin)
- Fluid accumulation in the lower extremities (edema)
- Jaundice (yellowing of the skin and eyes)

- Dark, cola-colored urine
- Pale or grey stools

At later stages, symptoms of decompensated cirrhosis may include a bloated belly from fluid buildup (ascites), bleeding from enlarged blood vessels in the esophagus and stomach (varices) and cognitive impairment—and even coma—due to buildup of toxins in the brain (hepatic encephalopathy). People with advanced liver disease are also at increased risk for hepatocellular carcinoma (HCC), the most common type of liver cancer.

The extent of cirrhosis is often assessed using the Child-Pugh or Child-Turcotte-Pugh (CTP) score. CTP Class A indicates compensated cirrhosis. CTP Class B and C are decompensated cirrhosis, with Class C being the most severe. The MELD score is used to predict survival of people with advanced liver disease.

Antiviral treatment for hepatitis B or C, management of fatty liver disease and abstinence from alcohol can slow or halt liver disease progression, but they don't always reverse existing damage. For this reason, people with cirrhosis should continue to undergo monitoring for liver cancer even after their underlying condition is addressed.

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http://beta.docker.hepmag.com/basics/liver-health/cirrhosis