Alcoholic Liver Disease

Accumulation fluid in peritoneal cavity
seen with portal hypertension
Normal WBC content <500 WBC <250 neutrohils
formation of ascites marks transition from compensated to decompensated and gives 50% 2 year survival
SBP neutrophils > 250
commonest bugs gram negative E coli Klebsiella

Measure	1 point	2 points	3 points	units
Bilirubin (total)	<34	34-50	>50	µmol/l
Serum albumin	>35	28-35	<28	g/L
INR	<1.7	1.71-2.20	> 2.20	*no unit*
Ascites	None	Suppressed with medication	Refractory	*no unit*
Hepatic encephalopathy	None	Grade I-II (or suppressed with medication)	Grade III-IV (or refractory)	*no unit*

Interpretation

Chronic liver disease is classified into Child-Pugh class A to C, employing the added score from above.

Points	Class	One year survival	Two year survival
5-6	A	100%	85%
7-9	B	81%	57%
10-15	C	45%	35%

Portal pressures increases because portal flow obstructed.
areas of portosystemic anastomosis develop collateral supply.
Gastro-oesphageal = varices
anal
retroperitoneal
umbilical

Varices
seen about 50% cirrhotics
1/3 varices will bleed
50 % mortality first bleed

BSG guidelines vari_hae.pdf
Management
Iv access x 2 large bore
blood FBC U&E CS X match
iv fluids
drugs terlipressin 2mg qds/vasopressin reduce portal blood flow collateral flow and variceal pressure (better evidence)
octretide selective splannic vasoconstriction decreases portal blood flow (evidence weak)

(1)RESUSCITATION

xSite: Where haemodynamic monitoring is possible.
xMethods:
x16gaugeperipheral cannulae,atleast2.
xCrossmatch6unitsofblood.
xCorrectprothrombintime,plateletcount.
xCentral venousaccess.
xProtection of the airway by elective intubation:
(i) severe uncontrolled variceal bleeding;
(ii) severe encephalopathy;
(iii) inability to maintain oxygen saturation above 90%;
(iv) aspiration pneumonia.(Recommendation grade BIII.)

(2)TIMING OF UPPER GASTROINTESTINAL ENDOSCOPY
xAs soon as the patient is haemodynamically stable. (Recommendationgrade BIII.)
(3)CONTROLOFBLEEDING

xVariceal band ligation is the method of first choice. (Recommendationgrade AI.)
xIf banding is difficult because of continued bleeding or this technique is not available, endoscopic variceal sclerotherapy should be performed.(Recommendationgrade AI.)
xIf endoscopyis unavailable, vasoconstrictors such as octreotide (unlicensed) or glypressin, or aSengstakentube inserted(with adequate provision for airways protection)maybe used while more definitive therapy is arranged.(Recommendationgrade AI.)

(4)FAILURE TO CONTROL ACTIVE BLEEDING
xIn case of bleeding that is difficult to control, a Sengstaken tube should be inserted until further endoscopic treatment, TIPSS, or surgical treatment.(Recommendationgrade BI.)
xSpecialist help should be sought at this time and transfer to a specialist centre should be considered.(Recommendationgrade BII.)
xThe mode of treatment—that is, surgical interventionsuchas oesophageal transection orTIPSS—is decided by which of these techniques is routinely used by the centre in which this patient is being managed.(Recommendationgrade BII.)