

Cirrhosis

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Key Points

- Definition, histology and major cause of cirrhosis
- Definition, prevalence and causes of NAFLD

Cirrhosis is defined as the histological development of regenerative swelling encircled by fibrous bands in response to chronic liver injury, that results in the portal hypertension and last –stage disease of liver. Recent studies in the comprehending the history and pathophysiology of cirrhosis, and in cure of its complexities, have resulted in improved management, life quality, and expectancy of life of patient. Transplantation of liver remains the sole curative option for a chosen group of patients, but pharmacological treatments that can obstacle in progression to decompensated cirrhosis or even reverse cirrhosis are recently being developed. This discussion focuses on the diagnosis, complexities, and management of cirrhosis, and advanced clinical and scientific developments.¹

According to the WHO, cardiovascular disease is the leading cause of death worldwide, responsible for approximately 18 million deaths per year. Nevertheless, the worldwide prevalence of metabolic diseases, such as type 2 diabetes mellitus, obesity, and non-alcoholic fatty liver disease (NAFLD), also known to be usual risk factors for CVD, have increased over the past decades. Consumption of alcohol is a major cause of chronic liver diseases (CLD) and being a major health care cost expenditure accounts for spending the massive amounts of money yearly.²

Parallel to the increasing incident of diabetes mellitus type 2 (T2DM) and obesity and a close relationship donors. Current data shows new trends in the area of chronic liver disease.³

with insulin resistance, non -alcoholic fatty liver disease (NAFLD) has become the most widespread chronic liver disease (CLD) in the world over the past 3 decades, with an estimated widespread of 10%-40%.

Nonalcoholic fatty liver disease/nonalcoholic steatohepatitis (NAFLD/NASH)

NAFLD is a challenging and multisystem disease that has high social and economic impact. NAFLD is characterized by increased depositions of fat in the liver with clinical-histological phenotypes.³

Chronic liver disease, including chronic hepatitis B virus (HBV) infection, is a major cause of mortality in China. It affects approximately 400 million people. In China, almost 50% of deaths occur from liver cancer and 15% from cirrhosis. Although in adults, mortality rates from cirrhosis and liver cancer have been decreasing in China, partly due to the eradication of aflatoxin from foodstuffs and partly to the decrease in HBV seroprevalence since the 1990s, the occurrence of certain other chronic liver diseases, including nonalcoholic fatty liver disease (NAFLD), is rising and is accounting for an increasing ratio of liver disease in China.⁴

NAFLD/NASH is a main cause of macro vesicular steatosis and has parallel impacts on liver transplantation (LT), on patients on the waiting list for transplant, on post-transplant setting and on organ

Patients with deteriorated cirrhosis on the waiting list for liver transplantation (LT) commonly develop complications that may trickle them from reaching liver

transplantation. Circulatory dysfunction can lead to effectual arterial hypovolemia and activation of vasoconstrictor systems is a key factor in the pathophysiology of complexities of cirrhosis.⁵



Figure: Comparison of healthy liver with fatty liver and cirrhosis⁴

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