

Prognosis in Decompensated Cirrhosis – A complete follow up study of twenty five cases

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Objective of this study is to see the clinical course of decompensated cirrhosis especially with reference to differences in presentation, age, sex and disease complications regarding the type of virus involved i.e., HCV or HBV. It is a prospective, randomized hospital based study. The patients were selected from inpatient and outpatient department of North medical Ward. The patients were followed up from October 1998 to April 2003. Twenty five patients suffering from decompensated cirrhosis were studied. The patients were followed up till their death or till the last visit. The maximum follow up was for 4 years and 7 months. The minimum follow up was three months and 10 days. Eleven patients died during the study. The average duration of follow up was one year and 4½ months. The usual cause of death was Variceal bleed or hepatic encephalopathy. There is a difference in presentation, age, sex and severity of disease in patients suffering from HCV or HBV. When there is coinfection of HCV and HBV in a patient the prognosis is worse and the patient is having rapid downhill course.

Key words: Decompensated cirrhosis, HCV, HBV, follow up

Viral hepatitis B&C and its late consequences are a major health problem now a days. The precise natural course of the disease remains unclear due to lack of prospective data, the inability to find the exact mode of transmission in many cases. The initial onset of the disease, relapses and remissions and variations in clinical course are ill defined which make the picture hazy. Prediction of clinical course is more difficult in cases of HCV infection. Some patients will progress to cirrhosis in a short time while others maintain a near normal life for a prolong period. In the majority of the patients chronic HCV infection is a silent disease until significant hepatic fibrosis has developed. The reasons for this wide variability are not very clear. Some factors which lead to early progression of the disease may be age >40 years, male sex, high alcohol intake, obesity or high transaminase levels.

The objective of this study is to observe the clinical course once the cirrhosis has become decompensated. This is a small study because many patients are not convinced about the importance of regular follow up.

Patients and methods

It is a prospective, hospital based study. The patients were registered for the study both from inpatient and outpatient department of North Medical Ward., Mayo Hospital, Lahore from October 1998 to April 2003. Initially the number of patients included in the study was more. But the patients who were lost in follow up were excluded from the study. The patients were advised the recommended treatment in proper dosage. But the patients with poor or non compliance of drugs were also excluded from the study. At their first visit detailed history regarding mode of transmission, age at onset of symptomatology and duration of symptoms were noted Complete physical examination was done on each visit. The patients were advised to visit OPD, Mayo Hospital after every 15 days or so but in case

of emergency they were welcomed both in the ward and emergency department.

Results

Twenty five patients of decompensated cirrhosis were studied. Fifteen were female patients and 10 were male patients.

Table 1. Age distribution (n=25)

Age range	Male	Female	Total
15-25 years	2	-	2
26-35 years	2	1	3
36-45 years	1	1	2
46-55 years	1	2	3
56-65 years	2	8	10
66 onwards	2	3	5

Table 2. Viral markers (n=25)

Infection	Male	Female	Total
HBV infection	3	6	9
HCV infection	6	6	12
HBV+HCV	1	3	4

Table 3. Mode of transmission (n=13)

Mode of transmission	Male	Female
Sexual contact with HBV or HCV positive person	2	1
H/O I.V injections, or blood transfusion	7	1
Presence of HCV or HBV positive person in the family	1	1

Twelve patients were not certain about the time and mode of transmission of infection. Average age at the time of diagnosis of decompensated cirrhosis was 53.5 years for HCV positive patients and 43.8 years for HBV +ve patients.

Eleven patients died during the study. (Table 3)

Table 3. Viral markers in patients who died (n=11).

Infection	Male	Female	Total
HBV	2	1	3
HCV	2	3	5
HBV+HCV	1	2	3

Average duration of illness from onset of decompensated cirrhosis to death was 6 months and 16 days for HCV patients, 2 years and 23 days for HBV and 2 months and 7 days for HCV +HBV patients.

Presenting signs and symptoms (n=25)

Table 4 Presenting signs and symptoms

Signs and symptoms	No. of Pts.	%age
Weakness	7	28
Resistant ascites	17	68
Bleeding varices	10	40
Hepatocellular carcinoma	2	4
Hepatic encephalopathy	15	60
Fever	4	20
Pleural effusion	3	12

Fourteen patients needed multiple hospital admissions during their follow up.

Discussion

More than one third of the world population is suffering from HBV. Similarly more than 1% of American population is suffering from HCV. In Pakistan also more and more new cases are being detected who are suffering from either HBV or HCV. Chronic liver disease is a major health problem now-a-days. An understanding of the natural course of the disease is important for making rational decisions about public health be they screening, therapeutic or preventive.

In this study we observed that HBV patients were young, while HCV group belonged to an older age group. They presented at an advanced stage of disease. This may be due to slow insidious progression of fibrosis. Once the decompensated cirrhosis is there the further course of the disease is not much different in two groups. However, HCV group has multiple complications and survival time is less than group B patient. The patients suffering from both B and C infections behave badly and they face early mortality

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