Cheatography

GI VI: Liver Cheat Sheet

by ksellybelly via cheatography.com/19318/cs/2447/

Hepatitis: General

Defined as acute or chronic hepatocellular.
- Most common cause of acute hepatitis is *viral* followed by toxins (*EtOH).
- Most common cause of chronic hepatitis is viral (can also be inherited disorders, autoimmune)

Viral Hepatitis

Toxic Hepatitis

Etiology

EtOH, acetaminophen, isoniazid, halothane, phenytoin, carbon tetrachloride

How to diagnose and treat?

Eliminate the suspected agent

What is used for acetaminophen toxicity?

Acetylcysteine

Prognosis?

Good if the patient survives the acute episode

Cirrhosis

Definition

Irreversible fibrosis and nodular regeneration throughout the liver

Etiology

EtOH (causes >45% of cases in US), or Hep B/C or congenital disorders

Clinical Presentation

Weakness, fatigue, weight loss, N/V, anorexia, amenorrhea, impotence, loss of libido, abdominal pain, hepatomegaly.

Signs/symptoms of late stage cirrhosis

Ascites, pleural effusions, peripheral edema, ecchymosis, esophageal varices, and signs of hepatic encephalopathy

Signs of Hepatic Encephalopathy

Asterixis, tremor, dysarthria, delirium, coma

Lab Findings

Can be normal until late-stage disease. Anemia, mild AST elevation.

Treatment

Abstain from EtOH use, salt restriction + bed rest for ascites, can do Spironolactone 100mg qd to diurese. Liver transplant for select patients

Liver Abscess

Liver Neoplasm

General

Can be malignant (primary or metastatic) or benign

Types of benign neoplasm

Cavernous hemangioma, hepatocellular adenoma, infantile hemangioendothelioma

Liver is a common site for...

Metastases from other cancers (esp. lung and breast). But if the primary tumor is silent, manifestations may occur in liver first.

What is associated with primary hepatocellular carcinoma

Hep B, Hep C, cirrhosis, aflatoxin B1 exposure (from *Aspergillus* in foods)

Clinical Characteristics

Malaise, weight loss, abdominal swelling, weakness, jaundice, upper abdominal pain. Signs include hepatomegaly, splenomegaly, hepatic bruit, ascites, jaundice, wasting, fever

Lab Findings

Elevated a-fetoprotein

Treatment: Benign neoplasms

Treat if the tumor size might be in danger of rupturing hepatic capsule

Treatment: Metastatic disease

Treat the primary lesion

When may surgical resection be attempted?

If the cancer is confined to one lobe and there is no concurrent cirrhosis. Liver transplant might be an option. Poor prognosis overall.

Transmission (A + E)

> Fecal-oral contamination. Prevent by having a sanitary water supply and hand washing)

Transmission (B + C + D)

> Parenterally or by mucous membrane contact

Progression to serious liver disease in pts. with chronic Hepatitis C

> 20-30% progress to serious liver disease, usually if EtOH is involved or pt. also has Hep B or HIV

Clinical Features: general

> Fatigue, malaise, anorexia, nausea, tea-colored urine, vague abdominal discomfort

When is Hep D found?

> In conjunction with Hep B, assoc. w/ more severe course

Which infectious are frequently found as co-infections?

> Hep C + HIV, Hep B + HIV

Lab Findings

> Elevated aminotransferase levels, bilirubin > 3.0 (=scleral icterus or jaundice), antibodies and antigens present in serology

Treatment: Acute viral hepatitis

> Supportive (Hep A pts be careful to wash hands/dishes and not share food), avoid EtOG/toxins

All HIV-positive pts. with chronic Hep B should be...

> Treated for HIV (no matter what the CD4 count is) w/ therapies that cover both infx.

Hep C. patients should also be evaluated for...

> The level of fibrosis

- Caused by *Entamoeba histolytica* or the coliform bacteria
- Happens after travel or secondary to an intra-abdominal infection.
- Presents with fever and abdominal pain
- Treat with abx, percutaneous drainage, surgical excision



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