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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