

ASSESSMENT OF CLINICAL PROFILE OF PATIENTS WITH ALCOHOLIC LIVER DISEASE

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Abstract

Background: Alcohol consumption affects both mental and physical function of the body and hence called as “dual disease” because it has mentioned in etiology of morbidity in both the components of the body. According to the reports of World Health Organization there were more than 150 million people worldwide has indulged with alcoholism.

Material & Methods: The present prospective study was conducted at department of general medicine of our tertiary care hospital. 50 Patients who were diagnosed as acute onset alcoholic liver disease were enrolled from outdoor and from ward by simple random sampling.

Results: The most common clinical feature recorded among study participants was of nausea and vomiting seen in 46 (92%) of patients, which was followed by jaundice reported among 43 (86%) of patients. Hepatomegaly was reported among 37 (74%) of patients, which was followed by signs of liver failure reported among 30 (60%) patients, followed by anorexia reported among 29 (58%) of patients. Splenomegaly was reported among 17 (34%) of patients, fever was reported among 13 (26%) of patients, abdominal pain was reported among 12 (24%) of cases and ascites was reported among 8 (16%) study participants.

Conclusion: We concluded from the present study that larger quantities of alcohol consumption for a longer duration of time result in high morbidity and mortalities. Alcoholic liver disease is not only a medical burden but also a social burden which leads to frequent hospitalization and unwanted out of pocket expenditure.

Key words: alcoholic liver disease, liver cirrhosis, hepatomegaly.

Introduction:

Alcohol consumption affects both mental and physical function of the body and hence called as “dual disease” because it has mentioned in etiology of morbidity in both the components of the body. According to the reports of World Health Organization there were more than 150 million people worldwide has indulge with alcoholism (1). Several studies had reported that alcoholism affect the biological mechanisms which involves in equilibrium of multiple organs of human body along with this it directly have adverse effect on social environment of the person involving family life, mental health and also the vocational capabilities (2). Alcohol act as central nervous system depressant in higher blood concentration, however in low doses it act as central nervous system behavioral stimulant (3). Alcoholism is reported to be significantly associated with high mortality and morbidity rates, which accounts for more than 4% of the mortality

reported worldwide and also for near about 5% of the DALYs lost worldwide (4).

Alcoholic liver disease has reported to have group of diseases disease ranging from mild liver steatosis to severe liver cirrhosis. The most common etiology behind this ranging disease spectrum reported was chronic and excessive alcohol consumption (5). In India also alcoholism is reported for the most prevalent cause of acute and chronic liver diseases (6). Alcoholic liver disease ranges from mild fatty liver, alcoholic hepatitis and alcoholic cirrhosis. Among them alcoholic hepatitis and severe liver cirrhosis are life threatening conditions and sometimes fatal (7). However, many other factors are also associated in the outcome of the alcoholic liver diseases like, amount and duration of alcohol content, nutritional deficiency, iron overload, viral hepatitis and several genetic factors (8). Hence, we conducted present study to assess the clinical profile of alcoholic live disease.

MATERIALS & METHODS

The present prospective study was conducted at department of general medicine of our tertiary care hospital. The study duration was of six months from July 2018 to December 2018. A sample size of 50 was calculated at 95% confidence interval at 10% acceptable margin of error by epi info software version 7.2. Patients who were diagnosed as acute onset alcoholic liver disease were enrolled from outdoor and from ward by simple random sampling. Clearance from Institutional Ethics Committee was taken before start of study. Written informed consent was taken from each study participant.

The data were collected by detailed history, general physical and clinical examination from each patient after taking the written consent. The hematological investigation was done for routine blood investigation and liver function test. Patients who had chronic diseases such as cardiac diseases, renal diseases, hypertension and cancer were excluded from the study. Data analysis was carried out using SPSS v22. All tests were done at alpha (level significance) of 5%; means a significant association present if p value was less than 0.05.

RESULTS

In the present study we enrolled 50 patients who were aged from 21 to 59 years. The mean age of the enrolled patient with alcoholic liver disease was 36.42 ± 4.78 years. There was no patient in the present study who aged less than 18 years of age. Out of total patients diagnosed with alcoholic liver disease 94% were male and 6% were females. In the present study, majority of the patients were in the age group of 31-40 years (52%) which is followed by 24% of the patients were in the age group of 21- 30 years followed by 14% of the patients were in the age group of 41-50 years and 10% of patients were in the age group of 51-60 years. In our study majority of patients were farmers which is followed by employed at private service and daily wages workers. In the present study, according to the of alcohol consumption majority of the patients were consumed alcohol intake more than 60 gm which is followed by patients who were consuming alcohol 50 - 60 gm in 24 hours and lastly patients who had history of alcohol consumption of less than 50 gm in 24 hours. On the basis of consumption, majority of the patients had alcohol consumption of more than five years which is followed by alcohol consumption for past 3-4 years, which is followed by alcohol consumption for

past 2-3 years and at last patients who had history of alcohol consumption from past 1-2 years. (Table 1)

Table 1: Age and gender wise distribution of study participants.

Variables		No. of cases
Age (years)	21-30 years	12 (24%)
	31-40 years	26 (52%)
	41-50 years	7 (14%)
	51-60 years	5 (10%)
Gender	Male	47 (94%)
	Female	3 (6%)

In the present study, the most common clinical feature recorded among study participants was of nausea and vomiting seen in 46 (92%) of patients, which was followed by jaundice reported among 43 (86%) of patients. Hepatomegaly was reported among 37 (74%) of patients, which was followed by signs of liver failure reported among 30 (60%) patients, followed by anorexia reported among 29 (58%) of patients. Splenomegaly was reported among 17 (34%) of patients, fever was reported among 13 (26%) of patients, abdominal pain was reported among 12 (24%) of cases and ascites was reported among 8 (16%) study participants. (Table 3)

Table 2: Distribution of study participants based upon clinical features.

Clinical features	No. of cases
Nausea and vomiting	46 (92%)
Jaundice	43 (86%)
Hepatomegaly	37 (74%)
Signs of liver failure	30 (60%)
Anorexia	29 (58%)
Splenomegaly	17 (34%)
Fever	13 (26%)
Abdominal pain	12 (24%)
Ascites	8 (16%)

DISCUSSION

In the present study we enrolled 50 patients who were aged from 21 to 59 years. The mean age of the enrolled patient with alcoholic liver disease was 36.42 ± 4.78 years. There was no patient in the present study who aged less than 18 years of age. Out of total patients diagnosed with alcoholic liver disease 94% were male and 6% were females. In the present

study, majority of the patients were in the age group of 31-40 years (52%) which is followed by 24% of the patients were in the age group of 21- 30 years followed by 14% of the patients were in the age group of 41-50 years and 10% of patients were in the age group of 51-60 years. Similar results were obtained in a study conducted by Chavan et al among patients of alcoholic liver disease and found that majority of the patients with alcoholic liver disease were in the age group of 30-40 years (9). Similar results were obtained in a study conducted by Nand et al among patients of alcoholic liver disease and found that male preponderance was highly prevalent. They reported similar mean age finding to the present study (10).

In our study majority of patients were farmers which is followed by employed at private service and daily wages workers. In the present study, according to the of alcohol consumption majority of the patients were consumed alcohol intake more than 60 gm which is followed by patients who were consuming alcohol 50 - 60 gm in 24 hours and lastly patients who had history of alcohol consumption of less than 50 gm in 24 hours. On the basis of consumption, majority of the patients had alcohol consumption of more than five years which is followed by alcohol consumption for past 3-4 years, which is followed by alcohol consumption for past 2-3 years and at last patients who had history of alcohol consumption from past 1-2 years. Similar results were obtained in a study conducted by Pathak et al among patients of alcoholic liver disease and found that male preponderance was highly prevalent and majority of patients were farmers which is followed by employed at private service and daily wages workers (11). Similar results were obtained in a study conducted by Ray et al among patients of alcoholic liver disease and found that majority of the patients had alcohol consumption of more than 80 grams per day and also consumed poor quality of liquor for a mean duration 9 years and more (12).

In the present study, the most common clinical feature recorded among study participants was of nausea and vomiting seen in 46 (92%) of patients, which was followed by jaundice reported among 43 (86%) of patients. Hepatomegaly was reported among 37 (74%) of patients, which was followed by signs of liver failure reported among 30 (60%) patients, followed by anorexia reported among 29 (58%) of patients. Splenomegaly was reported among 17 (34%) of patients, fever was reported among 13

(26%) of patients, abdominal pain was reported among 12 (24%) of cases and ascites was reported among 8 (16%) study participants. Similar results were obtained in a study conducted by Mitra et al among patients of alcoholic liver disease and found that ascites was the most common finding followed by hepatic encephalopathy and upper gastrointestinal bleed (13). Similar results were obtained in a study conducted by Mendenhall et al among patients of alcoholic liver disease and found that in majority of patients ascites was the most common finding (14). Similar results were obtained in a study conducted by Khatroth S et al among patients of alcoholic liver disease and found that in majority of patients nausea and vomiting and jaundice, hepatomegaly, loss of appetite or anorexia and palpable splenomegaly are the most common findings. (15).

CONCLUSION

We concluded from the present study that larger quantities of alcohol consumption for a longer duration of time result in high morbidity and mortalities. Alcoholic liver disease is not only a medical burden but also a social burden which leads to frequent hospitalization and unwanted out of pocket expenditure.

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