

The fight against cirrhosis: a guide to diagnosis, treatment and prevention.

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Abstract

Despite advances in medical care, the prevalence and mortality associated with cirrhosis continue to rise. The majority of medical care and physician efforts are devoted to the management of decompensated cirrhosis and its complications of gastrointestinal hemorrhage, hepatic encephalopathy and ascites; however, limited efforts are placed on the medical management of compensated cirrhosis. Patients with compensated cirrhosis carry a higher survival rate and when diagnosed early, may be screened for future decompensation. When possible, these patients can be treated for their underlying disease to prevent disease progression and avoid the need for liver transplantation. This article reviews the importance of early diagnosis, outpatient management of compensated cirrhosis, early screening for potential decompensation and patient education.

Keywords: Compensated cirrhosis, Gastroesophageal varices, Hepatocellular carcinoma, Malnutrition, Diagnosis

Introduction

Cirrhosis is a chronic, progressive liver disease that results from long term damage to the liver. This damage leads to the formation of scar tissue, which can impair the liver's ability to function properly. Cirrhosis is a serious condition that can lead to life threatening complications, including liver failure, portal hypertension and liver cancer. Here is a guide to the diagnosis, treatment and prevention of cirrhosis.

Diagnosis of cirrhosis can be difficult to diagnose in its early stages because it often has no symptoms. However, as the disease progresses, symptoms such as fatigue, weight loss, abdominal pain and jaundice may develop. If you are experiencing these symptoms or are at risk of cirrhosis, your doctor may order a liver function test, ultrasound or liver biopsy to confirm the diagnosis.

Description

Treatment has no cure for cirrhosis, but treatment can help to slow the progression of the disease and prevent complications. This may include medications to control symptoms and manage complications, as well as lifestyle changes to reduce the strain on the liver. In advanced cases of cirrhosis, a liver transplant may be necessary. Prevention is the best way to fight cirrhosis is to prevent it from occurring in the first place. This means avoiding risk factors such as alcohol abuse, viral hepatitis and non-alcoholic fatty liver disease. It is also important to eat a healthy diet, maintain a healthy weight and exercise regularly to support liver.

Cirrhosis is the final stage of progressive hepatic fibrosis characterized by distortion of the hepatic architecture and formation of regenerative nodules. The gold standard for

diagnosis continues to be liver biopsy, but it is an invasive procedure that carries risks of bleeding, infection, and mortality. Liver biopsy is not routinely required to diagnose cirrhosis, as clinical imaging, laboratory evaluations and physical examination findings offer sufficient data to confirm the diagnosis.

A nodular liver surface combined with laboratory findings of elevated bilirubin and international normalized ratio; thrombocytopenia and physical examination findings of spider angiomas, palmar erythema, gynecomastia, jaundice or asterix are adequate to make the diagnosis. Nevertheless, some of these manifestations may not be evident in patients with compensated cirrhosis, especially in individuals without portal hypertension. Multiple non-invasive modalities are currently available for early diagnosis of cirrhosis. Diagnosis of cirrhosis heralds an increased risk of liver related morbidity and overall mortality. The median survival of patients with compensated cirrhosis is approximately 9 to 12 years, whereas the median survival among patients with decompensated cirrhosis drops significantly to approximately 2 years.

Conclusion

Patients in the compensated stage are often asymptomatic and therefore, remain undiagnosed, highlighting a need for more robust screening of advanced fibrosis among patients who are at risk of chronic liver disease. Diagnosing cirrhosis in patients who are still in the compensated stage offers the potential to improve or prevent progression of disease if the underlying cause of the liver disease is treatable.

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