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CHARACTERISTICS OF PATIENTS WITH CIRRHOSIS - A CASE AT HMUH

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ABSTRACT

Background: Jang et al (2020) mentioned that In recent years, the overall number of cirrhosis patients has decreased. **Objective: Characteristics of patients with cirrhosis - A CASE AT Hanoi Medical University Hospital (HMUH) in 2022.** **Study design:** Cross-sectional description. **Results:** Alcoholism had the highest amount of cases (50.5%). The second-highest cause was the hepatitis virus (HBV/HCV) (41.3%). Both NAFLD and auto-immune only had 2 case (1.8%). The remaining 5 patients (4.6%) have not identified the etiology of cirrhosis

Keywords: Nutritional status, cirrhosis, malnutrition.

I. INTRODUCTION

Jang et al (2020) stated that Liver cirrhosis has become a heavy burden not only for patients, but also for our society. However, little is known about the recent changes in clinical outcomes and characteristics of patients with cirrhosis-related complications in Korea. Therefore, we aimed to evaluate changes in characteristics of patients with liver cirrhosis in Daegu-Gyeongbuk province in Korea over the past 15 years. Cirrhosis is being the 15th leading cause of morbidity. The estimated number of people with

decompensated cirrhosis due to hepatitis B was 90704 in 2017 and is expected to increase by 10% by 2030. It cannot be denied the importance of assessing and monitoring nutritional status based on ALB for patients with cirrhosis.

Nutrition is very important with cirrhosis because it helps the damaged liver to function properly, So, we conducted this study with objective:

Characteristics of patients with cirrhosis - A CASE AT Hanoi Medical University Hospital (HMHU) in 2022.

We see below figure

Figure 1- Related studies

Hong et al (2016)

The predisposition was mostly hepatitis B in type A, while it was alcoholic liver disease in types B and C. Injury was mostly hepatic in type A, but was non-hepatic in type C. Liver failure, defined by CLIF-SOFA, was more frequent in types A and B, and circulatory failure was more frequent in type C. The 30-d overall survival rate (85.3%, 81.1% and 83.7% for types A, B and C, respectively, $P = 0.31$) and the 30-d transplant-free survival rate (55.9%, 65.5% and 62.5% for types A, B and C, respectively $P = 0.33$) were not different by ACLF subtype, but 1-year overall survival rate were different (85.3%, 71.7% and 58.7% for types A, B and C, respectively, $P = 0.02$).

CONCLUSION: There were clear differences in predisposition, type of injury, accompanying organ failure and long-term mortality according to spectrum of chronic liver disease, implying classifying subtype according to the severity of underlying liver disease is useful for defining, clarifying and comparing ACLF.

Jang et al (2020)

In recent years, the overall number of cirrhosis patients has decreased. This study confirmed the recent trend in decrease of cirrhosis, especially of cirrhosis due to HBV, and the increase of HCV, alcoholic and NAFLD cirrhosis. Targeted screening for at-risk patients will facilitate early detection of liver diseases allowing effective intervention and may have decreased the development of cirrhosis and its complications.

(source: author synthesis)

II. RESEARCH SUBJECTS AND METHODS

Place of study

- Location: Department of General Internal Medicine, HMUH.
- Duration: From January to September 2022.

Research design

Cross-sectional descriptive study

Sampling method

Convenient sampling method

Research variables and indicators

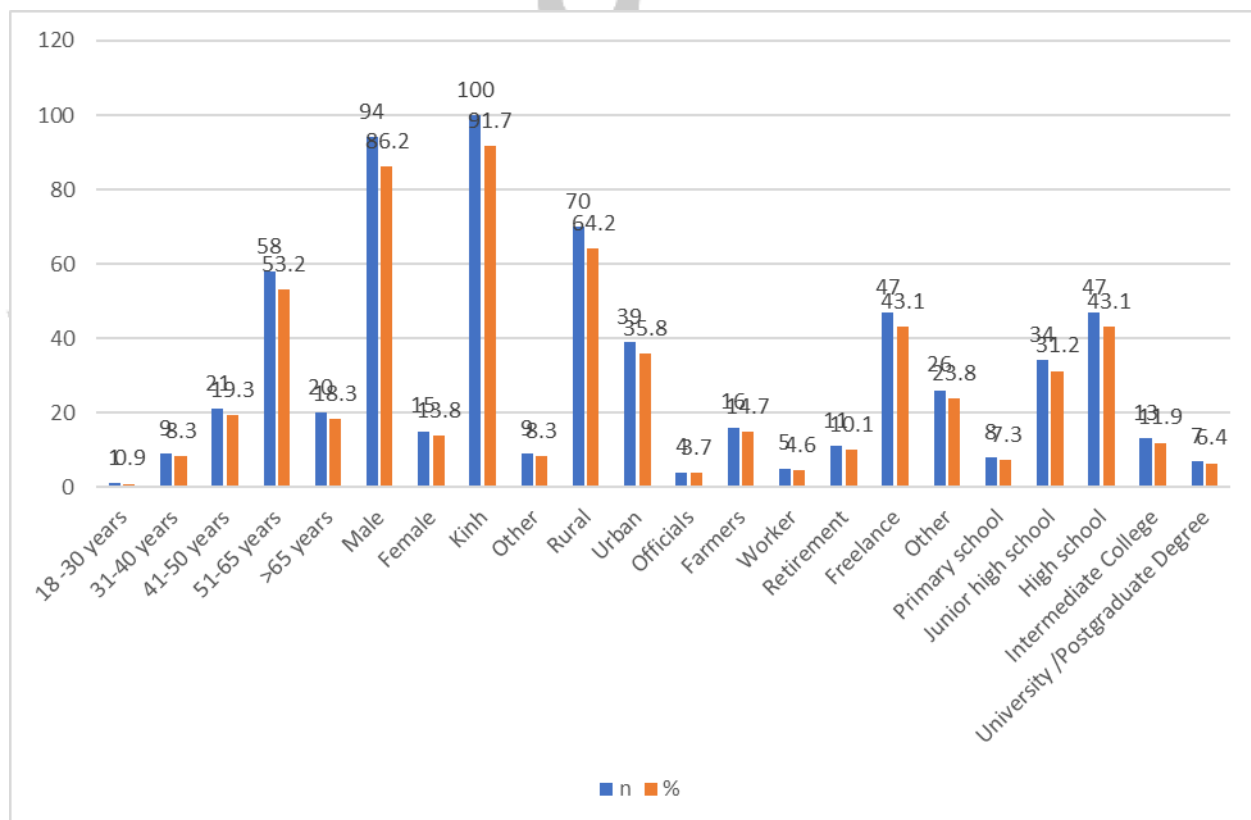
- General information of subjects
- Patient's nutritional status: BMI, SGA, biochemical tests.
- Child-Pugh-Turcotte classification (CPT): A, B or C

III. RESULTS

3.1. General characteristics of the subjects

We see in below chart demographic characteristics.

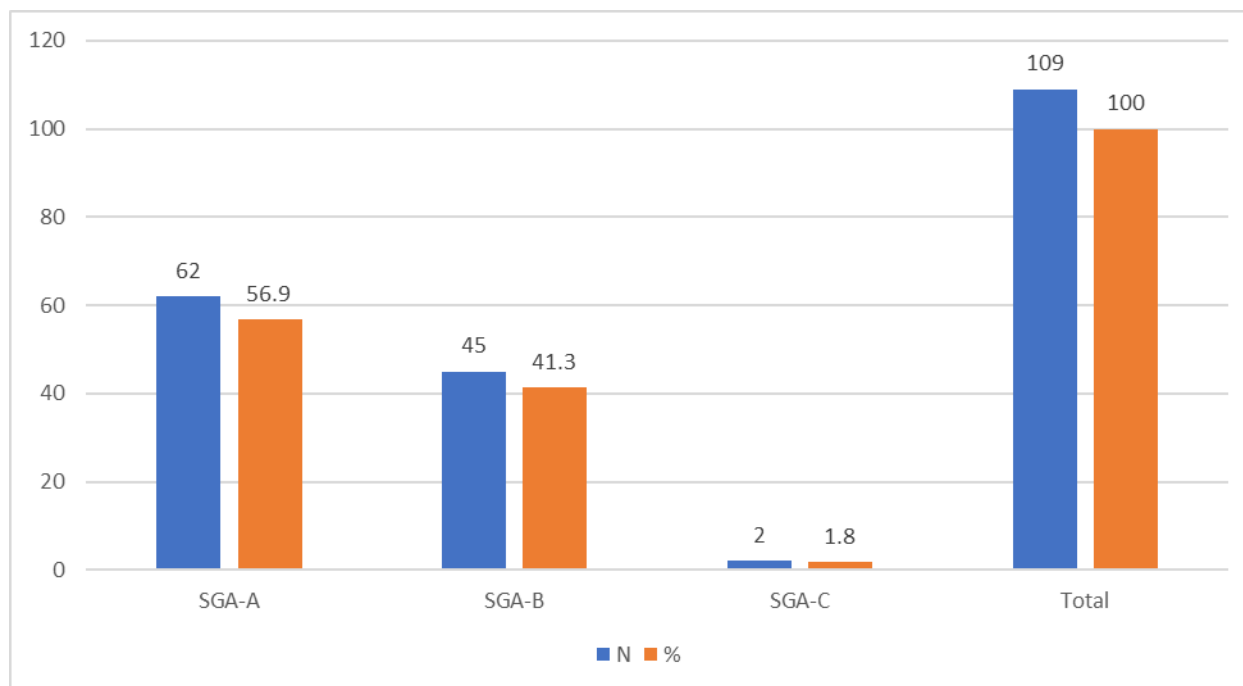
Chart 1 – Demographic features of n = 100



(source: author analysis)

3.2. Nutritional status of patients with cirrhosis

Chart 2. SGA based Classification of nutritional status



The

proportion of patients at risk of malnutrition was 43.1% (including subjects with SGA types B and C).

IV. DISCUSSION and CONCLUSION

4.1. Characteristics of patients with cirrhosis

| | Male patients | Female patients |
|-------------|----------------|-----------------|
| Mean weight | 61.55±7.25 kg | 54.67±7.16 kg |
| Mean height | 164.45±6.94 cm | 153.6±10.64 cm |

(source: made by authors)

The study results showed that 56.9% of patients had well-nourished (grade A), 41.3% of patients had mild/moderate malnourished (grade B), 1.8% of patients have severe malnourished (grade C). The results of this study differ significantly in the distribution of SGA A, B, and C ratios with the results of TEIUSANU et al¹⁷ with well-nourished – SGA A 76%, mild/ moderately malnourished – SGA B 15% and severely

malnourished - SGA C 9%. This difference may be partly due to the subjective assessment as well as the different nutritional status of the patients each time.

Beside Jang et al (2020) found that A total of 15,716 patients was diagnosed with cirrhosis. A number of patients newly diagnosed with cirrhosis has decreased each year. In 2000, patients were most likely to be diagnosed with hepatitis B virus

(HBV) cirrhosis, followed by alcoholic cirrhosis. There was a significant decrease in HBV ($P < 0.001$), but alcohol, hepatitis C virus (HCV), and non-alcoholic fatty liver disease (NAFLD) showed a significant increase during the study period (alcohol, $P = 0.036$; HCV, $P = 0.001$; NAFLD, $P = 0.001$). At the time of initial diagnosis, the ratio of Child-Turcotte-Pugh (CTP) class A gradually increased from 23.1% to 32.9% ($P < 0.001$). The most common cause of liver-related hospitalization in 2000 was hepatocellular carcinoma (HCC) (25.5%); in 2014, gastrointestinal bleeding with esophageal and gastric varices (21.4%) was the most common cause. Cases of hospitalization with liver-related complication represented 76.4% of all cases in 2000 but 70.9% in 2014. Incidence rate of HCC has recently increased. In addition, HCC-free survival was significantly lower in CTP class A than in classes B and C. Finally, there was significant difference in HCC occurrence according to causes ($P < 0.001$). HBV and HCV cirrhosis had lower HCC-free survival than alcoholic and NAFLD cirrhosis.

Limitation of study

Author need expand for other hospitals in the nation/region.

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