

Spectrum of Liver Diseases in Liver Clinic at Bir Hospital

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Abstract

Introduction	Diseases related to the liver and biliary tracts are commonly encountered by the physicians. However, the pattern of the liver diseases is not known in detail.
Objectives	The study sought the different pattern of liver diseases prevalent in our community.
Method	A retrospective study was carried out between August, 2001 – July, 2002 (1 Year) at Bir Hospital: All the patients attending the liver OPD and all those who were admitted in the ward were taken as a study population.
Results	Out of 1347 patients at the outpatient department 31.8% were suffering from alcoholic liver disease, 14.4% were HBsAg Positive and 12.2% were IVC obstructions. Similarly alcohol related liver diseases accounted for 41.5% of all admissions (248) in the liver ward.
Conclusions	Alcohol related liver diseases are the leading problem in the community followed by HBV related liver diseases. Both of these are preventable by public education, early diagnosis, proper management and vaccination in case of HBV related diseases.
Keywords	Retrospective study, Alcoholic liver disease, Bir Hospital

Introduction

In Nepal, as in many developing countries, diseases related to the liver and biliary tract are very common.

About 10% of the patients admitted to the medical wards of Bir Hospital have chronic liver disease (CLD). Hepatic coma, either due to cirrhosis of liver or fulminant hepatitis and UGI bleeding - from esophageal varices due to CLD is the common emergency admissions in this hospital.

Besides CLD associated with alcohol and HBV, the etiology is not yet clear in a large group of patients. Other common liver diseases in Nepal include pyogenic and amoebic liver abscesses and hydatid cysts.

Regarding the acute liver diseases acute viral hepatitis is the most common and the infection with HBV is the major public health problem, which is practically preventable.

Materials and Methods

This is a retrospective study done between the year August, 2001 – July, 2002, at Bir Hospital, which is a tertiary referral centre of the country.

All the patients attending the liver OPD and all the patients who were admitted in the indoor, were taken as the study population.

Results

In the year August, 2001 – July, 2002, a total of 1347 patients attended the liver OPD.

The distribution of diseases is as follows

SN	Diseases	No.	%
1.	Alcoholic Liver Disease	429	31.8
2.	HBsAg positive Cases	194	14.4
3.	IVC Obstruction	165	12.2
4.	SBP	165	12.2
5.	Liver Abscess	68	5
6.	Gilbert Syndrome	68	5
7.	HCV Positive	48	3.5
8.	Bacterial Hepatitis	48	3.5
9.	Hepatocellular carcinoma and secondaries	38	2.8
10.	Chronic Hepatitis	19	1.4
11.	Drug Induced Hepatitis	16	1.18
12.	HbsAg + Anti HCV Positive	9	0.66
13.	Simple Hepatic cyst	7	0.66
14.	HIV Positive	7	0.5
15.	Miscellaneous	64	4.7
Total		1347	100%

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Similarly in the same year, a total of 352 patients were admitted in the different wards.

The indoor disease pattern is as follows

A)	Acute Hepatitis	33
i)	HBsAg Positive	12
ii)	HBsAg and Anti HCV Positive	10
iii)	Anti HEV I _g M Positive	6
iv)	HIV Positive	2
v)	Bacterial Hepatitis	2
vi)	Anti HAV Positive	1

B)	Chronic Liver Disease	42
i)	HBV Related	36
ii)	HCV Related	6

C)	Alcohol Related Liver disease	118
i)	CLD	65
ii)	SBP	16
iii)	Encephalopathy	14
iv)	GI-bleeding	18
v)	Withdrawal	5

D)	Hepatocellular Ca	27
i)	HBV Related	5
ii)	Non HBV Related	22

E)	Liver Abscess	23
i)	Amoebic	18
ii)	Pyogenic	5

F)	Cholestatic Jaundice	5
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G)	Koch's Abdomen	12
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H)	IVC Obstruction	13
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I)	Mixed	11
Total		284

Discussion

Liver disease remains a major health problem in Nepal. There are not much published reports on the spectrum of liver diseases in Nepal, because of limitation in research facility.

This retrospective study was carried out at Bir Hospital liver clinic for one year period to reflect the pattern of liver diseases commonly encountered.

It appears that the alcohol related liver diseases accounts for the maximum number of attendance. In the outdoor, 31.8% of the cases were the alcohol related liver diseases, where as 41.5% at the total admitted cases were due to it.

Among total of 547 cases of alcohol liver diseases, about 15% of patients had alcoholic fatty liver, 25% alcoholic hepatitis and nearly about 60% were cirrhosis of liver. Prevalence of drinking problem in Nepal has been found to be 17% as reported by Sharma A. Shah in a study on outpatients and in patients in a large hospital in eastern Nepal.

The high prevalence of alcoholic liver diseases in Nepal may be due to various factors including cultural, socio-economical and climatic factors.

The lower number of alcoholic fatty liver among the alcoholic liver diseases in our setting may be due to the fact that alcoholic fatty liver is usually asymptomatic.

Severe alcoholic hepatitis is a common cause of death among young people with liver disease in Nepal. On an average one patient in the age group of 30-40 years dies of severe alcoholic hepatitis every week in Bir Hospital. [5]

Viral liver diseases were found to be the next common liver disease. HBV infection is the serious concern among these presentations. Among the outdoor patients, 14.4% had HBsAg positivity. Most of them were found positive during screening for overseas manpower employment.

However, the overall prevalence of hepatitis B in general population is low (HBsAg 1%, anti HBsAb 8%). The high prevalence of hepatitis B in Bir Hospital liver OPD could be attributed to the fact that Bir Hospital is a tertiary referral centre. In the neighbouring country India, which has a cultural similarity and has open border with Nepal, the HBsAg carrier rate in general population is 4.7%. [3]

Acute viral hepatitis accounted for only 11.6%. This lower incidence of acute viral hepatitis in our context may be due to the traditional belief of getting treatment of acute hepatitis from the practitioners of alternative medicine.

Interestingly, IVC obstruction accounts for 12% of total liver OPD attendance and 21% of total indoor admission. This signifies the prevalence of this disease in this subcontinent, which is not seen in the west.

IVC obstruction usually presents either as hepatic venous out flow obstruction, IVC thrombus, IVC thrombophlebitis, or IVC narrowing. It is usually found in the people of low socio-economic group who are more exposed to infections and are also malnourished. Among the female patients with IVC obstruction, there is also a co-factor, that is, ingestion of oral contraceptive pills other than puerperal infection. It has also been found that even sub-clinical infections like gastroenteritis can cause IVC obstruction.

Primary cancer of the liver is common in Nepal and often occurs in younger age groups. Its incidence is estimated to be about one in 20,000 of the population. Chronic Hepatitis B & C accounts for only less than 50% of the primary liver cancer in Nepal. [5]

In the lower order liver abscesses, hepatic cyst and HCV related chronic liver diseases, occupy their respective positions. Among the HCV positive cases about 94% were intravenous drug users of which 74% are carrier of the virus.

Though it appears that liver disease remains an major public health problem in Nepal, our report may not reflect the actual scenario of the country, as it was studied at the tertiary centre.

Hence, these types of studies need to be carried out at different parts of the country so that the cumulative data could be collected and exact report can be published.

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