

Commentary A SCITECHNOL JOURNAL

Evaluation of Chronic Liver Disease and its Complications

Jennifer Jones*

Department of Medicine, University of California-San Francisco, San Francisco, California

*Corresponding Author: Jennifer Jones, Department of Medicine, University of California-San Francisco, San Francisco, California; E-mail: jones.j@gmail.com

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Description

Chronic liver disease encompasses a group of progressive conditions that affect the liver's structure and function over an extended period. Identifying the complex condition is important for early detection, intervention, and management to prevent the progression to end-stage liver disease and the need for liver transplantation.

Causes of chronic liver disease

Chronic liver disease can arise from various causes, including:

Chronic viral hepatitis: Long-term infections with Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) are the most common causes of chronic liver disease. These viruses can trigger ongoing inflammation and progressive liver damage.

Alcohol-related liver disease: Excessive and prolonged alcohol consumption can lead to alcoholic liver disease. It encompasses a spectrum of conditions, establishing with fatty liver, progressing to alcoholic hepatitis, and potentially resulting in cirrhosis.

Non-alcoholic Fatty Liver Disease (NAFLD): NAFLD is characterized by the accumulation of fat in the liver in individuals who consume little or no alcohol. It frequently develops in association with obesity, insulin resistance, metabolic syndrome, or type-2 diabetes.

Autoimmune hepatitis: In autoimmune hepatitis, the body's immune system attacks liver cells, leading to inflammation and progressive liver damage. The specific cause of autoimmune hepatitis is undetermined.

Genetic disorders: Certain inherited metabolic disorders, such as Wilson's disease and hemochromatosis, can result in chronic liver disease. These conditions disrupt normal liver function, leading to the accumulation of copper or iron in liver cells, respectively.

Drug-Induced liver injury: Prolonged use or misuse of certain medications, including some prescription drugs, over-the-counter medications, and herbal supplements, can cause chronic liver damage.

Symptoms and complications

The symptoms of chronic liver disease can vary depending on the underlying cause and the extent of liver damage. Early stages may be asymptomatic, but as the disease progresses, symptoms may include fatigue, jaundice (yellowing of the skin and eyes), abdominal pain or swelling, weight loss, nausea, and changes in mental alertness. Complications can arise, such as portal hypertension (increased blood pressure in the liver), ascites (fluid accumulation in the abdomen), hepatic encephalopathy (brain dysfunction due to liver failure), and an increased risk of liver cancer.

Treatment Methods of Chronic Liver Disease

Treatment techniques for chronic liver disease depend on the underlying cause and the stage of liver damage. They may include:

Lifestyle modifications

Alcohol cessation: For alcohol-related liver disease, reduced alcohol consumption is essential to prevent further liver damage and prevent the development of the disease.

Weight loss and healthy diet: For NAFLD, weight loss, physical activity, and a balanced diet can help to improve liver health.

Antiviral medications

Chronic hepatitis B: Antiviral medications can suppress HBV replication, reduce liver inflammation, and prevent disease progression.

Chronic hepatitis C: Direct-Acting Antiviral (DAA) medications are highly effective in alleviating HCV infection, thereby reducing liver inflammation and the risk of cirrhosis.

Immunosuppressive therapy

Autoimmune hepatitis: Immunosuppressive medications, such as corticosteroids and other immune-modulating drugs, help to suppress the immune response and reduce liver inflammation.

Symptomatic treatment

Medications: Various medications can alleviate symptoms and manage complications associated with chronic liver disease, such as diuretics for ascites or lactulose for hepatic encephalopathy.

Nutritional support: Nutritional supplements may be recommended to address malnutrition and deficiencies frequently observed in advanced liver disease.

Liver transplantation

In some cases of advanced liver disease or end-stage liver failure, liver transplantation may be necessary. It involves replacing the hepatic disease with a healthy liver from a deceased or human transplant.

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