Hepatic diseases in an Internal Medicine department

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Abstract

Hepatic diseases are still frequent in hospitalised patients in an Internal Medicine Department.

The authors carried out a retrospective study of patients with established diagnosis of chronic hepatic disease, viral hepatitis and liver cancer referred to our Department of Internal Medicine from 1991-1995.

They conclude that there were a lower number of patients with chronic hepatic disease and an increased number of patients with viral hepatitis associated with drug addiction and AIDS.

Key words: chronic hepatic diseases, viral hepatitis, liver cancer, hospitalised patients, Department of Internal Medicine.

Introduction

As hepatic diseases are a frequent cause for admission in an Internal Medicine Service, the authors made a retrospective evaluation, in a five years period, of its prevalence in the Medicine 1 Service of Santo Antonio dos Capuchos Hospital.

A study previously made was the basis for this and pointed to a decrease of patients with chronic hepatic disease, and simultaneously, an increase of other hepatic diseases.[1]

Material and methods

From 1991 to 1995, 371 files were retrospectively evaluated corresponding to a total of admissions with the following main diagnoses: chronic hepatic disease, hepatitis and hepatoma for a total of 5777 admissions.

The following data were assessed in each file: gender, age group, reason for admission, average delay, associated pathologies and results. Such data were gathered for each pathology previously mentioned.

The diagnosis was based in epidemiologic, clinic, biochemical and image criteria (*Table 1*).

Results

A drop in the number of admissions due to hepatic diseases (243 cases, i.e., 4.2% of the total of the admissions in the service). Of these admissions, 65.5% corresponded to a chronic hepatic disease (CHD). The predominant etiology was alcohol, around 70% of cases, with the remaining being post-virus. In a non-significant group there was no other specification.

A clear predominance of the male gender in a 4:1 ratio was seen (*Table 1*), with most patients in the age range from 41 to 70 without significant differences from the 40 to 60ties (*Table 2*). Regarding the reasons for admission, the most frequent reasons were associated to the CHD in its most frequent manifestations, namely the portosystemic encephalopathy, ascites, jaundice and digestive hemorrhages.

It should be highlighted that some patients presented more than a cause for admission.

The most prevalent associated pathologies were diabetes mellitus, CPOD, tuberculosis and malnutrition; the average delay changed from 17 days in 1991 in 13.6 in 1995. In the last five years, 197 (81%) patients were discharged, 11 (4%) were transferred due to a condition worsening and 35 (14.4%) died.

Hepatitis account for a total of 101 admissions, representing 1.75% of the total admissions and 27.2 % of hepatic diseases.

A progressive increase throughout the years has been seen (*Table 3*), with a clear predominance of the male gender, with most of them between 21 and 30 years old (*Table 4*).

Most admissions were due to liver failure defined by clinical criteria, as marked jaundice and portosystemic encephalopathy, and biochemical criteria.

The most frequent associated pathologies were the

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TABLE I

Chronic hepatic diseases admissions

	1991	1992	1993	1994	1995
TOTAL	70	52	39	62	20
M	51	37	22	55	17
F	19	15	17	7	3

Acquired Immunodeficiency Syndrome (AIDS) in 39 patients, drug addiction in 81 and the pathologies that usually follow AIDS, as tuberculosis and anemia, including 6 patients with Kaposi sarcoma.

From the evaluation of such data, it should be mentioned that all patients had AIDS related hepatitis, were drug addicts, and in such period 212 admissions by AIDS and 204 by drug addiction were recorded.

The average delay was around 30 days, with a minimum of 16 days and a maximum of 47; it was verified that 89 patients, i.e., 88% were discharged, 7 (6%) were transferred due to worsening or complications and 5 (4.9%) died.

Due to the significant increase, lately, of hepatitis admissions and due to the pathologies previously mentioned, we tried to specify the etiology of hepatitis, and it was seen that 26 were positive for B hepatitis (18 men and 8 women), 11 for C hepatitis, all male, with 38 presented together positivity for B and C hepatitis (36 men and 2 women). 2 toxic hepatitis were found, and it was not possible to determine the etiology of the remaining hepatitis.

Regarding the hepatocellular carcinomas there were 24 admissions, with a constant number throughout the years, with a predominance of the male gender and 60 years or older (*Table 5*). Most of them had a background of chronic alcoholism, presenting some changes compatible with cirrhosis; 2 were positive to B hepatitis markers.

The average delay in these patients was high and regarding the results, 12 (50%) patients were discharged, 10 (41.6%) died and 2 (8.3%) were transferred.

Discussion

Chronic hepatitis disease, in spite of a decrease on the number of admissions in the last few years, still has a relative weight in the admissions of Medicine service, namely if we bear in mind the average delay of these patients, which is higher than the usual in the service that in 1995 was of 11.8%.[2]

TABLE II

Chronic hepatic diseases - Age groups

	M	F	TOTAL
< 30	4	0	4
31 – 40	11	11	22
41 – 50	44	14	58
51 – 60	47	12	59
61 – 70	49	18	67
> 70	25	8	33

TABLE III

Admissions due to hepatitis

	1991	1992	1993	1994	1995
TOTAL	4	10	18	35	34
M	3	9	12	28	32
F	1	1	6	7	2

Alcoholic etiology remains the prevalent etiology for this situation,[3,4] although in the last few years the post-viral had emerged, what is in accordance with the reported in literature.[5]

Of the data we gathered and regarding other studies, we did not find any predominance of the male gender nor what respects to the age groups.[3]

The pathologies which have mostly followed such situations are related not only with malnutrition as, very likely, with a poor social background, as mentioned by some authors.[6]

Regarding the mortality recorded, although a bit above the mortality in the service, if the WHO published data is considered, countries where alcohol consumption is known to be high have a high mortality rate, being Portugal one of the countries with a higher rate, although a decrease is happening.[7]

Although some studies point to a reduction of hepatitis patients,[8,9] in the review we made, this did not happen, probably because there is not yet a good implementation of the vaccination programs and due to the increase of drug addicts and with AIDS.

On the other hand, it has been reported that AIDS patients and drug addiction have a prevalence increase for B and C hepatitis when comparing with

TABLE IV

Hepatitis age group

	M	F	TOTAL
11 - 20	9	1	10
21 – 30	52	9	61
31 – 40	16	4	20
> 40	7	3	10

the general population.[10,11]

In this group of patients, the average delay is well above the service rate, what we think to be in accordance both with the condition severity as with the coexistence of other pathologies as it was referred previously.

Most patients were transferred due to deterioration of the liver insufficiency, also mentioning that the deceased were in AIDS terminal stage.

The number of hepatoma we recorded does not allow wide conclusions on its prevalence, as in most cases, were occasional findings. However, as described in the literature, there was a predominance of the male gender and was in the age range above 50 years old. From the 24 patients we evaluated, 22 had alcoholic past, some of them with cirrhotic criteria, with only 2 presenting positive B markers.[11,13] Mortality is in accordance with what is mentioned by WHO and through these data we verify that, as a matter of fact, a death increase for this pathology essentially in countries that, from the start, have a high hepatoma prevalence.[7]

Conclusion

After this review we believe we can state, in spite of a decrease of chronic hepatitis disease of alcoholic etiology, probably due to a change of food habits, this still is an important pathology in the Medicine service, in spite of all support programs which must be widened.

B and C hepatitis have increased in the last few years, in spite of all prevention campaigns, what can be in accordance not only with a higher diagnostic precision as well as with an increased admissions number of drug addicts and AIDS patients who are in the Internal Medicine Service, reaching 20% of hospitalised patients.

Hepatomas represent a small population however,

TABLE V

Admissions due to hepatomas

	1991	1992	1993	1994	1995
TOTAL	1	4	9	5	5
M	1	3	8	5	5
F	0	1	1	0	0

the number was kept constant throughout the years, and it was not possible with such sampling, to evaluate its repercussion in hospitalisations. ■

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