

83. MANIFESTATIONS OF PORTAL HYPERTENSION IN LIVER CIRRHOSIS

Nassar Suad

Scientific adviser: Elena Berliba, MD, Associate Professor, Department of Gastroenterology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background: Portal hypertension is a common complication of chronic liver diseases and is responsible for most clinical consequences of cirrhosis, which represent the more frequent causes of death and liver transplantation in these patients.

Purpose: Evaluation the clinical features, the para-clinical peculiarities and manifestatins of portal hypertension in patients with different stages of liver cirrhosis according to Child- Pugh score.

Material and methods: Thirty patients, ten with Child Pugh A (5 males and 5 females, with median age of 39,2), 10 with Child-Pugh B (6 males and 4 female, with median age of 52) and another 10 with Child-Pugh score C (4 males and 6 females, with median age 48,6) were observed, evaluated and investigated consecutively. Physical, biological and imagistic examination were performed for them to asses portal hypertension and its complications.

Results. The clinical presentation of patients with Chil-Pugh stage C of liver cirrhosis shows the predominance of sever-refractory ascites (70%), jaundice (90%) and splenomegaly versus patients with liver cirrsosis Child B and A which these events have a smaller share. Spleen and portal vein enlargement are more in Child Pugh C and this indicates portal hypertension. Regarding the esophageal varices in Child-Pugh A most of patients have no varices, in Child Pugh B most of patients have grade I or II and no one grade III; in Child-Pugh C most of patients are grade II and III; at 4 (40%) patients were performed endoscopic ligation of varices. Encephalopathy has not been regestered in Child Pugh A patients; in Child-Pugh B most of patients (70%) are with grade I and in Child-Pugh C patients present stage II and III of encephalopathy. Other Associated complications (variceal hemorrhage 30%, hydrothorax 20%, spontaneous bacterial peritonitis 40%, splenectomy 20%) were higher in Child-Pugh C compared to Child-Pugh B where bleeding from varices was registered in (10%), hydrothorax in (20%) and spontaneous bacterial peritonitis in 10%. In Child A thise complications are almost not regestered.

Conclusions. The most severe, life-threatening complications of portal hypertension were noted in Child-Pugh C and B stage of liver cirrhosis, and therefore these patients require closer evaluation and monitoring, the appropriate methods of treatment (endoscopic ligation, paracentesis) and determining the appropriateness and optimal timing for liver transplantation.

Keywords: cirrhosis, portal hypertension, ascites, encephalopathy, esophageal varices.