

# Cirrhosis

## Initial presentation:

- Low platelets
- Low albumin
- High INR

## Diagnosis:

- Abnormal labs + Ultrasound / CT
- Liver biopsy (often not needed)

## Categorization

- Compensated vs decompensated
- MELD
- Child-Pugh

## Outpatient management

- Low salt diet (very important)
- Normal-high protein diet (catabolic state)
- HCC screening: AFP and imaging every 6 months
- Immunization: Hep A and B

## Common Complications

- Ascites → paracentesis → rule out SBP (prophylactic antibiotic?)
- Variceal bleed → Octreotide + EGD Banding → TIPS
- Metabolic encephalopathy (don't check ammonia) → lactulose, rifaximin

## Other Complications

- Pulmonary: porto-pulmonary; hepato-pulmonary
- Renal: hepato-renal (rule out everything else & treat with albumin for 2 days)

## Causes:

- Fatty liver
- Alcohol (long term heavy use)
- Hepatitis C and B
- Overload: iron, copper
- Autoimmune hepatitis, PSC, PBC
- Alpha-1 antitrypsin deficiency