

# Clinical history

- 57 y old male
- Hypertension, chronic alcoholism
- Emergency admission due to massive hematemesis and unconsciousness
- Died after 3 hours observation and supportive care

# Physical examination

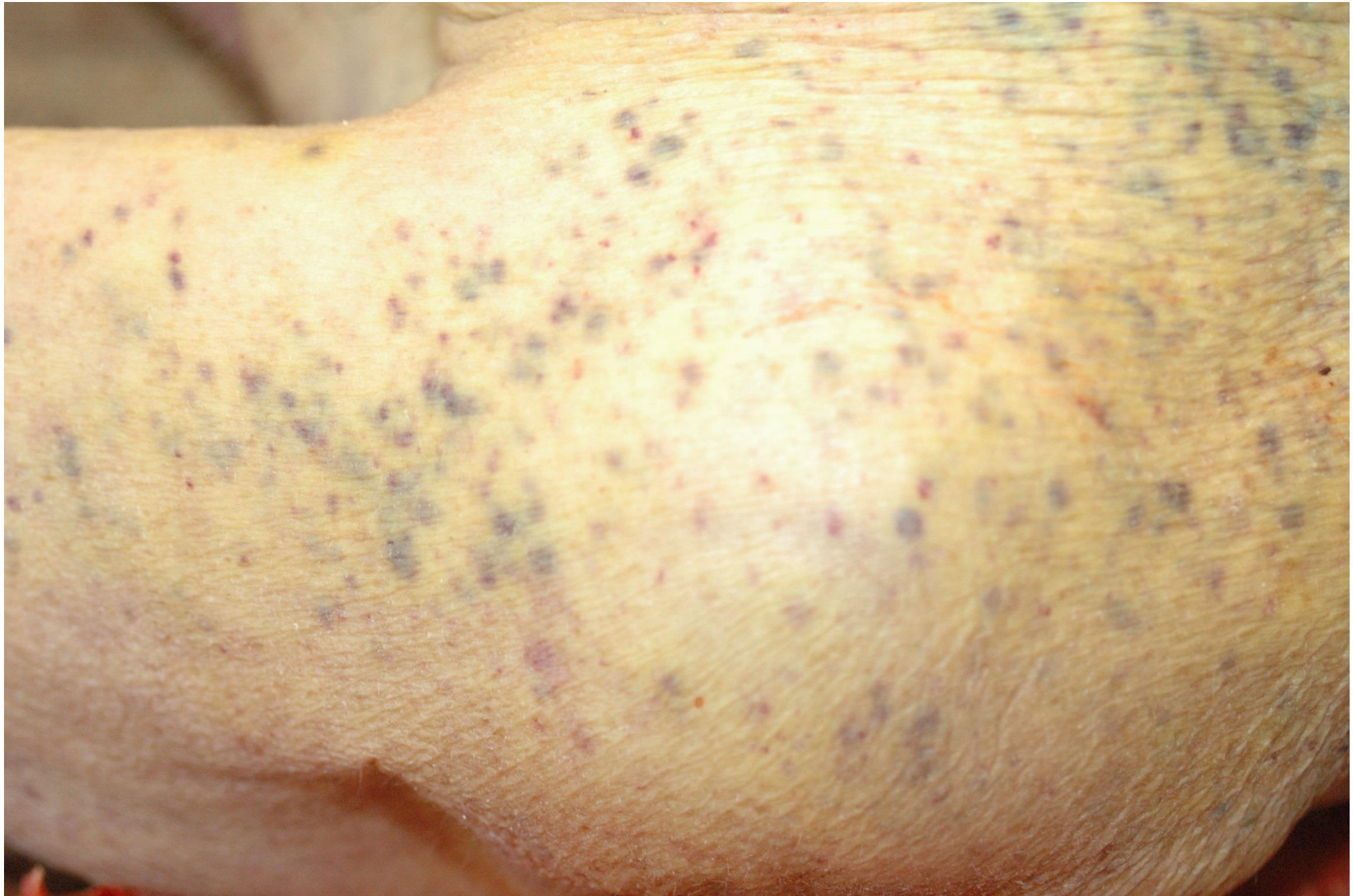
- Middle aged male in soporotic condition
- Icteric discoloration of skin and scleras
- Protruding abdomen\_ ascites, scrotal edema
- RR 80/60Hgmm, Pulse rate 120/min

# Blood chemistry

- Anemia
- Hyperbilirubinemia
- Hypoalbuminemia
- Prolonged prothrombin time (increased INR)
- Thrombocytopenia
- Azotemia

# Clinical diagnoses

- Liver cirrhosis
- Parenchymal and vascular failure
- Hematemesis
- Esophagus varix rupture?



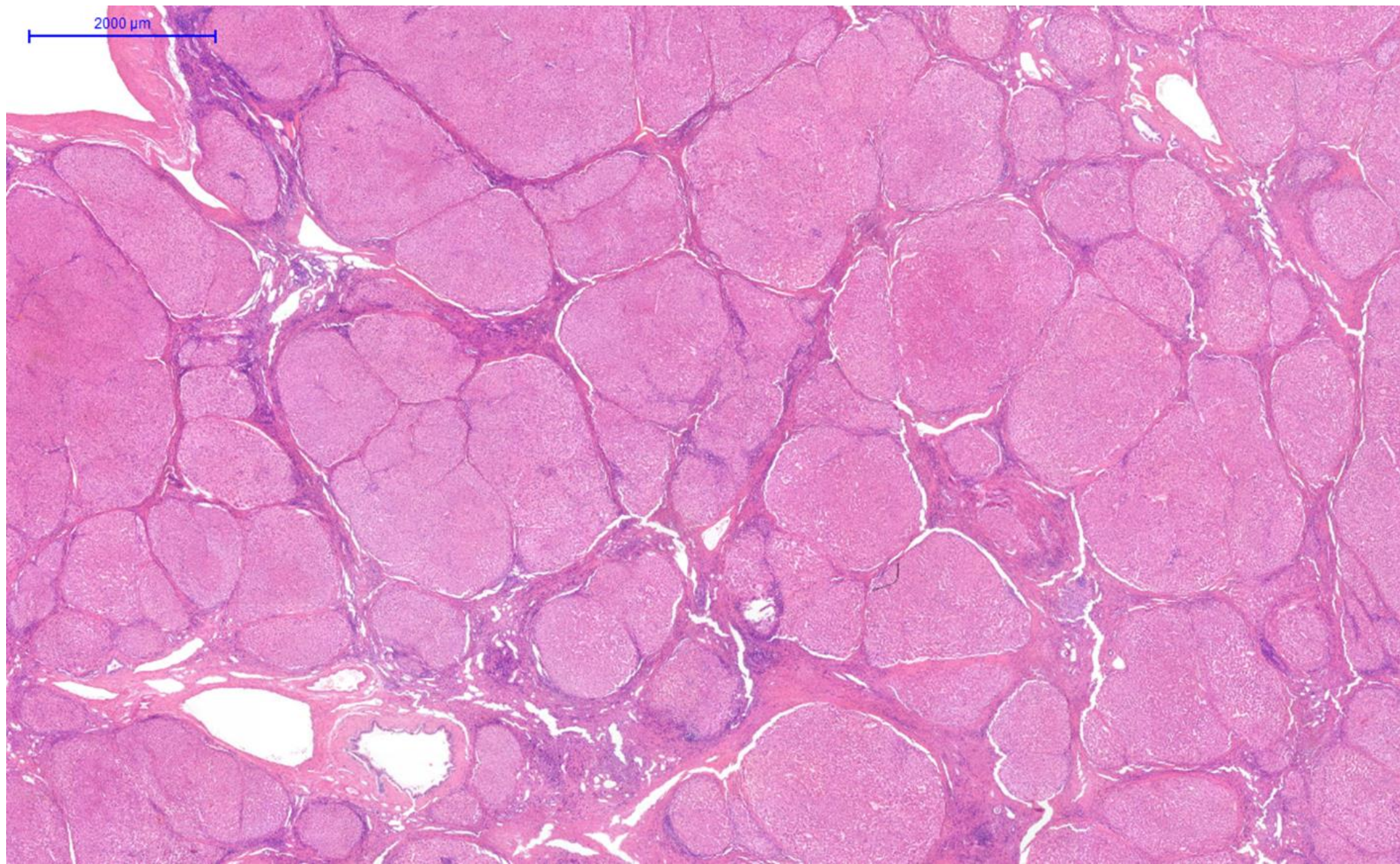




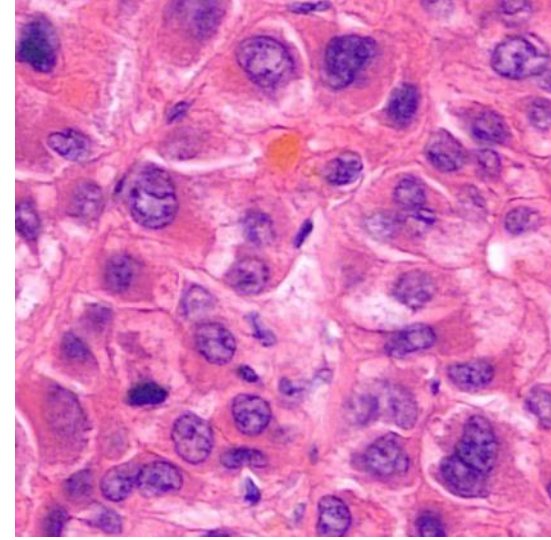
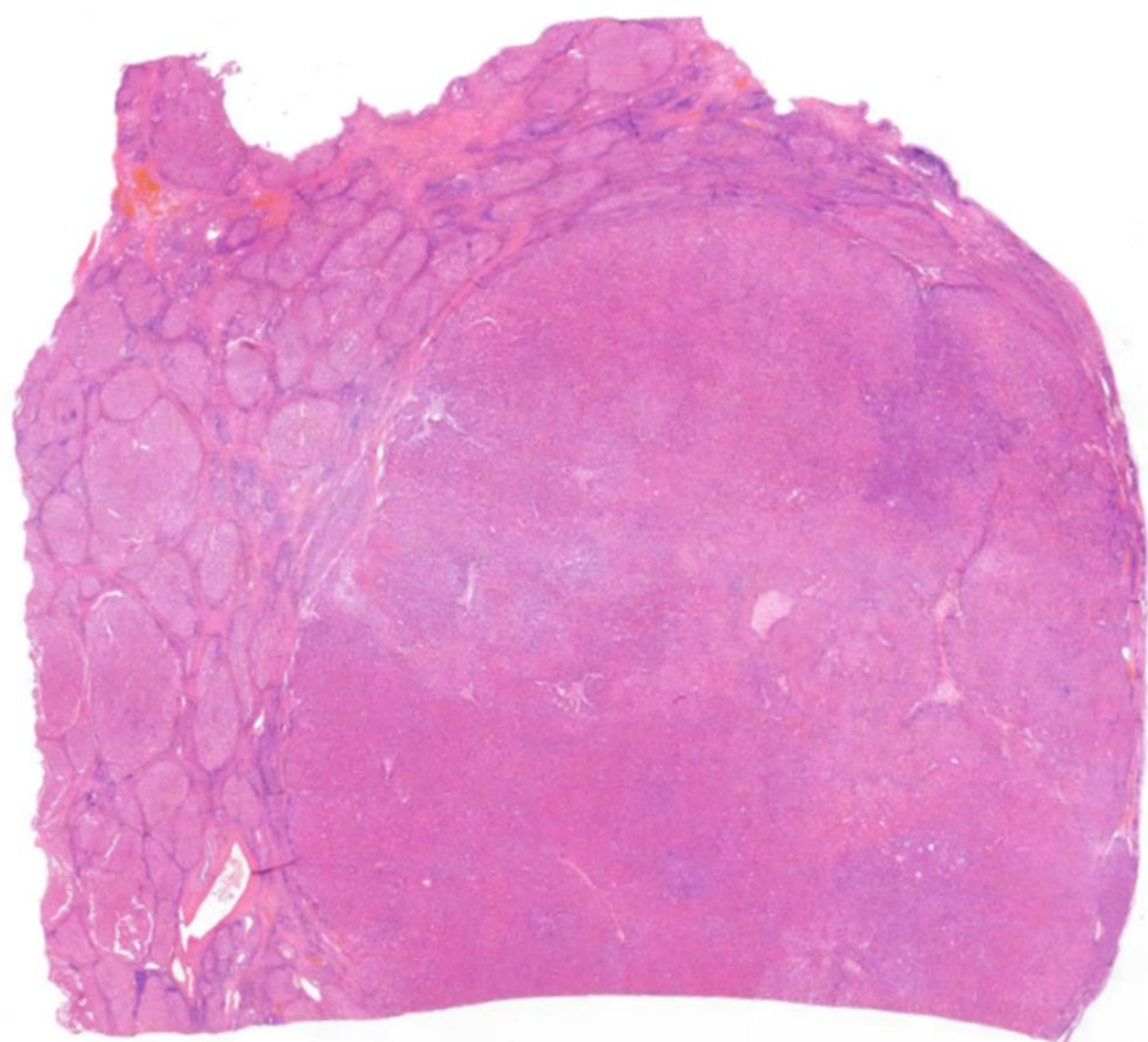
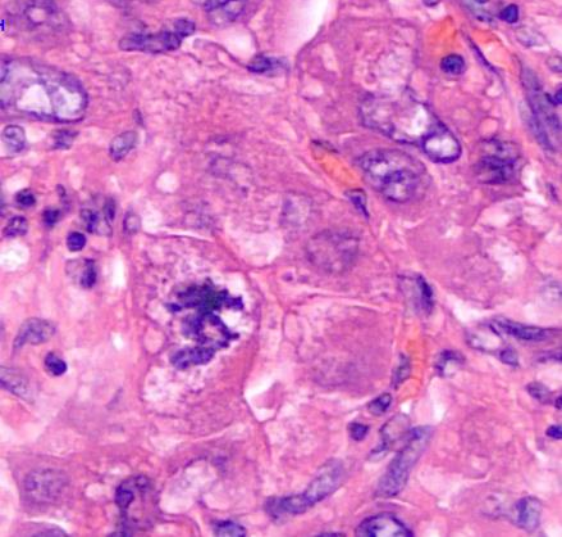












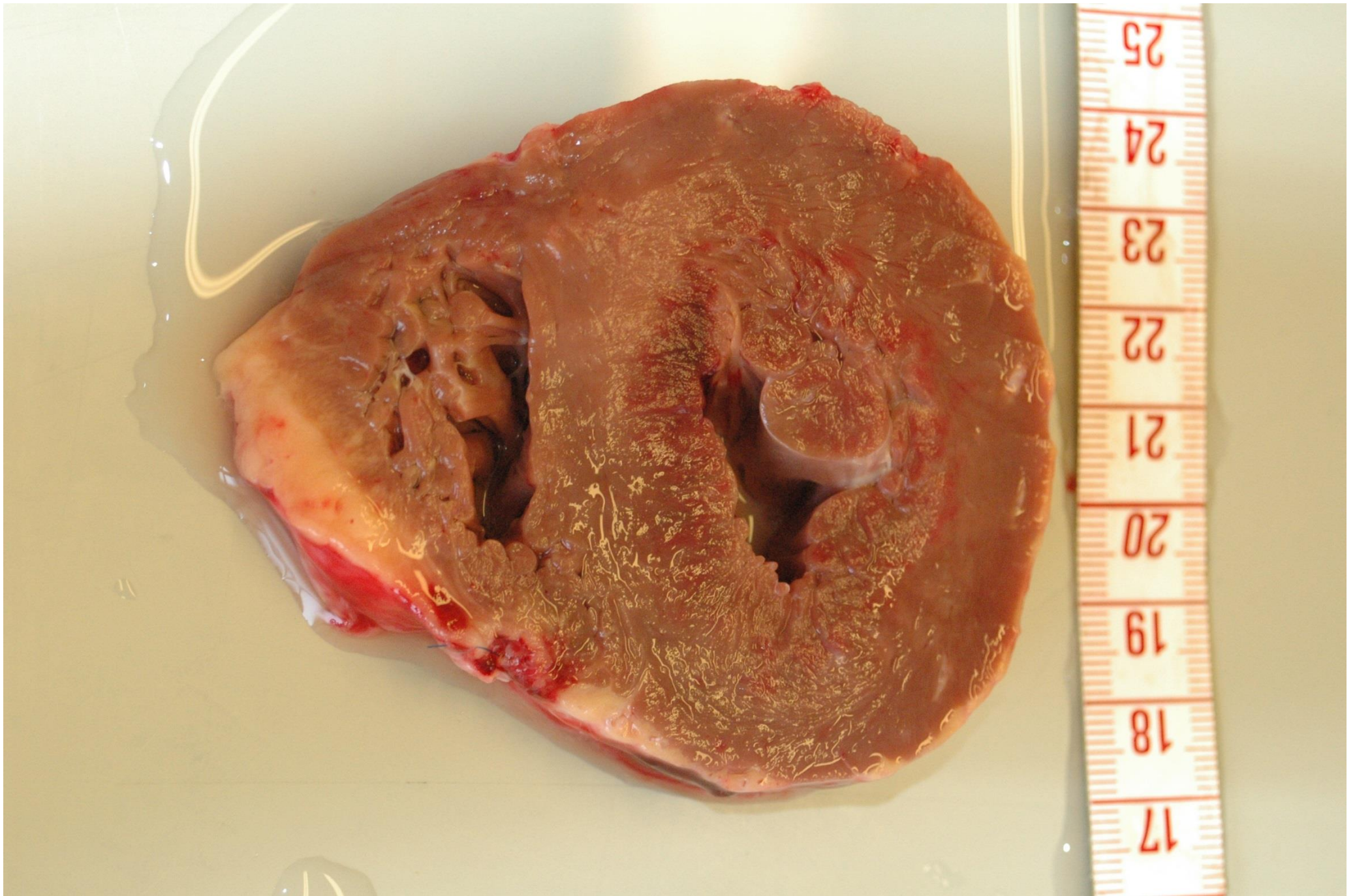




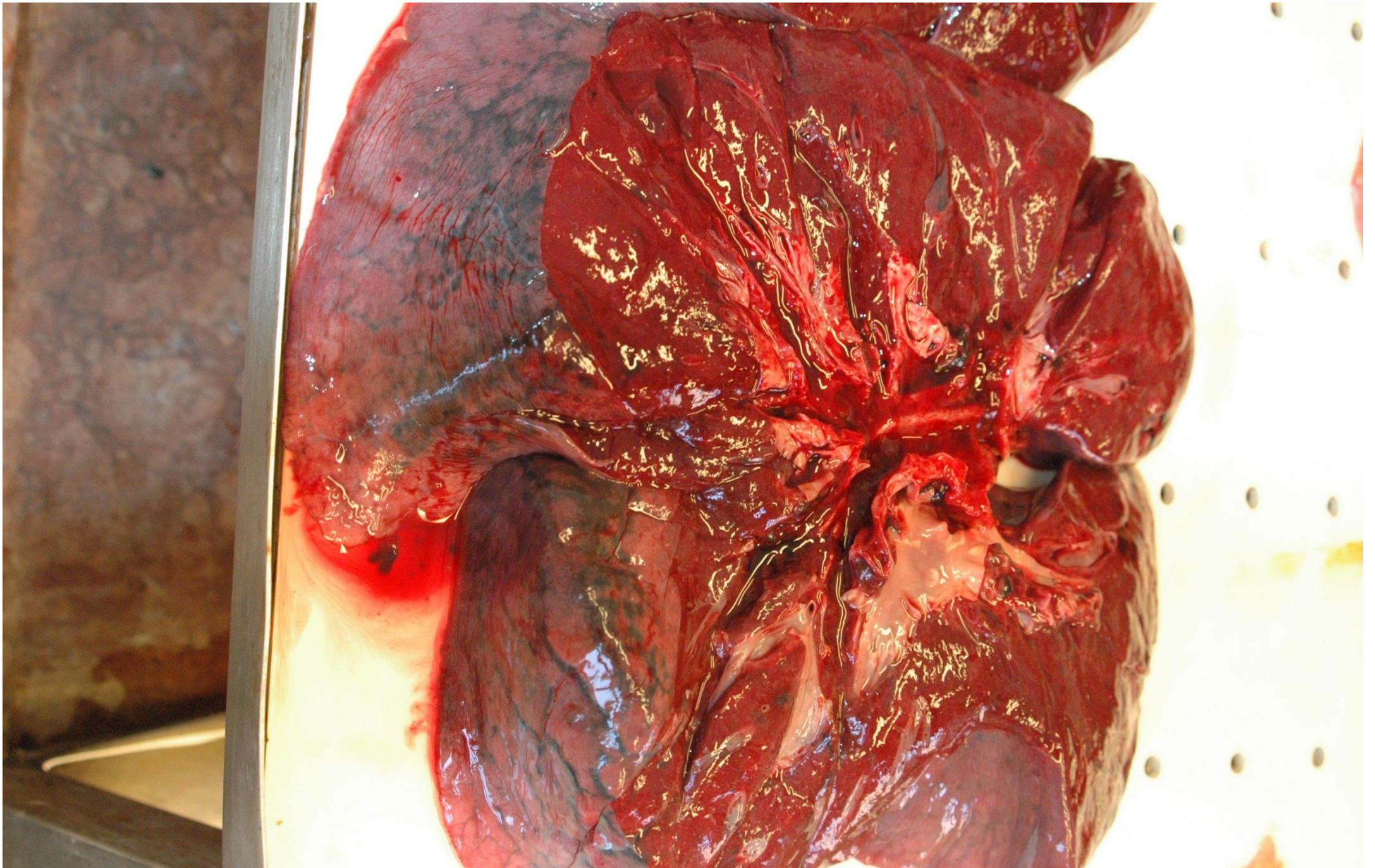








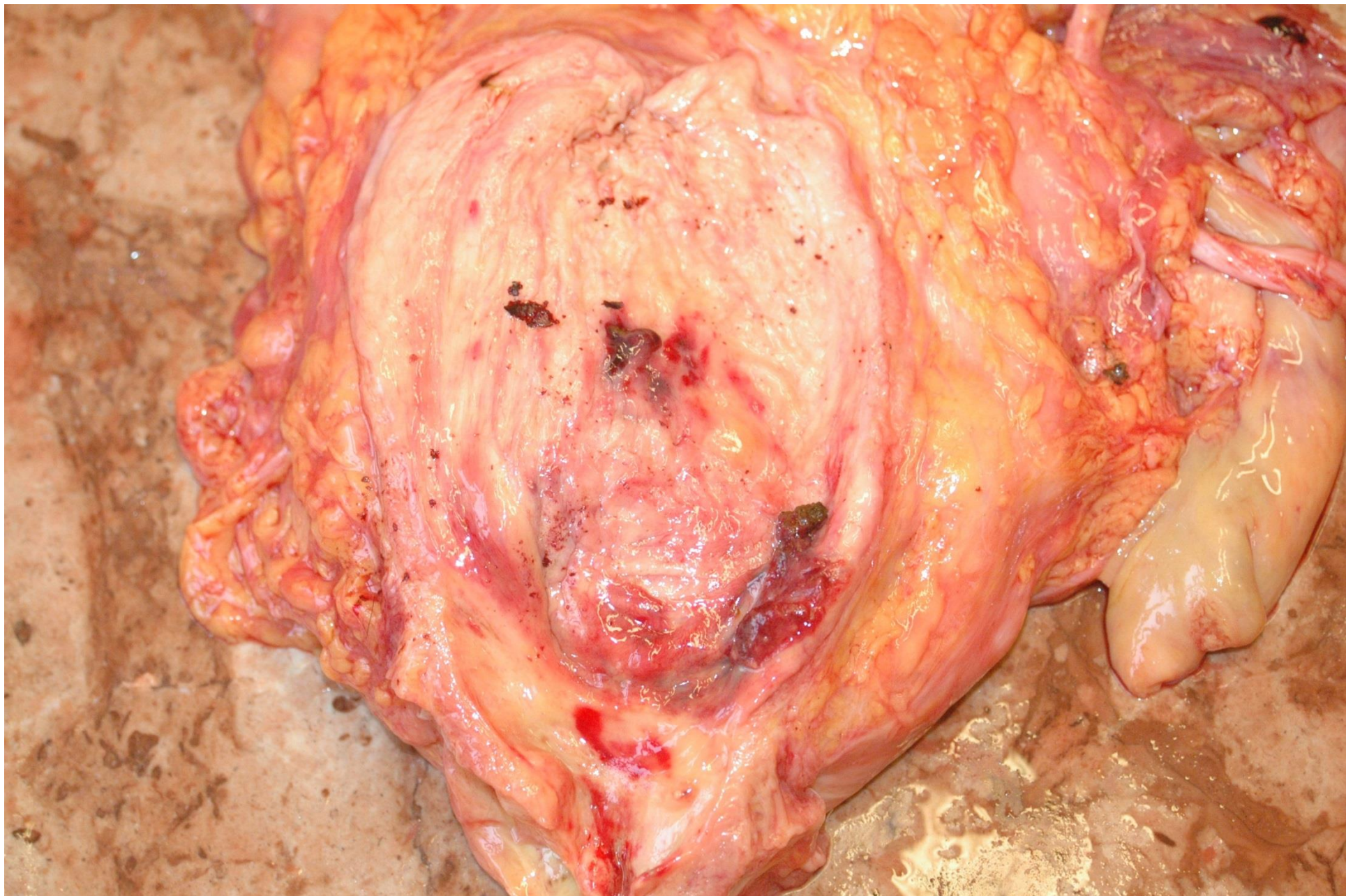




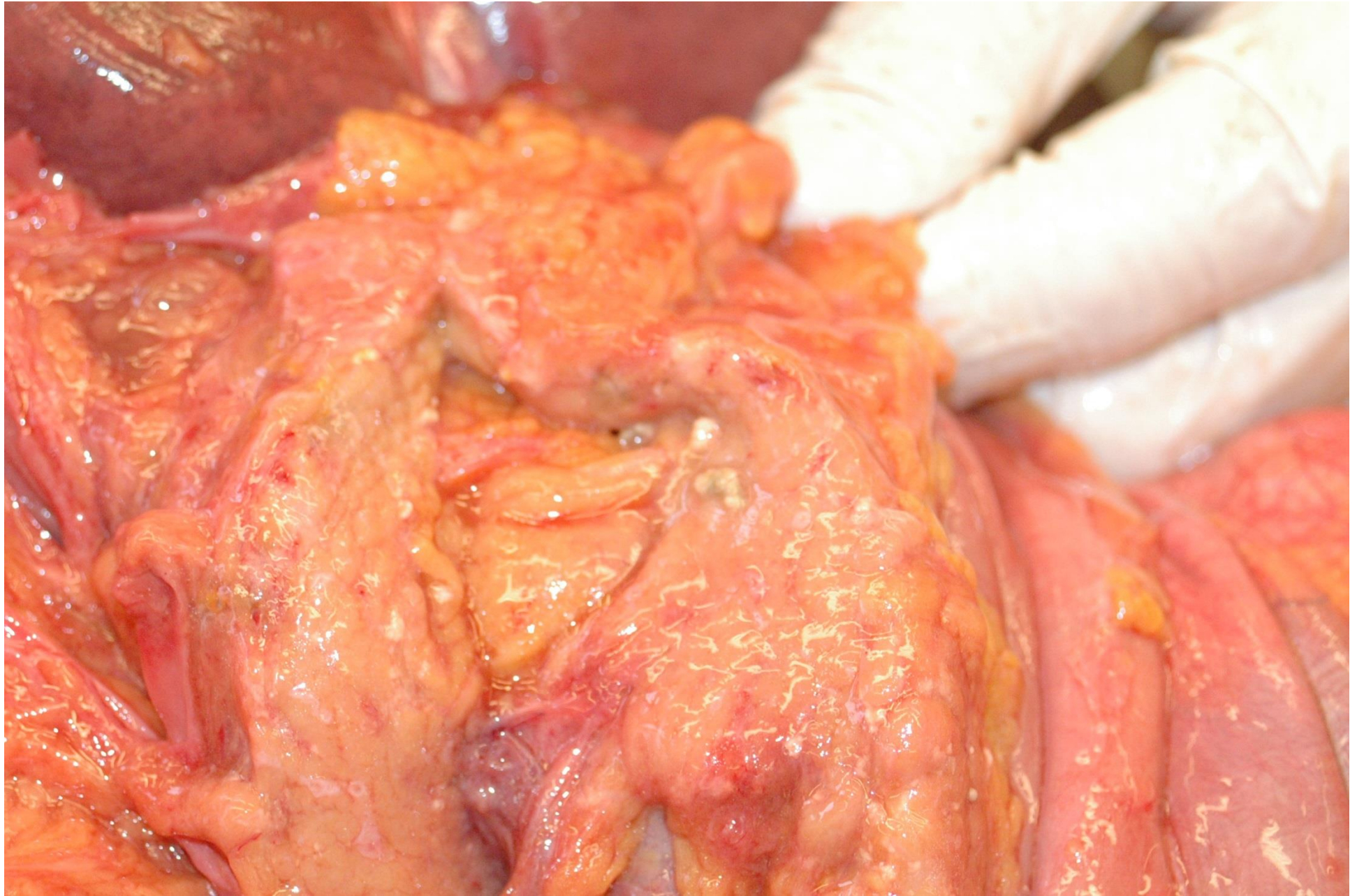




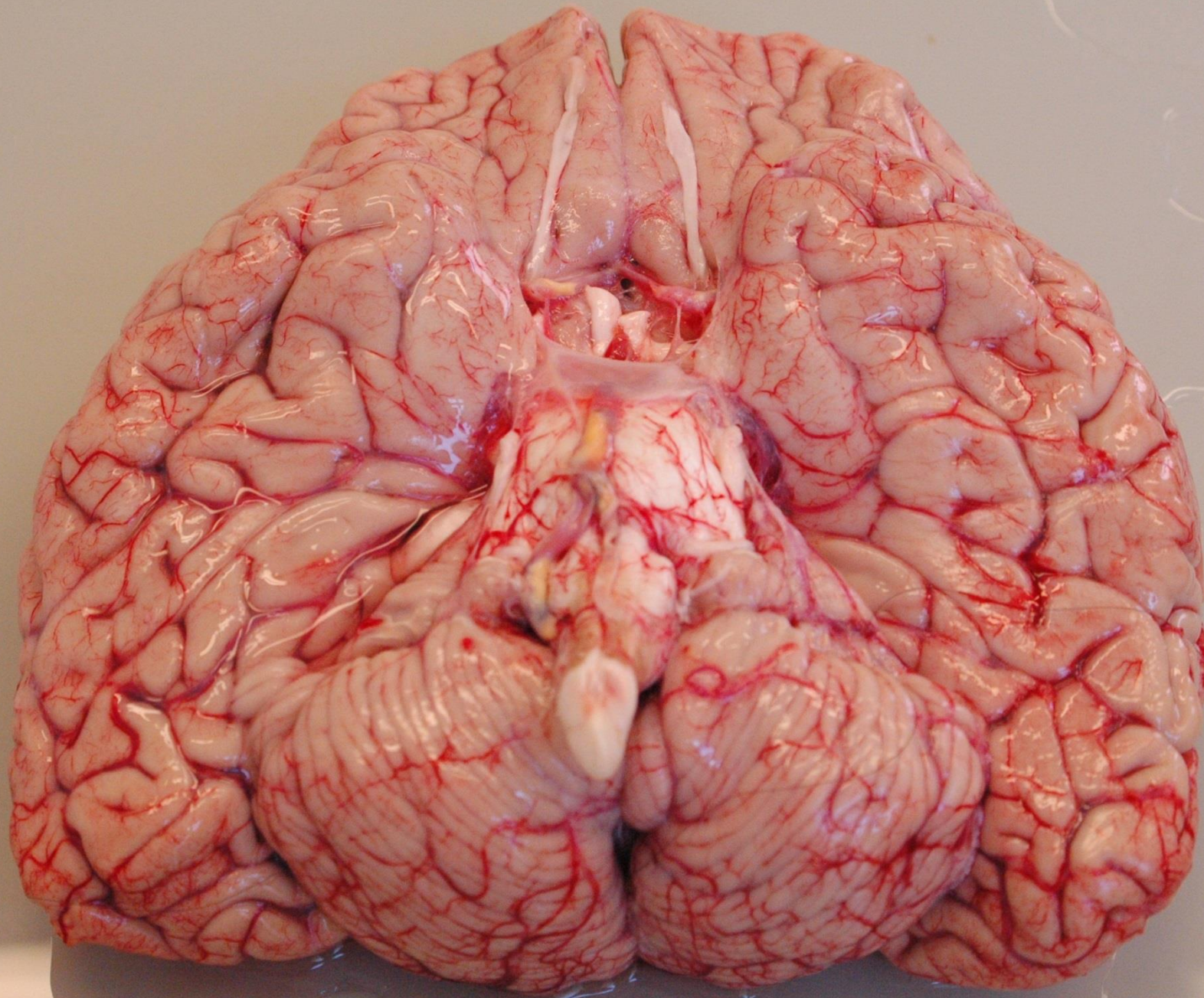












# Summary of pathology findings

- Basic problem: Alcoholic cirrhosis
- Complication: Bleeding subcardial stomach ulcer
- Cause of death: Exsanguination
  
- Related problems : Splenomegaly, Ascites, Brain edema, HCC
- Other diseases: Chr. pancreatitis, Left ventricular hypertrophy, Nephrosclerosis arteriolosclerotica



# Liver cirrhosis

- Final common outcome of chronic liver diseases: diffuse scarring and reconstruction of liver
- Etiology:
  - Chronic alcoholism
  - Viral hepatitis
  - NAFLD
  - Cholestatic and metabolic liver diseases

# Complications of liver cirrhosis (I) Metabolic failure

- Hyperbilirubinemia
- Haemorrhagic diathesis
- Hepatic encephalopathy
- Hypoalbuminemia
- Hypoglycemia
- Hypogonadism



# Complications of liver cirrhosis (II) Portalis hypertension

- Portocaval shunts
- Splenomegaly
- Ascites
- Hypodynamic circulation: hepatorenal, hepatopulmonary syndromes, cirrhotic cardiomyopathy

# Complications of liver cirrhosis (III)

- Hepatocellular carcinoma