

Liver cirrhosis

MCQs

• A 65-year-old man with liver cirrhosis of unknown cause is reviewed in clinic. Which one of the following factors is most likely to indicate a poor prognosis?

- a. Alanine transaminase > 200 ufl
- b. Caput medusae
- c. Ascites**
- d. Gynecomastia
- e. Splenomegaly

• One of the following is not a complication associated with liver cirrhosis

- a. Lower limb varices**
- b. Hepatopulmonary syndrome
- c. Hepatocellular carcinoma
- d. Hepatorenal syndrome
- e. Hepatic encephalopathy

• one of the following dietary restriction measures is necessary in all cirrhosis patients:

- a. low salt diet**
- b. low protein diet
- c. high fat diet
- d. low fat diet
- e. high protein diet

• 66-year-old male patient is brought by paramedics to the emergency department. He complains of fatigue, abdominal discomfort and lower limb swelling. Laboratory investigation shows a low hemoglobin level and thrombocytopenia. He was diagnosed 6 months ago with liver cirrhosis and was admitted twice since then for the treatment of hepatic encephalopathy. All of the following are important measures when it comes to assessing this patient's mortality except one:

Select one:

- a. INR**
- b. Severity of ascitis
- c. Severity of jaundice
- d. Bilirubin levels
- e. Severity of encephalopathy

- Liver cirrhosis is caused by
Distrupted architecture by direct viral cause
Idiopathic fibrosis
Necrosis and liver nodules
Longstanding alcohol

- Which one of the following is least useful in assessing the severity of patient with liver cirrhosis :

- ANA positivity**
- PT
- Bilirubin
- The presence of ascites
- The presence of encephalopathy

- Most common cause of cirrhosis in our region?

- Viral hepatitis**
- Autoimmune hepatitis
- Budd–Chiari syndrome
- Alcohol
- Wilson’s disease

- All about bleeding correct except?

Answer: All patient with cirrhosis will develop variceal bleeding

Explanation: Approximately 90% of patients with cirrhosis will develop gastroesophageal varices, over 10 years, but only one third of these will bleed from them

- Patient with liver cirrhosis come with tense ascitis and bilateral lower limb edema and diffuse abdominal pain , ascetic fluid analysis was : 750 wbcs with 90% polymorphonuclear cells and 3 g/dl albumin , what is treatment and negative gramstain

? Ceftriaxone IV (spontenous bacterial peritonitis)

- Patient with liver cirrhosis complaining of esophageal varicies and thebanding therapy is given , what drug we should put patient on : **Propranolol**

- At liver cirrhosis the level of which substance with low level : **urea (impairment of urea cycle which occur at liver)**

- Which one of cases of UGIB associated with **the worst outcome** 75 male with liver cirrhosis and variceal bleeding
- Not part of child purgh score in liver cirrhosis:
 - a. Encephalopathy
 - b. Partial thromboplastin time**
 - c. Ascites
 - d. Albumin
- About cirrhosis:
 - a. TIPS increases the incidence of hepatic encephalopathy
 - b. Protein should be restricted to 40mg/kg/d unless encephalopathy develops
- Wrong about a patient with liver cirrhosis:
 - A. Lactulose
 - B. Warfarin**
 - C. Restrict proteins
 - D. Restrict diet
 - E. Restrict salt

Answer: B.

Salt restriction is often necessary, as cirrhosis leads to accumulation of salt (sodium retention). Diuretics may be necessary to suppress ascites. Diuretic options for inpatient treatment include aldosterone antagonists (usually spironolactone) and loop diuretics. Aldosterone antagonists are preferred for patients who can take oral medications and are not in need of an urgent volume reduction, with loop diuretics as additional therapy.^[21]

<http://en.wikipedia.org/wiki/Cirrhosis#Management>

- The most common cause of portal hypertension is:

a. Liver cirrhosis

- Precipitating factors for hepatic encephalopathy in patient with liver cirrhosis include all the following Except.

a- occult infection

b- aggressive diuresis ??

c- gastrointestinal bleeding

d- treatment with oral neomycin

e- excess dietary proteins

- 65-year-old man with liver cirrhosis presented with ascitis, abdominal pain, tenderness and peripheral edema. A diagnostic tap revealed a neutrophil count of 400

/mm³ (normal < 250).

Which ONE of the following would be of the most immediate benefit ?

a- Fluid restriction and no added salt diet.

b- Intravenous antibiotics. ?

c- Oral spironolactone.

d- Therapeutic paracentesis

e- Trans-jugular intrahepatic porto-systemic shunt.

- In cirrhosis mechanism of portal hypertension is all except

a) fibrosis

b) Regenerating nodules compress portal vein

c) single blood supply of regenerating liver nodule

d) Dual blood supply of regenerating liver nodule ?

Mini-OSCE

1- A 30 year old male patient , prolonged PT , presented with abdominal discomfort and shortness Of breath . On ultrasound was found to have extensive ascites . The likely cause of this Presentation is ?

- a. **Liver cirrhosis**
- b. Heart failure
- c. Renal failure
- d. Pulmonary hypertension
- e. Acute peritonitis



caput medusae

Q: DDx:

- Esophageal varices
- liver cirrhosis



What is this : **spider**
nevi

One cause of it ?

Liver cirrhosis



A 50 years old patient presented with abdominal tenderness
and fever 38.2



Q1 \ what is the diagnosis?

Spontaneous bacterial peritonitis ,most common pathogen is E.coli

Q2 \ what is the underling risk factor?

Liver cirrhosis

Q3 \ what is the treatment?

3rd generation cephalosporin

Q4 \ mention 3 physical finding could you seen in this patient?

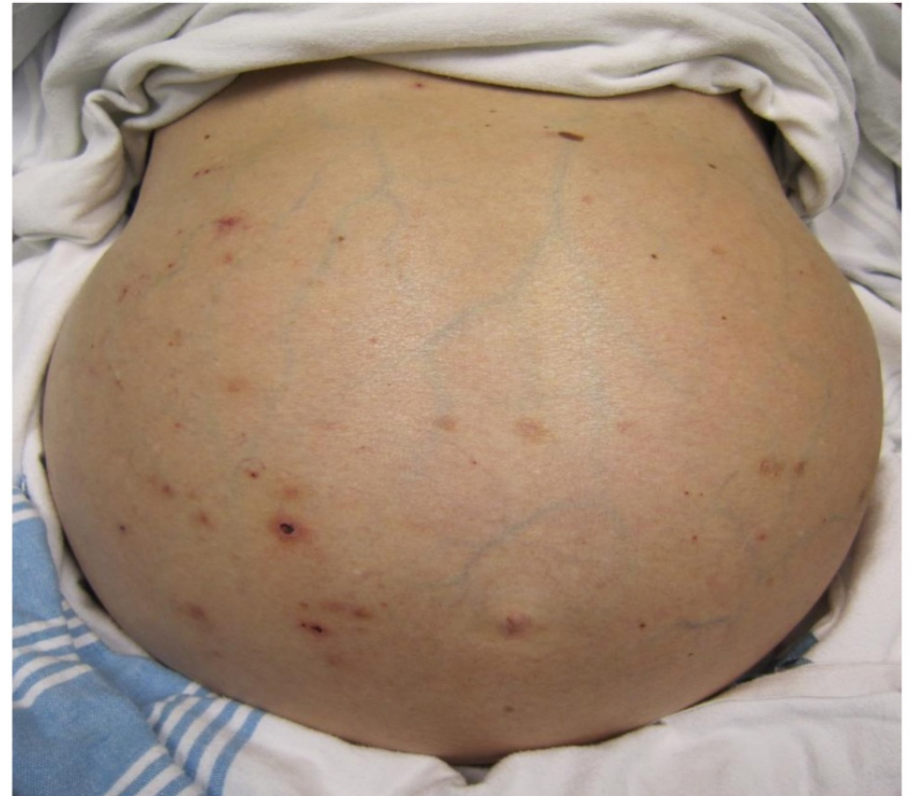
1- jaundice

2- lower limb edema

3- crackles in auscultation

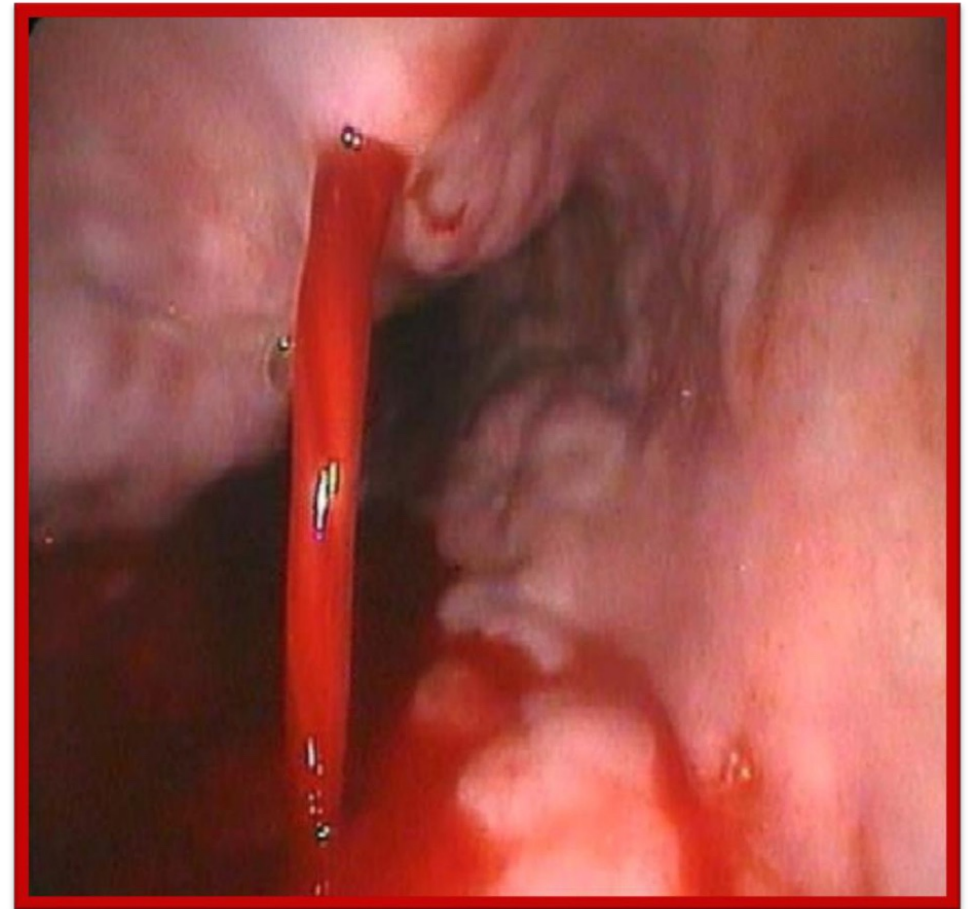
Q 10 : patient with this picture , which one we don't depend on in the prognosis of case ?

- Encephalopathy
- Degree of ascites
- Albumin
- **Platelet**
- Bilirubin



Q14 : hepatic patient suffer from massive hematemesis , the picture below by endoscopy , what's the most relevant cause ?

- Gastric ulcer
- Mallory weiss tear
- **Esophageal varices**
- Gastritis



11-This 60 year old male has a long history of alcoholism . Other signs suspected To be seen in this patient include all the followings except ?

- a. Palmer erythema
- b. Ascites
- c. Gynecomastia
- d. Hirsutism**
- e. Dupuytren's contracture



Station 7

patient known to have Hepatitis B

Q1 : what is the name of the hand deformity ?

Duputyren's contracture

Q2 : two serological tests to confirm the presence of the disease?

HBsAg ,HBeAg

