

Alcohol Related Liver Injury

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Abstract

Alcoholic Liver Injury is a major cause of hospital admission in the United Kingdom. This is a case report of patient who was admitted in the Gastroenterology department of the Royal London Hospital. This case was chosen because it initially posed a dilemma to the medical team. It underscores the importance of eliciting an accurate history of alcohol intake as well as the multiple pathologic effects of excessive alcohol consumption.

Case Report

Mrs A was a 43 year old woman who was admitted with abdominal pain and vomiting for the past two weeks, after having received the covid AstraZeneca vaccine. Her past history was notable for chronic excessive alcohol consumption. However, she claimed that her alcohol intake reduced after the birth of her daughter 9 years ago. Since then, her alcohol intake was restricted to 1 liter of vodka on Fridays, Saturdays and occasionally on Sundays. This amounted to approximately 40 units of alcohol every week.

Her past history was particularly interesting in that she denied any interference of alcohol consumption with her work. She also claimed that she was able to stop consuming alcohol relatively easily after the birth of her child and did not suffer from withdrawal symptoms. There was no significant obstetric or gynaecological history.

Her other physical symptoms included persistent tachycardia, proximal muscle weakness and paraesthesia. Abdominal examination was notable for ascites and hepatomegaly.

A preliminary blood test revealed deranged Liver Function Tests with an obstructive picture. Other notable features included elevated ferritin and an elevated Angiotensin Converting Enzyme level.

Interestingly, the serum lipase level was normal. A peripheral blood smear revealed macrocytic anaemia. These results suggested a possible diagnosis of alcoholic liver disease.

Tests for Tuberculosis were negative, as was a liver screen for viral blood markers and autoimmune conditions. Serum ceruloplasmin and paracetamol levels were normal as was a Haemochromatosis gene screen.

The initial plan of management for Mrs A was to optimise her nutrition. Extensive radiological investigations were then undertaken. An initial chest x-ray showed left basal consolidation. This was followed by an ultrasound echocardiogram of the heart which showed normal systolic function and mild mitral regurgitation. An ultrasound of the abdomen revealed radiological evidence of pancreatitis in the tail. A Trans Vaginal Ultrasound was unremarkable.

In view of her proximal muscle weakness and paraesthesia, an MRI of the spine was undertaken. This, too, was relatively normal.

A CT scan of her chest, abdomen and pelvis revealed diffuse, patchy, fatty infiltration in an enlarged liver. A focal acute pancreatitis was noted in the pancreatic tail. This was followed by a CT Liver Triple phase scan. This was notable for a non-cirrhotic liver with hepatomegaly, diffuse fatty changes, worsening portal hypertension and ascites. ACT guided liver biopsy was then performed. The results of the biopsy showed steatohepatitis with very severe advanced fatty liver disease and micro-nodular cirrhosis. These findings were consistent with a diagnosis of Alcohol Related Liver Disease.

CT scan of the pulmonary arteries showed no pulmonary embolism with bilateral pleural effusions which were unchanged from a previous CT CAP scan.

Fortunately, Mrs A finally admitted to consuming alcohol in levels significantly higher than she had initially revealed. Her final diagnosis was alcohol related liver disease with steatohepatitis, sensory peripolyneuropathy, macrocytosis, mild pancreatitis and left ventricular dysfunction.

She was discharged with nutritional supplements and advised to abstain from alcohol consumption. It was arranged for her to be seen in a follow-up hepatology clinic four weeks later.

This case raised important questions about medical ethics. It became evident that this patient had deliberately withheld accurate information about her history of alcohol intake. In such cases, it is necessary to remain non-judgmental, emotionally neutral and explain to patients that the providing the best healthcare is only possible with their full cooperation.

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