

# Clinical Presentations of Patients with Hep B & C among Chronic Liver Disease at a Tertiary Care Hospital of Bahawalpur

Shahbaz Ahmed Qureshi<sup>1</sup>, Javeria Shahbaz<sup>1</sup> and Anas Ahmed<sup>2</sup>

## ABSTRACT

**Objective:** The study was carried out to determine the different clinical presentations of patients with Hepatitis C and B related chronic liver disease.

**Study Design:** Cross-sectional study.

**Place and Duration of Study:** This study was conducted at the Department of Medical Unit III of Bahawal Victoria Hospital, Bahawalpur from January 2017 to December 2017.

**Materials and Methods:** Only patients with chronic hepatitis C and B, leading to Chronic liver disease (CLD) were included in this study. Patients with CLD other than Hepatitis B and C viruses and pediatric age group (less than 13 years) were excluded from the study. The diagnosis was made with the help of clinical, biochemical and sonographic findings. Presenting complaints were recorded and detailed physical examination was done to look for different clinical presentations.

**Results:** Total of 248 patients were studied. The most effected age group was between 50-59 years. Male gender was more commonly effected. The major presentations were of Upper Gastrointestinal bleeding (40.32%), abdominal distension (26.61%), and altered state of consciousness (11.29%), abdominal pain (10.48%), jaundice (7.25%), pedal edema (2.41%) and anorexia (1.61%). Chronic liver disease due to hepatitis C was greater than hepatitis B.

**Conclusion:** Chronic liver disease due to Hep C was more common than Hep B. Upper GI bleed was the most common clinical presentation.

**Key Words:** Hep B & C, Chronic liver disease, upper gastrointestinal bleed (Upper GI bleed).

**Citation of article:** Qureshi SA, Shahbaz J, Ahmed A. Clinical Presentations of Patients with Hep B & C among Chronic Liver Disease at a Tertiary Care Hospital of Bahawalpur. Med Forum 2019;30(3):114-116.

## INTRODUCTION

Chronic liver disease is global burden all over the world<sup>7</sup> and spreading more rapidly in developing countries. According to WHO, approximately 3% of world's population is chronically infected with hepatitis C virus and 3 to 4 millions patients with Hepatitis C virus are newly diagnosed every year. Hepatitis C and B viruses contribute its major etiological factors in Pakistan.<sup>1</sup> In Pakistan 10 million people are infected with hepatitis C virus.<sup>1</sup> Chronic liver disease secondary to hepatitis C and B virus leads to inflammatory injury to liver for six or more months without complete resolution.<sup>2</sup>

<sup>1</sup>. Department of GI and Hepatology unit, Bahawal Victoria Hospital, Bahawalpur.

<sup>2</sup>. Medical Officer, RHC.

Correspondence: Dr. Shahbaz Ahmed Qureshi, Associate Professor Incharge, GI and Hepatology unit, Bahawal Victoria Hospital, Bahawalpur.

Contact No: 0300-6848384

Email: shahbazq08@hotmail.com

Received: October, 2018

Accepted: December, 2018

Printed: March, 2019

Chronic liver disease may present as chronic hepatitis, liver cirrhosis and hepatocellular carcinoma.<sup>3</sup>

The prime route of spread of Hep C is parenteral. Risk factors include blood transfusion, IV drug abusers, surgical procedures, multiple sexual partners, from mother to fetus (least likely).<sup>4</sup> There are very less chances of HCV spread due to breast feeding because digestive tract of baby this virus becomes inactivated.<sup>5,6</sup> There are 5% chances of spread of HCV by needle stick injury.<sup>7</sup> Improper sterilization techniques spread HCV by tattooing, ink pots and piercing. Repeated uses of same razors, scissors and syringes can spread HCV. Around the world, near about 350 to 400 million people are infected with hepatitis B virus.<sup>8</sup> Every year, about 4 million new cases of hepatitis B virus infection are diagnosed. The load of hepatitis B virus is decreased after the introduction of worldwide hepatitis B vaccination. Still, in different sections of world, burden of hepatitis B virus is high, especially in Asia.<sup>10</sup>

HBV spreads through parenteral route, vertical transmission and by close contact. Risk factors include multiple sexual partners, homosexual activity, IV drug abusers and hemodialysis.<sup>10</sup> Both hepatitis B and C cause acute and chronic liver disease and hepatocellular carcinoma.

## MATERIALS AND METHODS

Study was carried out in the department of Medical unit III of Bahawal Victoria Hospital Bahawalpur from 1<sup>st</sup> January 2017 to 31 December 2017 after ethical committee's approval.

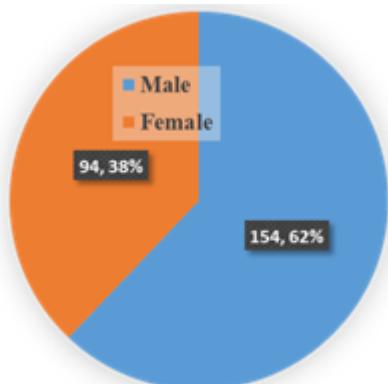
Only patients with chronic hepatitis C and B virus leading to CLD were included in this study. Patients with CLD other than hepatitis B and C viruses and pediatric age group (less than 13 years) were excluded from the study. The consent was taken from all patients included in study before further proceedings. The data of patients coming to above mentioned unit was recorded. The diagnosis of chronic liver disease was made with the help of clinical, biochemical and sonographic findings. Then physical examination of patients was carried out to determine the different clinical features of Hep C and B related CLD. The study was carried out to determine the different clinical presentations of patients with Hepatitis C and B related chronic liver disease.

## RESULTS

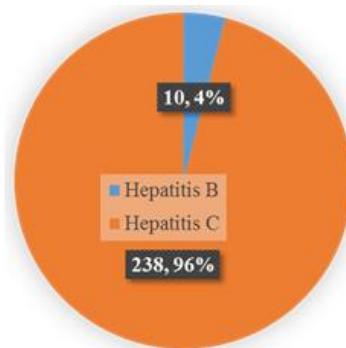
A total of 248 patients were subjects of the study. Out of that, 154 were male and 94 were female. The ages were between 18 years and 92 years. The maximum number of patients, 62 fell in age group of 50-59 year as in Table-1. Chronic liver disease due to hepatitis C was greater than hepatitis B. Out of 248; only 10 cases of CLD were due to hepatitis B. All remaining cases were due to Hep C.

**Table No.1: Age distribution.**

Age Groups (years)	Total (%)
<30	22 (8.9%)
30-39	20 (8.1%)
40-49	52 (21.0%)
50-59	62 (25.0%)
60-69	52 (21.0%)
>70	40 (16.1%)
Total	248



**Figure No. 1: Gender distribution**



**Figure No.. 2: Distribution according to prevalence of Hepatitis B and C**

**Table No.2: Age and Gender distribution of the patients with CLD.**

Age Groups (years)	Males	Females	Total
<30	8 (5.2%)	14 (14.9%)	22 (8.9%)
30-39	14 (9.1%)	6 (6.4%)	20 (8.1%)
40-49	40 (26.0%)	12 (12.8%)	52 (21.0%)
50-59	34 (22.1%)	28 (29.8%)	62 (25.0%)
60-69	30 (19.5%)	22 (23.4%)	52 (21.0%)
>70	28 (18.2%)	12 (12.8%)	40 (16.1%)
Total	154	94	248

The most common clinical presentation was Upper Gastrointestinal bleeding. It was present in a total of 100 patients (40.32%). Then abdominal distension in 66 Patients (26.61%), altered state of consciousness in 28 (11.29%), abdominal pain in 26 (10.48%), jaundice in 18 (7.25%), pedal edema in 6 (2.41%) and anorexia in 4 (1.61%) as shown in Table 2.

**Table No. 2 Clinical Presentation of Patients with Chronic Liver Disease.**

Clinical Presentation	No. of Patients (%)
Upper GI Bleeding	100 (40.3%)
Abdominal Distension	66 (26.6%)
Altered state of consciousness	28 (11.3%)
Abdominal Pain	26 (10.5%)
Jaundice	18 (7.3%)
Pedal Edema	6 (2.4%)
Anorexia	4 (1.6%)
Total	248

## DISCUSSION

In our study we found that chronic liver disease due to hepatitis C was more common than that due to hepatitis B. This is due to hepatitis B vaccination. Recently birth dose Hep B vaccination has been included in EPI schedule of Pakistan. The major presentations in our study were Upper GI bleeding (40.32%), abdominal distension (26.61%), altered state of consciousness

(11.29%), abdominal pain (10.48%), jaundice (7.25%), pedal edema (2.41%) and anorexia(1.61%).Our findings are similar to that published by Khokhar et al<sup>10</sup> where GI bleeding (36%), ascites (27%), altered mental status (18%) were major presentations. But our results are different from that published by Abdul fatai BO et al<sup>4</sup>, where as cites and jaundice were major presentations. This difference in presentation between Pakistan and Nigerian people may be due to poor health services and their access to health providers. Lack of health education is also playing a major role in rapid spreading of the disease in our country.

In our study we found that hepatitis B and C virus infection was more common in males than that of females, that is opposite to the study published by Osama M et al<sup>1</sup> which was conducted in Lahore (Pakistan). Because in our areas where study was conducted females are restricted to their own homes, so they are less exposed to risk factors. This is due to the different demographic and social cultures in different areas of Pakistan.

In our study CLD due to hepatitis B was more common in younger ages, while that due to hepatitis C was in older ages. This is similar to study conducted by Osama M et al.<sup>1</sup>

CLD is becoming a major concern day by day in Pakistan. This is due to lack of health awareness and poverty in our country. Health services provided by Government of Pakistan are far behind in comparison with other developing countries.

## CONCLUSION

Chronic liver disease due to Hep C was more common than Hep B. Upper GI bleeding was the most common clinical presentation. Community should be taught regarding the risk factors of liver diseases through repeated health sessions so that we can prevent and treat the disease at its earlier stages.

### Author's Contribution:

Concept & Design of Study: Shahbaz Ahmed Qureshi  
 Drafting: Javeria Shahbaz  
 Data Analysis: Anas Ahmed  
 Revisiting Critically: Shahbaz Ahmed Qureshi, Javeria Shahbaz

Final Approval of version: Shahbaz Ahmed Qureshi

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

1. Osma M, Fozia Z, Farooq M. Sociodemographic study of hepatitis C patients. *J Ayub Med Col Abbottabad* 2015;27(3)
2. Patrice C, Cloe C, Fanny D.. Extra hepatic manifestations of chronic hepatitis C virus infection. *Therapeutic advances in infectious Dis* 2016;3(1).
3. Stephen L, Timothy R. The natural history of hepatitis C virus (HCV) infection. *Int J Med Sci* 2006;3.
4. Abdulfatai B, Laraba A, Wadzani G, Fatai K. Risk factors and clinical presentation of Hep C virus infection in Nigerians with chronic liver disease. *Tropical Doctor* 2011;41.
5. Jay HH. Hepatitis C. The clinical spectrum of disease. *Hepatol* 1997;26(3 Suppl 1):15S-20S.
6. Vilas BN, Lyra PR, Venkatesha D. Prevalance of hepatitis C virus infection among Chronic Liver Disease patients. *Int J Curr Microbiol App Sci* 2018;7(2).
7. Allah N, Syed FZ, Khan U, Irshad A. Concise review on the insight of hepatitis C. *J Taibah Univ Med Sci* 2015;10(2).
8. Hendrik V, Piero A, Jasmohan B, Cordoba J, Peter F; Mullen KD, et al. Hepatic encephalopathy in chronic liver disease: 2014 Practice Guideline by the American Association for the Study Of Liver Diseases and the European Association for the Study of the Liver. *Hepatol* 2014;60(2):715-35.
9. Zamor PJ, deLemos AS, Russo MW. Viral hepatitis and hepatocellular carcinoma: etiology and management. *J Gastrointest Oncol* 2017;8(2): 229–242.
10. Khokhar N, Niazi SA. Chronic liver disease related mortality pattern in Northern Pakistan. *J Coll Physicians Surg Pak* 2003;13(9):495-7.