

Analysis on clinical features of hepatic encephalopathy of 108 cases

Shu-Qing Gu, Li-Ying Li, Zhong Li, Dan He

Shu-Qing Gu, Zhong Li, Dan He, Department of Internal Medicine, Anshan Central Hospital, Anshan 114001, Liaoning Province, China

Li-Ying Li, Teaching and Research Section of Internal Medicine, Anshan Health School, Anshan 114001, Liaoning Province, China

Author contributions: All authors contributed equally to the work.

Correspondence to: Dr. Shu-Qing Gu, Department of Internal Medicine, Anshan Central Hospital, Anshan 114001, Liaoning Province, China

Received: July 11, 1998

Revised: August 14, 1998

Accepted: September 3, 1998

Published online: October 15, 1998

Abstract

AIM: We reviewed and analysed clinical features of hepatic encephalopathy of 108 cases.

METHODS: One hundred and eight patients in this group were confirmed diagnosis as hepatic encephalopathy with 83 male, 25 female, age range of 16-81 years old and hepatocirrhosis course of 2-11 years. Of them 87 cases (80.6 %) were hepatocirrhosis resulted from hepatitis, 17 cases (15.7%) were alcoholic cirrhosis and 4 cases (3.7%) were congestive cirrhosis. 16 cases of all patients were performed splenectomy before. Of disease causes inducing hepatic encephalopathy infection was in the first place, accounting for 46.7%, hemorrhage of upper digestive tract was the second, accounting for 24.1% and the others were azotemia high-protein diet

letting our ascites and so on.

RESULTS: This paper indicates that the mortality of hepatocirrhosis resulted from hepatitis is 94.3%, that of alcoholic cirrhosis is 35.3%, and after comparing the mortalities of the two groups and processing the data statistically, we find the difference is very significant, $P < 0.01$, which indicates that because of different encephalopathy are different, so we should concentrate our efforts on treatment.

The main predisposing cause of hepatic encephalopathy in this group is infection, but data from home and abroad indicate that it is hemorrhage of upper digestive tract. We think that this can be related to the measures of lowering portal venous pressure, protecting gastric mucosa, supplementing Vitamin K at the early stage and increasing the concentration of plasma albumin and so on. The true cause remains to be studied further.

CONCLUSION: There is no specific treatments for hepatic encephalopathy so far and its mortality is very high, so the prevention is very important. It is the best way out to avoid all predisposing causes, keep close watch over patient's condition confirm diagnoses at the early stage and treat patients efficiently without delay.

Key words: Hepatic encephalopathy/diagnosis; Hepatic encephalopathy/therapy; Liver cirrhosis/complications; Hepatitis/Complications

© The Author(s) 1998. Published by Baishideng Publishing Group Inc. All rights reserved.

Gu SQ, Li LY, Li Z, He D. Analysis on clinical features of hepatic encephalopathy of 108 cases. *World J Gastroenterol* 1998; 4(Suppl2): 127 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v4/iSuppl2/127.htm> DOI: <http://dx.doi.org/10.3748/wjg.v4.iSuppl2.127>

E- Editor: Li RF



Published by **Baishideng Publishing Group Inc**
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>
<http://www.wjgnet.com>

