



SKIN MANIFESTATIONS OF INTERNAL DISEASE

STUDY OF CUTAENEOUS MANIFESTATION IN PATIENTS OF CHRONIC LIVER DISEASE (CLD): A PROSPECTIVE OBSERVATIONAL STUDY

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INTRODUCTION: CLD patients present with an array of skin, hair, nails & mucous membrane abnormalities which may help to initiate early treatment & reduce serious complications, sequelae, morbidity & mortality

AIMS & OBJECTIVE: 1. Study spectrum of dermatological manifestations in patients suffering from CLD

2. To assess if correlation exist between type of skin disease & type of liver disease

3. To study correlation between dermatological manifestations with severity of liver disease and bio-chemical marker of liver disease

MATERIALS AND METHODS: Diagnosed 120 cases of CLD (Male =85 Female =35) of any etiology & either sex above 18 year of age were involved. Comprehensive pro-forma completed including careful history, cutaneous & systemic finding & all relevant investigations (Liver & renal function test, HbsAg, AntiHCV, Ultrasonography, liver biopsy, AFP & ANA levels etc).

RESULTS: Most common cause of CLD was Hepatitis B virus infection (50%) followed by Alcohol (32%), cryptogenic (5.83%), autoimmune & non-alcoholic steatohepatitis (4%), Hepatitis C infection (2.5%), Drug induced (0.8%). Cutaneous findings were icterus (23%), xerosis (21%), hyper pigmentation of lower limbs (13.25%), Cherry angioma (6.02%), loss of body & axillary hair (21.05%). Palmar erythema was significantly ($p=0.00045$) associated alcoholic CLD as compared to non-alcoholic CLD patients. Cherry angiomas is significantly found in alcoholic. Oral finding was oral ulceration (38.46%) & glossitis (28.21%). Nail changes seen in 50% patients. No significant difference found in pruritus among alcoholic and HBV related CLD patient. Mean values of Bilirubin SGOT, SGPT & Alkaline phosphatase did not correlate with pruritus severity





CONCLUSION: Though cutaneous manifestations of CLD patients in our study are nonspecific, these will go a long way in better patient management & give better quality of life. Stress should be given on universal precaution & HBV vaccination in order to cut down incidence of HBV related CLD. Broad based multicentric case control studies are necessary to conclusively prove certain findings

