

Liver Disease Pattern in a Tertiary Care Hospital of Peshawar, Pakistan

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The pattern of the liver disease may vary in different geographical locations. These variations are attributable to the differences in environmental factors, eating habits, socio-economic factors and other reasons. A study from Ayub teaching hospital, Pakistan, shows viral hepatitis was more common, followed by enteric hepatitis, drug induced liver injury, biliary atresia and Criglar-Najjar Syndrome⁽¹⁾. A study from Shifa international hospital, Islamabad, correlates 20% of the mortality pattern pertaining to chronic liver disease (CLD) in Northern Pakistan⁽²⁾.

To determine the frequency of liver diseases in a tertiary care hospital of Peshawar, a cross sectional observational study was conducted, from 1st July 2005 to 30th December 2005 in the department of medicine, Khyber teaching hospital, Peshawar.

A total of 181 patients with confirmed diagnosis of liver disease, 124 (68.50%) males and 57 (31.49%) females were randomly selected. Relevant information was obtained from the patients with the help of a pre-designed questionnaire prepared in accordance with the objectives of the study.

The age range of the patients was from 7 years to 80 years, with mean age of 49.5 years. One hundred and four patients (57.45%) were illiterate and 103 (56.9%) had positive family history for the respective liver disease, usually in the closest relatives. Out of total 104 (57.45%) were illiterate, 31 (17.12%) had primary education, 33 (18.23%) were matriculate, and only 4 (2.2%) had degree level education. The distribution of liver disease in our

selected patients was: acute hepatitis 8 (4.4%), chronic hepatitis B 33 (18.23%), chronic hepatitis C 80 (44.19%), liver cirrhosis B 11 (6.07%), liver cirrhosis C 40 (22.09%), hepatocellular carcinoma 3 (1.65%), fatty liver 2 (1.1%), fulminant hepatitis 2 (1.1%), cholecystitis 1 (0.5%), and hydatid cyst recorded in 1 (0.5%) cases (table 1).

In a study from Karachi, the overall seroprevalence of HCV in blood donors was 1.8%⁽³⁾. Liver cirrhosis was also mainly associated with chronic HCV infection and was recorded in 22.09% of cases. Our findings correlate with that of Muhammad N *et al.*⁽⁴⁾.

Chronic hepatitis B infection was recorded in 18.23% of patients and liver cirrhosis with "chronic HBV" in 6.07% patients. Our study matches with the findings of Iloege UH *et al.*⁽⁴⁾.

In conclusion, chronic hepatitis C infection and liver cirrhosis C were recorded as major liver diseases in our study followed by chronic hepatitis B and liver cirrhosis B. Acute hepatitis, fulminant hepatitis, fatty liver diseases, hepatocellular carcinoma, cholecystitis and hydatid cysts were not commonly observed.

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Table 1. Data on Liver disease pattern. Total number of patients: 181

Liver disease	Males = 124 (68.5%)	Females = 57 (31.49%)	Total = 181 (100%)
Acute hepatitis	6 (4.83%)	2 (3.50%)	8 (4.4%)
Chronic hepatitis B	22 (17.74%)	11 (19.29%)	33 (18.23%)
Chronic hepatitis C	55 (44.35%)	25 (43.85%)	80 (44.19%)
Liver cirrhosis B	7 (5.64%)	4 (7.01%)	11 (6.07%)
Liver cirrhosis C	27 (21.77%)	13 (22.80%)	40 (22.09%)
Hepatocellular carcinoma	2 (1.61%)	1 (1.75%)	3 (1.65%)
Fatty liver	2 (1.61%)	0	2 (1.1%)
Fulminant hepatitis	1 (0.8%)	1 (1.75%)	2 (1.1%)
Cholecystitis	1 (0.8%)	0	1 (0.5%)
Hydatid cyst in liver	1 (0.8%)	0	1 (0.5%)

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