EXTRAHEPATIC COMPLICATIONS OF CHRONIC CHOLESTASIS: CURRENT DIAGNOSIS AND TREATMENT

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EXTRAHEPATIC COMPLICATIONS OF CHRONIC CHOLESTASIS: CURRENT DIAGNOSIS AND TREATMENT (Abstract). Pruritus, fatigue and osteoporosis are the main symptoms of the extra hepatic manifestations of chronic cholestasis that affect patients’ quality of life. Pruritus affects more often female patients, varies as intensity during a day and for longer period of time, typically can be localized on the palms of hands and soles of feet or can be generalized. Pruritus can be treated with anions resines exchange – cholestiramine, the pregnanne X receptor agonist Rifampicine, Naltrexone. Liver transplantation can be considered if severe pruritus remains refractory to all medical treatments. Fatigue is the most disabling complain in chronic colestasis. No specific therapies are available for fatigue and liver transplantation doesn’t improve it. Osteoporosis and the risk of fractures are more severe with the duration and severity of hepatic disease. For treatment are recommended regular physical exercise, vitamin D and Ca supplementation and bisphosphonates (Alendronate 70 mg/week) in severe cases. Only patients with atherosclerotic risk and hyperlipemia can be treated with statines. Fat soluble vitamin supplementation can be administrated only in symptomatic and proved vitamin deficiency. Key words: CHOLESTASIS, PRURITUS, FATIGUE, OSTEOPOROSIS

Intrahepatic chronic cholestasis is not just an isolated disease but a complex process resulting from a number of hepatic conditions, such as primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC), drug-induced cholestasis, idiopathic biliary ductopeny in adults, cholestasis of pregnancy, cystic fibrosis, sarcoidosis, granulomatous hepatitis and HIV-associated cholestasis.

Complications of chronic cholestasis can be classified as hepatic (portal hypertension, ascites, encephalopathy, liver failure) and extrahepatic - frequent (pruritus, fatigue, osteoporosis, hyperlipidaemia, malabsorption of fat-soluble vitamins and steatorrhea) and rare (peptic ulcer, hyperpigmentation). Usually, extrahepatic complications of cholestasis are not fully appreciated. Their identification, early diagnosis and prophylactic or curative treatment leads to improvement in quality of life in patients with chronic cholestatic liver disease.

PRURITUS
Pruritus and lethargy are the commonest