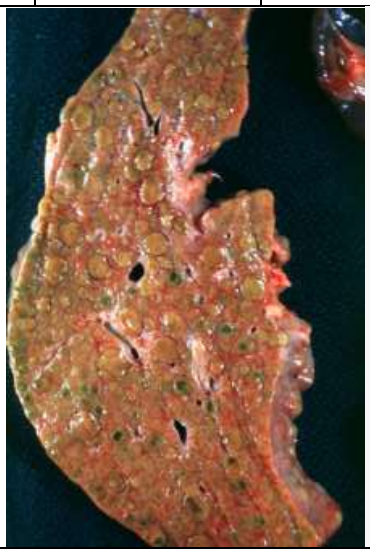
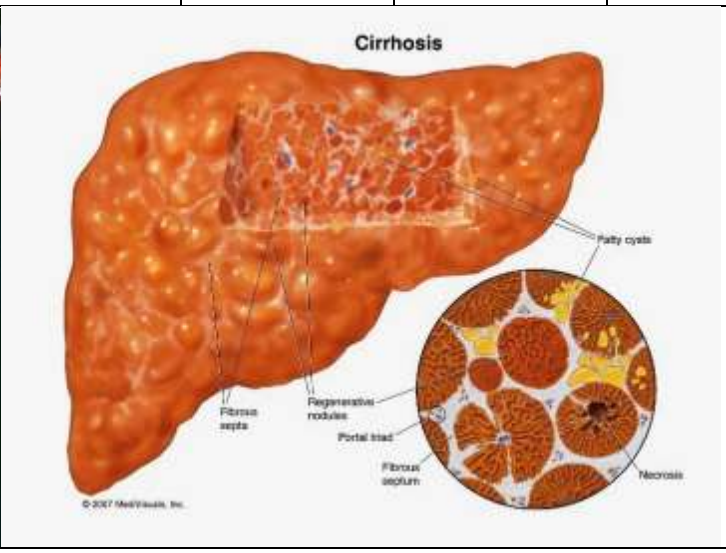
XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum

Liver

Portal Cirrhosis (Laennec's cirrhosis) *III -6.3612*					
Liver:	***Size:***	• Is diminished			
	Capsule:	• Thickened by fibrous tissue			
	Surface:	• Finely-nodular • **Hob-nail appearance**			
	Nodules are:	• Small (0.5–0.8 cm.) • Almost equal			
	Inferior border:	• Sharp			
	Cut surface:	• Shows islands			
	Islands:	• Small • Rounded (usually) • Slightly variable in shape • Lacking lobular markings • Dull yellowish-brownish			
	Framework:	• Greyish-white fibrous tissue			
	Trabeculae:	• Coarse and fine			
	Consistence:	• Firm-to-hard			



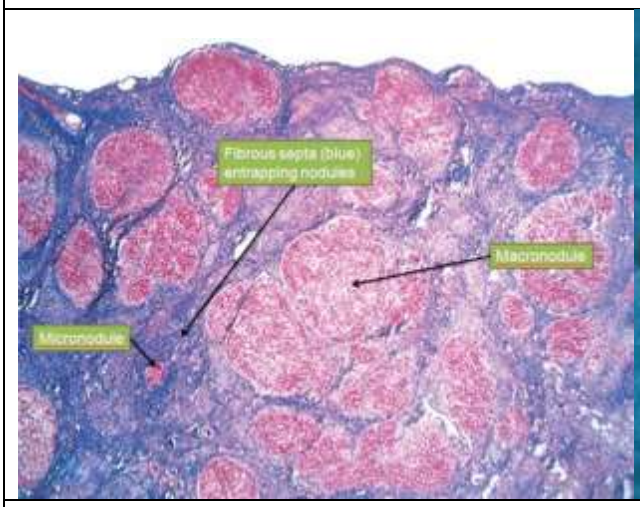


N.B.I:

- ***Portal cirrhosis (Laennec or alcoholic)*** is a common type of cirrhosis.
- At first (early in the disease), the liver is enlarged, smooth and yellow.
- As the disease progresses, and fibrosis increases, the fibro-fatty stage changes to marked fibrosis and some atrophy.
- The liver becomes small in size.
- The shape of the liver is preserved, and there appear rounded projecting diffusely-distributed reddish brown nodules separated by depressed pale greyish white fibrous tissue; the variegated cut surface of the parenchyma is orange-brown.

N.B.2:

- Cirrhosis of the liver indicates that morbid anatomical condition characterized by progressive disorganization of the lobular architecture dependent upon:
  (1) Degenerative (or atrophic or slow necrotic) changes in the liver cells,
  (2) Regenerative changes in surviving liver cells,
  (3) Fibrosis (real or apparent) diffuse throughout the liver, and
  (4) Increase in consistence.



A possible classification (based on pathogenesis and cause)

1. Fatty nutritional cirrhosis (Laennec's cirrhosis; alcoholic; portal; multilobular; atrophic; dietary insufficiency):

- Proceeded by a period of excessive fatty infiltration of liver associated with lack of lipotropic factors due to dietary insufficiency in chronic alcoholics.

2. Pigmentary cirrhosis (haemochromatosis):

- *Cells, which contain abundant* ***Haemosiderin pigment.***
- Become necrotic and when removed they leave behind the excess ***fibrous-tissue stroma; new cells regenerate.***
- The pigment itself may also produce necrosis → fibrosis
- **At first** → large (smooth) liver which is ***chocolate-brown in colour***.
- **Later on** → small (shrunken) liver which shows diffusely-scattered fine nodules (0.11 cm.); some are pigmented; others (regeneration-nodules) are paler.
- In addition to the features common to other types of cirrhosis, there may be evidences of diabetes mellitus, and a liability to carcinoma of the liver.

3. Post-necrotic cirrhosis:

(Post-necrotic scarring; healed acute yellow atrophy; toxic cirrhosis).

4. Biliary cirrhosis:

(a) Primary where the intrahepatic biliary system is involved:

- *Pericholangiolitic (cholangiotoxic = hypertrophic =* ***Hanot's****); granules vary from 0.1-0.2 cm.*
- *Acholangic (marked diminution of bile-ducts in the portal areas).*
- *Fibro-xanthomata's.*

(b) Secondary (where the extrahepatic biliary system is involved):

- *Cholangitic (by infection).*
- *Cholestatic (by obstruction).*

5. Syphilitic cirrhosis:

(a) In congenital syphilis —-> peri-cellular fibrosis.
(b) In acquired syphilis - > hepar-lobatum.

6. Congestive cirrhosis (cardiac cirrhosis);

- *Loss of liver-cells and an increase in fibrous tissue in the* central zones of liver-lobules in severe right-sided heart-failure.

7. Post-hepatitic cirrhosis (accepted by some, denied by others):

- Rarely encountered and may resemble cirrhosis of the portal, peri-cholangiolitic or post-necrotic types; or, has a picture *of its own.*

8. Cirrhosis of undetermined types.

9. Untrue cirrhosis *such as the bilharzial fibrosis (parasitic).*