

## **Abstract**

Liver cirrhosis is the final stage of chronic liver disease that arises from various causes (mainly chronic alcohol abus<sup>u</sup>s, autoimmune and chronic viral hepatitis B and C, NAFLd – non-alcoholic fatty liver disease, bile duct disease or congenital metabolic disease – haemochromatosis and Wilson’s disease). During development of liver cirrhosis, inflammatory liver cell damage, their necrosis and their conversion to fibrotic tissue occur. Most of the complications of hepatic cirrhosis are based in hepatic insufficiency and portal hypertension. Major complications of hepatic cirrhosis include bleeding from esophageal varices (the most serious complication that is fatal), hepatic encephalopathy, ascites, hepatorenal syndrome and hepatocelular cancer.

The aim of the work was to determine how many patients suffered from protein-calorie malnutrition, and what effect malnutrition had on the survival and condition of patients. The work also dealt with bleeding from esophageal varices, recurrence of varicose bleeding and complications associated with liver cirrhosis. One of the goal was to see if fit matched the predicted survival of patients, according to Child-Pugh’s classification.

The methodology of the work was retrospective research with the help of obtaining data from histories and findings obtained during gastroscopic examinations at the University College Hospital in Prague. A total of 27 suitable patients with cirrhosis of the liver who underwent varicose hemorrhage were obtained.

Results showed that bleeding from esophageal varices occurred in patients aged 34-77 years. Of the assessed sample of patients, 7 patients died as a result of varicose hemorrhage – multiorgan failure or haemorrhagic shock. Of these seven patients, 4 had a Child-Pugh C result, 1 Child-Pugh B patient and also one with Child-Pugh A results (Child-Pugh could not be evaluated in 2 patients due to lack of information). Recurrence of bleeding within a year occurred in 14 patients. For other complications associated with cirrhosis of the liver, patients had portal hypertension, often accompanied by portal hypertensive gastropathy, ascites, haemostasis disorders, hepatic encephalopathy, and uncommon occurrence of hepatorenal syndrome and hepatocellular carcinoma. From a nutritional point of view, work examined how many patients had protein-calorie malnutrition. In only 7 patients, protein-calorie malnutrition was confirmed, and in the remaining 20, the information was either undetectable or protein-calorie malnutrition was not confirmed.

In conclusion, hepatic cirrhosis complicated by esophageal varices is very dangerous. Patients should be properly educated about their health and the risks associated with diagnosis. Patients should refrain from alcohol consumption and should consume a protein rich diet in order to avoid loss of muscle mass (sarcopenia) to develop or deepen protein-calorie malnutrition. Unfortunately, despite proper education, patients often fail to observe abstinence and stop as thy have been used to so far, which is due to lack of motivation or lack of insight into their disease. All motivated patients are offered the option of

withdrawing treatment to ward off alcohol dependency treatment at the VFN Adictological Clinic.

**Key words:** liver cirrhosis, esophageal varices, bleeding from esophageal varices, malnutrition