

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 161 To 162

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GLUCOSE TOLERANCE IN LIVER DISEASE. Hassan,R., Zuberi, S.J., Hasnain, S.N. Pakistan Journal Med. Res., 1983; 22: 79.83.

100 normal subjects and 130 cases with liver diseases were subjected to an OGTT to determine the change in pattern of glucose utilization in liver pathology. 50 patients had acute viral hepatitis, 50 were cirrhotics and 30 had liver cancer.

OG'FTT was performed after an overnight fast and after giving 50 G glucose in 200 ml water. 2cc blood samples were drawn at one hourly intervals upto 3 hours. In the controls parabolic curves were obtained with fasting and 3 hours post glucose levels to be similar and with the peak value at one hour. In the hepatitis cases, the curves were parabolic but the two and three hours post glucose levels were much higher due to slow utilization of glucose by the diseased cells. The cirrhotics displayed parabolic, hyperglycaemic and linear curves. The fasting and post glucose levels were both high due to inadequate utilization by the diseased liver cells. In the liver cancer cases, parabolic, linear and flat curves were witnessed with 63% being parabolic and 23% flat.

The liver plays a vital role in the metabolism of carbohydrates. A diseased liver affects the tissue uptake of glucose and its utilization, thus resulting in diabetes which is observed in acute viral hepatitis and cirrhosis. In liver cancer a high frequency. of fiat curves and fasting hypoglycaemia was observed which can be attributed to release of aminoacids with an insulin like effect and utilization of glucose by the tumour itself. it is therefore advisable to increase the daily intake of carbohydrates in liver cancer patients.

DISORDERS OF RENAL FUNCFION IN LWER DISEASE. Shahid, A., Qureshi, H., Zuberi, S.J. Pakistan J. Med. Res., 1983;22: 101-104.

Impairment of kidney function has been observed in cases of hepatitis and liver cirrhosis. 33 patients with hepatitis and 35 cirrhotics underwent renal function tests. The liver diagnosis was confirmed by a needle biopsy. Blood urea, serum uric acid, creatinine, calcium, inorganic phosphorus and creatin.ine clearance were determined.

Creatinine clearance was significantly impaired in most of the cases in both groups. Hypocalcaemia was found in 42% patients with hepatitis and 73.5% of the cirrhotics. Inorganic phosphorus was normal in both. 3 percent of the hepatitis cases and 17% of the cirrhosis ones had a raised blood urea and serum creatinine was high in 24% of the former and 17% of the latter group. Hyperuricaemia was determined in 13% of the hepatitis cases and 14% of the cirrhotics.

Progressive impairment of renal function occurs in advanced liver disease. Azotaemia develops insithously. A disproportionate increase in serum creatinine with a normal blood urea has been noted in cirrhotics denoting diminished urea synthesis. A markedly raised serum uric acid level reflects an abnormal urate metabolism whereas hypocalcaemia may be due to deficient intake.