



Credit for Learning

LIVER DISEASES

THE QUESTIONS

1. Acute liver failure (ALF):

- a) Occurs when the disease history does not exceed six months T F
 b) May be associated with sepsis in up to 80 per cent of cases T F
 c) Has a mortality rate of up to 80 per cent T F
 d) Is always associated with hyperglycaemia T F
 e) Is often associated with hypokalaemia T F

2. In the classification and aetiology of ALF:

- a) Patients with hyperacute liver failure tend to respond least well to medical treatment T F
 b) ALF is diagnosed when the patient develops encephalopathy 16 days after the onset of jaundice T F
 c) If caused by acute hepatitis, the severity of liver damage is best assessed by measurement of unconjugated bilirubin T F
 d) In the UK, it is most commonly caused by viral hepatitis T F
 e) Subacute liver failure may be identified in a patient who develops encephalopathy 10 weeks after the onset of jaundice T F

3. In considering the management of ALF:

- a) Circulatory changes show a different pattern to those in septic shock T F
 b) Lactic acidosis may occur T F
 c) Central venous catheterisation enables recording of pulmonary arterial wedge pressure T F
 d) Prostacyclin may beneficially affect the microcirculation in ALF T F
 e) Catheterisation of the femoral artery enables the lung water index to be monitored T F

4. In considering liver transplantation for a patient with ALF:

- a) The King's College Hospital predictive criteria differentiate between ALF following paracetamol overdose and that due to other causes T F
 b) In paracetamol-induced ALF, an arterial pH greater than 7.3 is normally regarded as a criterion T F
 c) There is little evidence that extracorporeal hepatic support offers benefit T F
 d) In non-paracetamol-induced ALF, a prothrombin time of greater than 100 seconds is normally a criterion T F
 e) The Clichy criteria include the degree of encephalopathy and serum factor V levels as major predictors T F

5. In cerebral oedema associated with ALF:

- a) Excitatory neurones swell T F
 b) Phenytoin has been shown to reduce intracranial pressure (ICP) T F
 c) Cerebral blood flow increases T F
 d) Dexamethasone can be regarded as first-line management T F
 e) Thiopentone, although effective in lowering ICP, may predispose patients to fungal infection T F

6. In renal failure associated with ALF:

- a) Over half of all patients will be affected T F
 b) Type 2 hepatorenal syndrome (HRS) is associated with a rapid rise in serum creatinine within eight days of the onset of ALF T F
 c) There is little direct evidence that acetylcysteine (IV) benefits patients with type 1 HRS T F
 d) Intermittent, rather than continuous dialysis, is more effective T F
 e) Prophylactic antibiotics tend to reduce mortality T F

7. In the management of pruritis associated with chronic liver disease (CLD):

- a) Antihistamines can be regarded as first-line management T F
 b) Anion-exchange resins may affect absorption of co-administered drugs for up to four hours T F
 c) Rifampicin has been shown to be effective in its relief T F
 d) Ondansetron 8mg IV may give relief, but only for up to two hours T F
 e) Ursodeoxycholic acid has a short-term effect T F

8. Oesophageal variceal haemorrhage:

- a) Is the major cause of portal hypertension T F
 b) Has a recurrence rate of almost 80 per cent T F
 c) Has a 50 per cent improvement in mortality when treated with vasopressin T F
 d) Can be treated with terlipressin, which has an improved side effect profile when compared with vasopressin T F
 e) There is no improvement in mortality or control of bleeding when treated with octreotide T F

9. In the management of ascites and its complications:

- a) Spironolactone generally gives a rapid diuresis T F
 b) Loop diuretics need to be started at high doses to be effective T F
 c) The ascites is said to be "diuretic resistant" when doses of spironolactone greater than 300mg are reached T F
 d) Diuretic resistant ascites has a one-year survival rate of 25–50 per cent T F
 e) Bacterial peritonitis ("septic ascites") normally responds to cefotaxime T F

10. In treating specific liver diseases:

- a) Patients with primary biliary cirrhosis may need treatment with bisphosphonates T F
 b) Tacrolimus has been used to treat autoimmune liver disease T F
 c) Interferon alfa-2b is effective in reducing serum HBV-DNA when given to patients with hepatitis B infection for six months T F
 d) Combination therapy with ribavirin and PEG interferon for at least six months has shown a response rate of 80 per cent in patients with hepatitis C T F
 e) Pentoxifylline has been used experimentally to treat alcoholic cirrhosis T F