

Clinica-Medical Image

Stigmata of Liver Disease in a Cirrhotic Patient

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Figure 1: Hands showed presence of palmar erythema involving thenar, hypothenar eminence and pulp of fingers with presence of bi-lateral Dupuytren's contracture.

Keywords

Cirrhotic; Liver disease; Spider angiomas

Clinical Image

A 50 year old male patient was referred for evaluation and management of his ethanol related chronic liver disease. Patient had a history of daily ethanol intake of 150 grams for more than 15 years. On examination patient was deeply icteric with bilateral pedal edema. Stigmata of chronic liver disease in form of spider angiomas, axillary hair loss were present. Examination of hands showed presence of palmar erythema involving thenar, hypothenar eminence and pulp of fingers with presence of bi-lateral Dupuytren's contracture (Figure1). Abdominal examination revealed tender hepatomegaly and ascites. Dupuytren Disease (DD) is a fibrosing disorder that results in progressive thickening and shortening of the palmar fascia and leads to digital contractures, particularly of the Meta-Carpophalangeal (MCP) joints or the Proximal Inter-Phalangeal (PIP) joints. This condition usually affects the fourth and fifth digits. It seems that alcoholic patients have an increased prevalence of DD. Patients with DD are usually asymptomatic, but it may interfere with use of the affected hand due to the flexion deformity usually at Meta-Carpophalangeal (MCP) or Proximal Interphalangeal (PIP) joints. Symptomatic patients may be treated with intra-lesional steroid injection or aponeurotomy. As our patient was asymptomatic for this condition, no treatment was offered.

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