

Alcoholic Liver Disease (ALD) is the result of alcohol overconsumption and includes fatty liver, alcoholic hepatitis, and chronic hepatitis with liver fibrosis or cirrhosis. It is the major cause of liver disease in Western countries. Nonalcoholic liver disease is defined as excessive fat build-up in the liver

without any clear cause such as alcohol use. In industrialized nations, a higher incidence of non-alcoholic fatty liver disease (associated with type II diabetes mellitus and obesity), is associated with a higher incidence of HCC.

Presentation

Clinical Findings of Cirrhosis

[Sign with Sx-symbol and C-roses-liver](#)

Clinical findings of cirrhosis are usually seen in HCC. These include fatigue, palmar erythema, and caput medusae.

Often Asymptomatic

[Thumbs up](#)

In early stages of the disease, HCC is often asymptomatic or mildly symptomatic with features of cirrhosis. In advanced stages unspecific complaints such as upper abdominal complaints (e.g. feeling of pressure in the upper abdomen due to liver capsule expansion), weight loss and loss of appetite can occur.

Jaundice

[Jaundice-janitor](#)

Yellowing of the skin, mucous membranes and internal organs due to hyperbilirubinemia can be seen. This manifests itself particularly early in the yellowing of the dermis (sclera) of the eyes. The yellow color is caused by the leakage of the bile pigment bilirubin from the blood into the various body tissues.

Ascites

[Ascites Iced-tea](#)

A pathological accumulation of free fluid in the peritoneal cavity, particularly an increasing rate of accumulation, is associated with the development of HCC. An enlarged waist, weight gain, flatulence, bulging abdomen and possibly an umbilical hernia can be seen.