



AUTHOR'S DETAILS:-

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Project Aims & Objectives

*To Study and Analysis of My Mother (Smt Usha Singh) Liver Cirrhosis's Condition With Post EVL; Melena Severe Anaemia & Ascites.(liver Cirrhosis Problem since 2019 – 2024.....).
*The Aim of The Study is to determine the Frequency of Pulmonary Hypertension in Patients With Cirrhosis & Portal Hypertension.(innovation).
To Determine The Possibility of an Accurate Ultrasound Diagnosis of the Characteristics of this Complication
*To Reduce Your Chance of Getting Non Alcoholic Fatty liver Disease which lead to Cirrhosis & Make Sure You Are a Healthy Balanced Diet & Exercising Regularly.(innovation).

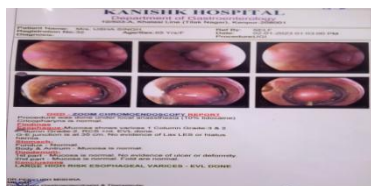
Project Background/Methods

A Various Examination Procedure (Methods) have Done During liver Cirrhosis infected Patients with Additional Disease Problem.
World Wide Prevalence of Cirrhosis is unknow

Methods:- Real Time PCR (HCV Viral Load Quantitative)
OGD:- Zoom Chromoendoscopy
Cardiac Echography(Diagnosis Portal Hypertension)
Upper Gastrointestinal Endoscopy(UGIE)
large Esophageal Varices
Endoscopic variceal ligation

Other Methods:- SGPT & SGOT Test
Serum Creatinine
URIC ACID
Bleeding & Clotting Time
Occult Blood

Charts and Figures



Analysis

***Real Time PCR Test for Hepatitis C:-** RNA Viral load done on Real Time PCR BY Using the Higher Sensitive and Specific TAQMAN Assay Method and Linear Range of the Assay is 250IU/ml-9.9 x 10⁹ IU/ml.
Conversion Factor is Taken from WHO Value Below 250 IU/ml does not exclude the Possibility of an Infection & HCV RNA Detected(my mother SMT USHA SINGH Case Report). Graphs Tables etc.
***OGD (Oesophago- Gastro- Duodenoscopy):-** ZOOM CHROMOENDOSCOPY REPORT (Smt Usha Singh Report) & Procedure Was Done Under Local Anaesthesia (10% lidocaine), Pharynx is Normal, Mucosa Shows Varices 1 Column Grade-3-2, Column Grade-2 RCS +nt EVL Done.GE Junction is at 35 cm & No Evidence of Lax LES OR Hiatus. Stomach Fundus & Mucosa is Normal. Duodenum Mucosa is Normal, NO Evidence of Ulcer or Deformity.

Results

BLEEDING TIME AND CLOTTING TIME VALVE HAVE NORMAL DURING MY MOTHER LIVER CIRRHOSIS CONDITION.
A:G Ratio have increased due to Fatty Liver Condition and TLC Value normal
Fluid Analysis blood occult test is Normal.
Widal test Positive (Salmonella Typhi O & H).

Conclusion

Semi Solid Low Salt Diet.
large high Risk Esophageal Varices- Endoscopic variceal ligation Done
EVL is Widely Used to Prevent Esophageal Variceal Bleeding in Patients With Advanced Cirrhosis.

Next Steps

Generally, liver damage from cirrhosis cannot be reversed, but treatment can stop or delay further progression and reduce complications.

A recommended diet consists of high-protein, high-fiber diet plus supplementation with branched-chain amino acids. Close follow-up is often necessary.

Acknowledgements

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