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Clinical Profile and Complication Spectrum of Chronic Liver Cell Disease (CLCD) in Anuradhapura, Sri Lanka: Insights from a Hospital-Based CLCD Registry

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Background: The Anuradhapura District is a rural district located in the North Central Province. Clinicians experience high disease burden of CLCD and its complications. However, there remains a paucity of comprehensive, region-specific data.

Objectives: A CLCD patient registry has been established at Teaching Hospital Anuradhapura (THA) to characterize the clinical profile and complication burden of patients with chronic liver disease, with particular emphasis on hepatic decompensation and readmission patterns.

Methods: This study utilizes both prospective and retrospective cohort designs. It includes newly and previously diagnosed CLCD patients admitted to the medical wards and followed up at the medical and gastroenterology clinics of THA.

Results: From April 2024 to May 2025, a total of 272 patients were evaluated. The majority were male (n = 198; 72.8%). Ninety-two patients (33.8%) were over 65 years of age. Clinical features of hepatic decompensation were present in 208 patients (76.4%). Ultrasound evidence of portal hypertension was observed in 196 patients (72%). A total of 192 patients (70.6%) had experienced two or more hospital admissions following their initial diagnosis. Hepatic encephalopathy (HE) was documented at the time of admission in 29 patients (10.7%), while 56 patients (20.6%) developed encephalopathy at some stage during their illness. At least one episode of hematemesis or evidence of upper gastrointestinal bleeding was noted in 97 patients (35.7%). Fifty-seven patients (20.9%) had at least one episode of spontaneous bacterial peritonitis.

Conclusions: Patients with cirrhosis experienced frequent complications such as portal hypertension, encephalopathy, bleeding, and infection. The high prevalence of decompensation and repeated hospitalizations in this cohort underscores the need for improved surveillance, early intervention, and comprehensive management of CLCD to reduce morbidity and healthcare impact.

Keywords: Chronic Liver Cell Disease, Hepatic Decompensation, Portal Hypertension