

Hepatology Practice in Pakistan: Physician's Perspective

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The hepatology patients in Pakistan are diversified like any other country presenting in various forms and manifestations. There is no dearth of chronic liver disease, non alcoholic fatty liver disease, acute and chronic hepatitis and even hepatocellular cancers. ¹There has been rapid advancement in hepatology practice throughout the world with introduction of novel treatments but the complexity of patients is real challenge for experienced physicians and hepatologists. The interpretation of liver function tests and assessment of the patients is a real dilemma in its own self. Sometimes even an invasive investigation like liver biopsy can't give you right answers. ²

While alcohol remains the most important cause of liver cirrhosis in the west, chronic hepatitis B and C are the most common culprits here. ³About few years ago most of emphasis was on screening the patients for both of them and then treating with interferon and ribavirin regimens for months. The novel therapies sofosbuvir and velpatasvir and the presence of very effective treatment choices have made the life of the physician very easy. Its convenient for the patients as well there is natural phobia towards injections affecting their compliance to a colossal extent. Even the hepatitis C treatment in special population like chronic kidney disease requiring hemodialysis, decompensated cirrhotics, liver transplant candidates and hepatocellular cancer patient has been revolutionized. We are following the updated guidelines of European Association for Study of Liver Diseases (EASL) when it comes to our practice though there are differences of opinions and clinical judgments. ⁴

The liver biopsy has been gold standard investigation for many liver disease be it Non Alcoholic Fatty Liver Disease, Non Alcoholic Steatohepatitis and even autoimmune hepatitis. But it is not without complications beside having inconclusive results due poor tissue samples. Things have changed with advent of non invasive investigations like FibroScan which can accurately determine the degree fibrosis and can dynamically monitor changes in liver inflammation are highly

important for the management of chronic hepatitis B (CHB) patients. ⁵

In the west gut and liver journal clubs are integral part of the training. Every week there is trainee presenting in front of experts and junior doctors and enriching the audience with the latest innovations based on the recently published literature. This not only improves the critical thinking of the doctors but also creates a healthy environment of research with the urge for searching for existing gaps in the literature. ⁴ That does reflect on the clinical practice while treating patients as well as the doctors are well equipped. The same has been the tradition in Pakistan as well where the young doctors are being mentored regularly and our trainees performing brilliantly in exam both locally and internationally. ⁵ The multidisciplinary team meetings form the corner stone of management of diseases. All the specialities are dependent on one another for the sake of advice and management of the patients. Collective wisdom is better than individual one. With evidence based medicine and abundance of hepatology experts in Pakistan such meetings are not an exception. There has been greater emphasis on following the latest trends in medical education and hepatology is no exception.

In conclusion while we have made considerable progress in hepatology, we still need some work to do. We need to have advanced fellowship training in hepatology and especially focus on liver transplant that still needs improvement and major provinces are yet to commence it. That will be a challenge but a strong will and ownership is needed..

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