

Alcohol-Related Liver Disease

Explore this section to learn more about the ways in which alcohol affects the liver and how alcohol-induced liver disease is diagnosed and treated.

Why is the liver important?

The liver is the second largest organ in your body and is located under your rib cage on the right side. It weighs about three pounds and is shaped like a football that is flat on one side.

The liver performs many jobs in your body. It processes what you eat and drink into energy and nutrients your body can use. The liver also removes harmful substances from your blood.

How does alcohol affect the liver?

Alcohol can damage or destroy liver cells.

The liver breaks down alcohol so it can be removed from your body. Your liver can become injured or seriously damaged if you drink more alcohol than it can process.

What are the different types of alcohol-related liver disease?

There are three main types of alcohol-related liver disease: fatty liver disease, alcoholic hepatitis, and alcoholic cirrhosis.

Fatty liver disease

Fatty liver disease is the build up of extra fat in liver cells. It is the earliest stage of alcohol-related liver disease. There are usually no symptoms. If symptoms do occur, they may include fatigue, weakness, and weight loss. Almost all heavy drinkers have fatty liver disease. However, if they stop drinking, fatty liver disease will usually go away.

Alcoholic hepatitis

Alcoholic hepatitis causes the liver to swell and become damaged. Symptoms may include loss of appetite, nausea, vomiting, abdominal pain, fever and jaundice. Up to 35 percent of heavy drinkers develop alcoholic hepatitis.

Alcoholic hepatitis can be mild or severe. If it is mild, liver damage may be reversed. If it is severe, it may occur suddenly and quickly lead to serious complications including liver failure and death.

Alcoholic cirrhosis

Alcoholic cirrhosis is the scarring of the liver -- hard scar tissue replaces soft healthy tissue. It is the most serious type of alcohol-related liver disease. Symptoms of cirrhosis are similar to those of alcoholic hepatitis. Between 10 and 20 percent of heavy drinkers develop cirrhosis. The damage from cirrhosis cannot be reversed and can cause liver failure. Not drinking alcohol can help prevent further damage.

How does alcohol-related liver disease progress?

Many heavy drinkers will progress from fatty liver disease to alcoholic hepatitis to alcoholic cirrhosis over time. However, some heavy drinkers may develop cirrhosis without having alcoholic hepatitis first. Others may have alcoholic hepatitis but never have symptoms.

Heavy drinkers who also have a chronic liver disease such as hepatitis C are at high risk for developing cirrhosis.

What are the complications of alcohol-related liver disease?

Complications from alcohol-related liver disease usually occur after years of heavy drinking. The complications can be serious.

They may include:

- build up of fluid in the abdomen
- bleeding from veins in the esophagus or stomach
- enlarged spleen
- high blood pressure in the liver
- brain disorders and coma
- kidney failure
- liver cancer

How is alcohol-related liver disease diagnosed?

Alcohol-related liver disease may be suspected based on medical conditions related to alcohol abuse. Blood tests may be used to rule out other liver diseases. Your doctor also may need to do a liver biopsy. During a biopsy, a small piece of liver tissue is removed and studied in the lab.

How is alcohol-related liver disease treated?

Treatment for alcohol-related liver disease requires a healthy diet including avoiding alcohol. Your doctor may suggest changes in your diet to help your liver recover from the alcohol-related damage. Treatment may require you to participate in an alcohol recovery program. Medications may be needed to manage the complications caused by your liver damage. In advance cases of alcoholic cirrhosis, a liver transplant may be needed. Those with alcohol-related liver disease need to stop drinking alcohol to be considered for a liver transplant.