



## Treatment for Liver Damage in New-Born Infants with Intestinal Obstruction

Hethus Manns\*

Department of Hepatology and Endocrinology, Beni Suef University, Beni Suef, Egypt

### DESCRIPTION

Liver damage in new-born infants is a serious condition that can affect the normal functioning of the liver and cause various complications. It can be caused by different factors, such as infections, metabolic disorders, immune reactions, or genetic defects. This is the yellow discoloration of the skin and the whites of the eyes due to the accumulation of bilirubin, a yellow pigment that is produced when red blood cells break down. Bilirubin is normally eliminated by the liver, but when the liver is damaged, it builds up in the blood and tissues. Jaundice is a common condition in new-borns, especially those born before 38 weeks of gestation (preterm babies) and some breast-fed babies. However, if jaundice persists beyond two weeks of age or is very severe, it may indicate liver damage or an underlying disease. The color of the stools depends on the amount of bile, a greenish fluid that is produced by the liver and helps digest fats. When the liver is damaged, bile production or flow may be impaired, resulting in pale or clay-colored stools. Pale stools may also be caused by other conditions, such as intestinal obstruction or malabsorption.

When infants are born with liver disease or develop liver problems soon after birth, the liver may become inflamed and swollen. This can be felt as a hard lump in the upper abdomen during a physical examination. An enlarged liver may also cause abdominal distension or discomfort. The color of the urine depends on the amount of urobilinogen, a substance that is formed when bilirubin is broken down by bacteria in the intestines. Urobilinogen is normally excreted by the kidneys, but when the liver is damaged, more bilirubin enters the bloodstream and less urobilinogen is produced. This results in dark or brown urine. Dark urine may also be caused by dehydration or certain medications. Depending on the cause and severity of liver damage, new-born infants may also experience other symptoms, such as poor feeding, weight loss, low blood sugar, bleeding problems, high-pitched cries, lethargy, or seizures. These symptoms may indicate severe jaundice or complications from excess bilirubin, such as brain damage.

The diagnosis of liver damage in new-born infants requires a thorough medical history, physical examination, and laboratory tests. Some of the tests that may be performed are blood tests which include measuring the levels of bilirubin, liver enzymes, blood clotting factors, blood sugar, electrolytes, and ammonia. It can also detect infections, metabolic disorders, or genetic defects that may cause liver damage. Urine tests include measuring the levels of urobilinogen and bilirubin in the urine. Urine tests can also detect infections or metabolic disorders that may cause liver damage. Imaging tests include ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), or nuclear medicine scans. Imaging tests can show the size, shape, and structure of the liver and detect any abnormalities or obstructions. Liver biopsy involves taking a small sample of liver tissue with a needle and examining it under a microscope. Liver biopsy can confirm the diagnosis and determine the extent and type of liver damage.

The treatment of liver damage in new-born infants depends on the cause and severity of the condition. Liver transplantation involves replacing the damaged liver with a healthy one from a donor. Liver transplantation may be considered for new-born infants with irreversible or life-threatening liver damage that does not respond to other treatments. Liver damage in new-born infants is a rare but serious condition that requires prompt diagnosis and treatment. Early detection and intervention can improve the outcome and prevent complications.

### CONCLUSION

Some of the causes of liver damage in new-born infants can be prevented or detected early by prenatal screening, genetic testing, or newborn screening. For example, gestational allo-immune liver disease can be prevented by giving intravenous immunoglobulin to pregnant women who have antibodies against their baby's liver cells. Galactosemia can be detected by newborn screening and treated by avoiding lactose in the diet. Herpes simplex virus infection can be prevented by treating pregnant women who have genital herpes with antiviral drugs.

**Correspondence to:** Hethus Manns, Department of Hepatology and Endocrinology, Beni Suef University, Beni Suef, Egypt, E-mail: manns@sue.com

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The prognosis of liver damage in new-born infants depends on the cause, severity, and response to treatment. Some infants may recover completely or partially from liver damage, while others may develop chronic liver disease, cirrhosis, or liver failure.

Some infants may require liver transplantation to survive. The overall survival rate of new-born infants with ALF is reported to be around 50%, but it varies according to the etiology and availability of transplantation.