ABSTRACT

Chronic liver disease is one of the important leading causes of morbidity and mortality across the globe as well as in south-east Asian countries including India. There are many known and unknown factors playing a crucial role in causation of CLD and of them notable causative factors were alcohol, viral hepatitis in which hepatitis B infection significantly affected a larger population in the past decades. However, after the post-vaccination hepatitis B vaccination, this scenario was dramatically changed placing alcohol, non-alcoholic steatohepatitis (NASH), hepatitis C infection as one of the leading causes of CLD in current clinical practice. Owing to the rapid development of newer diagnostic techniques the prognosis of the disease as well as precision in its diagnosis were gaining its importance in the management of patients with chronic CLD. Despite, increase in the alcohol consumption and incidence of other viral hepatitis (hepatitis C) have lead to the development of progressive cirrhosis and portal hypertension. Henceforth, to diagnose portal hypertension at an early stage as well as preventing the complications is of paramount importance and need of hour. Several invasive and non-invasive diagnostic tools were used in the diagnosis of CLD and among those technique, serum liver bio-markers, fibroscan in association with Child Pugh Turcott score and other prognostic scoring indices remarkably glorify the favorable outcomes in patients with liver

diseases. In this review, a newer bio-marker, RDW in association with Child Pugh Score may become a promising investigatory tool in treating as well as predicting the outcome of the patient suffering from liver pathology. In the purview of portal hypertension, RDW proves its ability in adequately predicting the prognosis and showed an eminent association in regard to severity of CPT score. Thus, RDW in association with Child Pugh Score may prove as a tool of diagnostic as well as prognostic significance in patients with portal hypertension.