

## LETTER TO THE EDITOR

(J Bangladesh Coll Phys Surg 2018; 36: 135)

To  
Editor-in-chief  
Journal of Bangladesh College of Physicians & Surgeons  
Mohakhali, Dhaka

Dear Sir,

I would like to thank you for publishing the article **‘Minimal Hepatic Encephalopathy is an under Recognized Entity in Clinical Practice of Bangladeshi Physician** ‘in your prestigious journal (Vol.36.No 2, April 2018). I have gone through this original article and highly appreciate the authors for their interesting findings on Minimal Hepatic Encephalopathy(MHE). I would like to share some of my observations and comments regarding this article.

Minimal hepatic encephalopathy (MHE) is the earliest form of hepatic encephalopathy and can affect up to 80% of patients with liver cirrhosis without overt hepatic encephalopathy<sup>1</sup>. By definition, MHE is characterized by cognitive function impairment in the domains of attention, vigilance and integrative function, but obvious clinical manifestation are lacking<sup>2</sup>. Though the prevalence of Minimal Hepatic Encephalopathy in cirrhotic patient is high but awareness regarding MHE is yet unsatisfactory. The preserved communication skills and lack of specific signs and insight make MHE difficult to diagnose. The predominant strategies for MHE diagnosis are psychometric or neurophysiological testing<sup>3</sup>, which were used in this study.

The following points of the study interested me-

- This is the first study in Bangladesh to find out the normative value for psychometric test (which varies from country to country) and see the prevalence of Minimal Hepatic Encephalopathy in cirrhotic patient.
- The ethical issues and methodology were clearly written, so anyone (may not be specialized in this field) can understand easily.
- Without doing any expensive investigations, like EEG or MRI brain, this earliest manifestation of hepatic encephalopathy can be diagnosed by psychometric tests- this is very important information of this article.
- In different study it was shown that prevalence of minimal hepatic encephalopathy is <15% in Child

Pugh A class and it is >50% in Child Pugh B//C class<sup>4</sup>. In the current study prevalence MHE in Child Pugh A class is 27% and it was about 72% in Child Pugh B & C which is concordant with other studies.

Overall, I think this original article was innovative & informative. More studies are required to find out appropriate management strategies of MHE. So that, early diagnosis & management can save the patients of MHE from developing overt hepatic encephalopathy. Thus they can enjoy improved quality of life. Finally, I would like to thank the authors for their hard work.

**Dr. Homayra Tahseen Hossain**

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### References:

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With thanks

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