GHAPP
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Inpatient Management of Liver Disease

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10 Elements of Cirrhosis Management

Prognosis – CTP and MELD scores
Origin – identify and Rx the etiology
Rehabilitation – substance abuse Tx
Transplant triage
Ascites management
Lung and heart problems
Variceal bleed prevention
Encephalopathy management
Infection prevention
Neoplasia screening
Case Study #1

- 49 yo female with hx of ETOH cirrhosis, cirrhosis complicated by EVB requiring banding and refractory ascites
  - Medications: furosemide 80mg/d, spironolactone 200mg/d, propranolol 40mg/d, pantoprazole 40mg/d
- Symptoms: lethargy, AMS, and AKI; chart mentions questionable history of bipolar disease
- Which tests/labs should be offered?
Results of Tests/Labs

- Results:
  - WBC 12.7; ANC (10.3^3); Hgb 8.7; Plt 98
  - Na 131; K 4.8; Glu 119; CO2 22; Cr 1.9; BUN 30
  - Bili 7.9 (direct 3.9); Albumin 4.1; ALT 26; AST 47
  - Chol 60, Iron sat 96.8%
  - INR 2.1

- Top differential diagnoses?
- Any further workup necessary?
- What is the diagnosis?
Diagnosis

- Decompensated cirrhosis complicated by SBP resulting in HRS-CKD
- Management options for this patient?
Treatment Options

• Options?
  – Strategies to reverse of HRS
  – Progression to HRS-AKI

• Barriers to Liver Transplantation?
  – Tobacco use
  – ? Bipolar disorder

• Other Considerations?
Case Study #2

- 65 yo male with hx of HCV cirrhosis (SVR 2015); complicated by HE (on lactulose)
  - Small varices and portal gastropathy on previous EGD

- Presenting Symptoms:
  - Brought to ED for increased confusion. Daughter states patient had not been answering his phone, and she found him oriented but confused and saying strange things, with more twitching/shaking of his hands than normal

- Which tests/labs should be offered?
Results of Tests/Labs

- Results:
  - CT head neg
  - CXR neg
  - Labs: INR 1.8, WBC 5.8, Hgb 12, Plt 43, Na 145, Cr 1.32, ammonia 80, bili 2.0 (direct 0.7), Albumin 2.7, ALT 53, AST 68

- HE not improving with optimization of lactulose and addition of rifaximin

- Is any further workup necessary?

- What is the diagnosis?
Diagnosis

- Decompensated Cirrhosis with Refractory HE
  - US showed patent portal vein demonstrating hepatopedal flow. The vessel itself is diminutive, and a small amount of nonocclusive thrombus was not excluded
  - CTA showed sequelae of portal hypertension including splenomegaly and multiple upper abdominal collateral vessels

- Management options are available for this patient?
Treatment Options

• Options:
  – What now?

• Considerations
  – Adherence
  – Social issues: lives alone
  – Other

• What follow-up is necessary?
Patient Follow-Up

• Patient Care
  – Short-term plan
    • Timing including additional labs, procedures, clinic visits
  – Long-term plan
    • Does the patient stay with you? If so, for how long?
    • Do you release back to PCP? If so, for how long?
Q&A