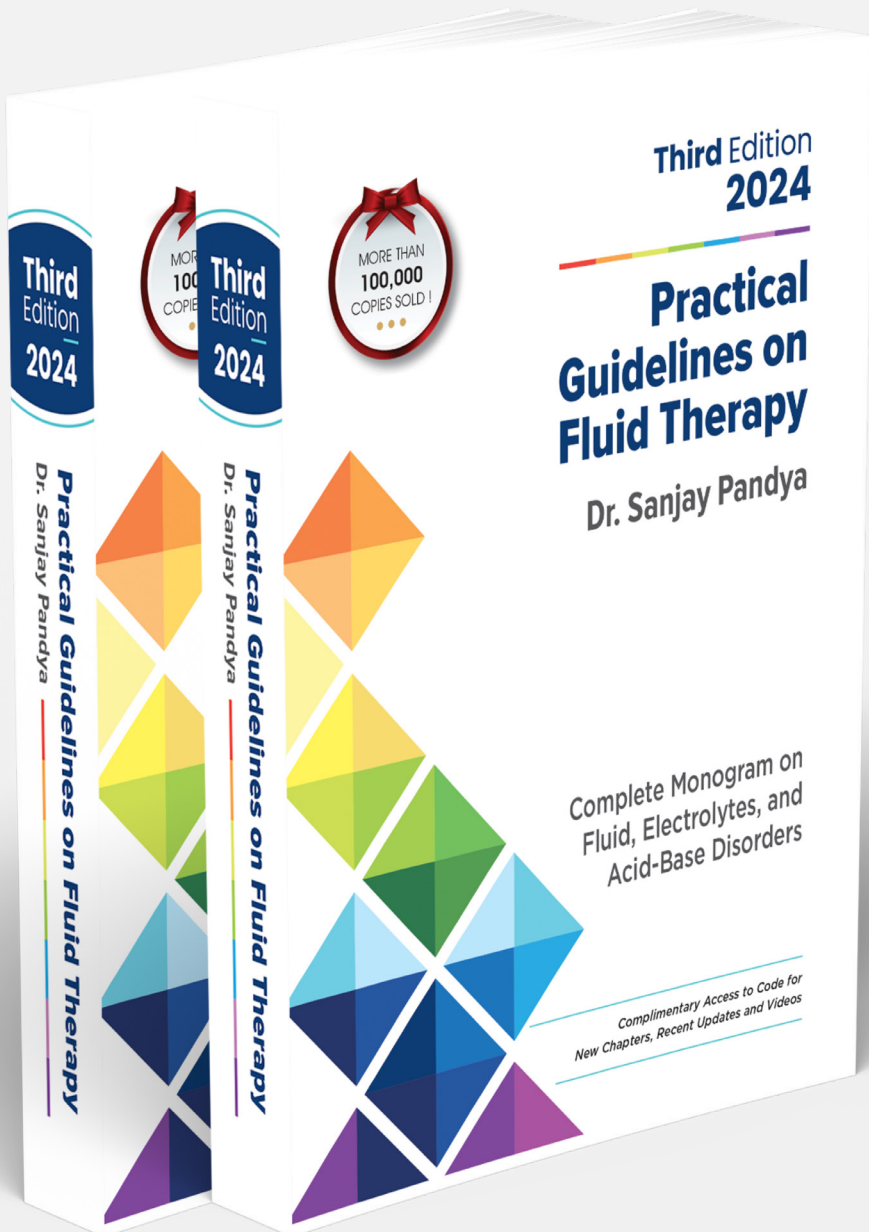




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Chapter 37: Hepatorenal Syndrome



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Kidney failure is the most frequent organ failure in patients with acute or chronic liver disease, with a frequency of 20–50% in hospitalized cirrhotic patients [1–3].

Hepatorenal syndrome (HRS) is a life-threatening complication and one of many causes of acute kidney injury in patients with acute or chronic liver disease. HRS frequently occurs in hospitalized patients and is associated with a high mortality rate (about 32 to 37%) [4–6], readmission rate (about 23%) [5], hospital and health care costs [6, 7], and longer stay in hospital [4].

The most common precipitating factors of HRS are gastrointestinal bleeding, large volume paracentesis, diuretics, non-steroidal anti-inflammatory drugs (NSAIDs), spontaneous bacterial peritonitis, and other infections [5, 8].

DEFINITIONS AND TYPES OF HEPATORENAL SYNDROME

Hepatorenal syndrome is a specific cause of acute kidney injury (AKI) frequently encountered in advanced cirrhosis characterized by rapidly progressive renal failure, which occurs without apparent pathologic abnormalities in the kidneys [9].

Hepatorenal syndrome is traditionally classified into Type 1 and Type 2 HRS based on the severity of diseases reflected by the rapidity of decline in kidney function [10]. Type 1 (HRS-1) is a serious form of AKI that occurs in advanced cirrhosis with ascites.

Type 1 HRS is characterized by a rapid and progressive reduction in renal function (a 2-fold increase of serum

creatinine to at least 2.5 mg/dL or a decrease of creatinine clearance by 50% to less than 20 mL/min within 2 weeks) [11], and has a poor prognosis (median survival only 8 to 12 weeks) [12]. Type 2 HRS is a less severe form of kidney

function impairment that is slowly progressive and clinically characterized by ascites resistant to diuretics [11] and has a median survival of about 6 months [12].

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