肝腎症候群

Hepatorenal syndrome

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主題：Hepatorenal Syndrome

大綱：

- Introduction
- Serum Cr Overestimates GFR in Cirrhosis
- Pathophysiology and Pathogenesis
- Incidence, Precipitating Factors, and Prognosis
- Diagnostic Approach
- Management
- Prevention
- Conclusions

摘要：

　　A feature of liver cirrhosis is the existence of disturbances in systemic circulation characterized by marked arterial vasodilation that occurs principally in the splanchnic circulation and generates a reduction in total peripheral vascular resistance and arterial pressure and a secondary increase in cardiac output. These abnormalities are central to the development of several major complications of cirrhosis, such as hepatorenal syndrome, ascites, spontaneous bacterial peritonitis, dilutional hyponatremia, and hepatopulmonary syndrome. Renal failure is the most clinical relevant of these conditions as its appearance generally indicates very poor prognosis.

　　Renal failure is common in critical ill patients with cirrhosis, and its occurrence is associated with an extremely high mortality rate. Renal failure is often multifactorial and can present as pre-renal or intrinsic renal dysfunction. Obstructive or post renal dysfunction only rarely complicates liver disease. Hepatorenal syndrome (HRS) is a unique form of renal failure associated with advanced liver disease or cirrhosis, and is characterized by functional renal impairment without significant changes in renal histology. Irrespective of the type of renal failure, renal hypoperfusion is the central pathogenetic mechanism, due either to reduced perfusion pressure or increased renal vascular resistance. Volume expansion, avoidance of precipitating factors and treatment of underlying liver disease constitute the mainstay of therapy to prevent and reverse renal impairment. Splanchnic vasoconstrictor agents, such as terlipressin, along with volume expansion, and early placement of transjugular

intrahepatic portosystemic shunt (TIPS) may be effective in improving renal function in HRS. Molecular absorbent recirculating system (MARS) in selected patients may be life saving while awaiting liver transplantation.

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