



GHAPP

Gastroenterology & Hepatology
Advanced Practice Providers

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Inpatient Management of Liver Disease

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No financial relationships to disclose.

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 (10.3³); 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

- Decomcompensated 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?



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Q&A