



Síndrome Hepato-renal (AKI-SHR): novedades en el diagnóstico y manejo

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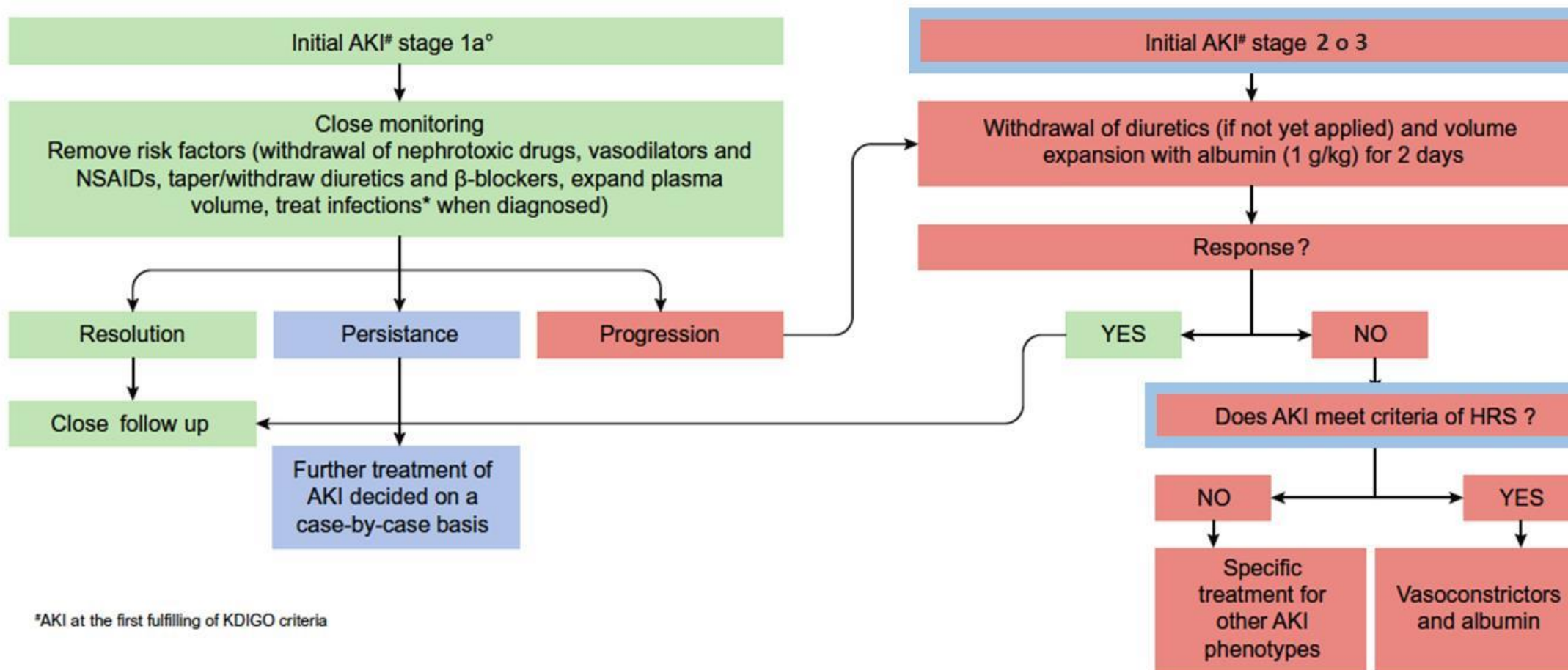
Definición AKI en cirrosis

Table 2. International Club of Ascites (ICA-AKI) new definitions for the diagnosis and management of AKI in patients with cirrhosis.

Subject	Definition		
Baseline sCr	A value of sCr obtained in the previous 3 months, when available, can be used as baseline sCr. In patients with more than one value within the previous 3 months, the value closest to the admission time to the hospital should be used. In patients without a previous sCr value, the sCr on admission should be used as baseline.		
Definition of AKI	<ul style="list-style-type: none"> • Increase in sCr ≥ 0.3 mg/dl (≥ 26.5 $\mu\text{mol/L}$) within 48 hours; or, • A percentage increase sCr $\geq 50\%$ from baseline which is known, or presumed, to have occurred within the prior 7 days 		
Staging of AKI	<ul style="list-style-type: none"> • Stage 1: increase in sCr ≥ 0.3 mg/dl (26.5 $\mu\text{mol/L}$) or an increase in sCr ≥ 1.5-fold to 2-fold from baseline • Stage 2: increase in sCr >2-fold to 3-fold from baseline • Stage 3: increase of sCr >3-fold from baseline or sCr ≥ 4.0 mg/dl (353.6 $\mu\text{mol/L}$) with an acute increase ≥ 0.3 mg/dl (26.5 $\mu\text{mol/L}$) or initiation of renal replacement therapy 		
Progression of AKI	<p>Progression Progression of AKI to a higher stage and/or need for RRT</p> <p>Regression Regression of AKI to a lower stage</p>		
Response to treatment	<p>No response No regression of AKI</p>	<p>Partial response Regression of AKI stage with a reduction of sCr to ≥ 0.3 mg/dl (26.5 $\mu\text{mol/L}$) above the baseline value</p>	<p>Full response Return of sCr to a value within 0.3 mg/dl (26.5 $\mu\text{mol/L}$) of the baseline value</p>

2 valores creatinina

AKI, acute kidney injury; RRT, renal replacement therapy; sCr, serum creatinine.



*AKI at the first fulfilling of KDIGO criteria

Phenotypes of AKI in patients with cirrhosis and ascites

SHR vs NTA

Diagnóstico SHR

- **No existe**

Table 5. New Hepatorenal syndrome diagnostic criteria

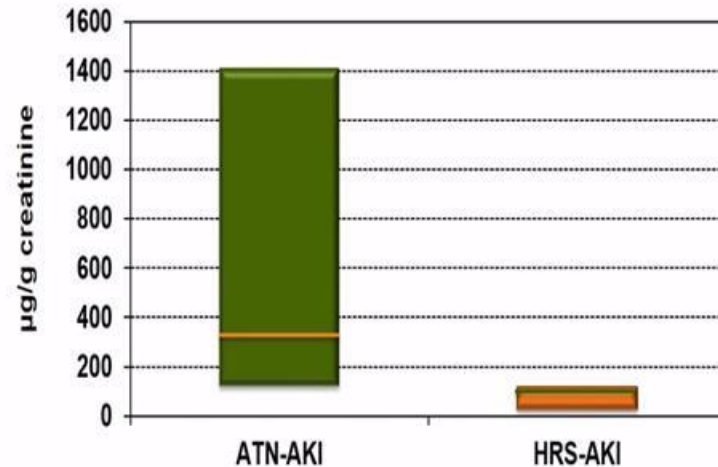
1. Diagnosis of cirrhosis and ascites / FHF o HepOH grave
2. Diagnosis of acute renal failure (AKI) according to the AKI-IAC criteria **NO INCLUYE VALOR DE CORTE PARA CREATININA**
3. No response after 2 days. Suspend diuretics, plasma expansion with 1g/k/day Albumin
4. No shock
5. No current or recent treatment with nephrotoxic agents. (NSAIDs, aminoglycosides, iodinated contrast)
6. Absence of parenchymal renal disease (proteinuria > 500 mg/24 hours, microhematuria > 50 GR per field, abnormal renal ultrasound)



Aún cumpliendo estos
criterios
puede existir daño tubular

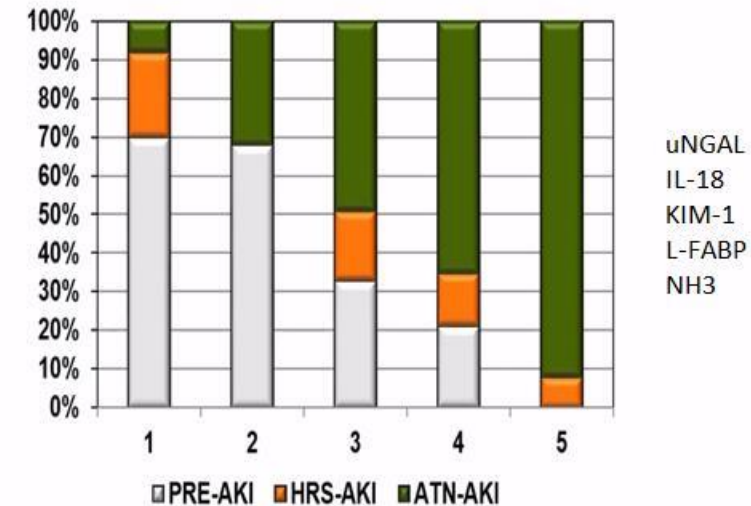
Biomarcadores de daño parenquimatoso renal

Urinary NGAL values in patients with cirrhosis and hepatorenal syndrome (HRS-), and acute tubular necrosis- (ATN-) AKI



P. Huelin et al. J. Hepatol. 2017 ; 66 : S10-S11 (Abstract).

Percentage of patients with prerenal- (PRE-), hepatorenal syndrome (HRS-), and acute tubular necrosis- (ATN-) AKI by the number of biomarkers of structural injury above their optimal cutoff for the diagnosis of ATN

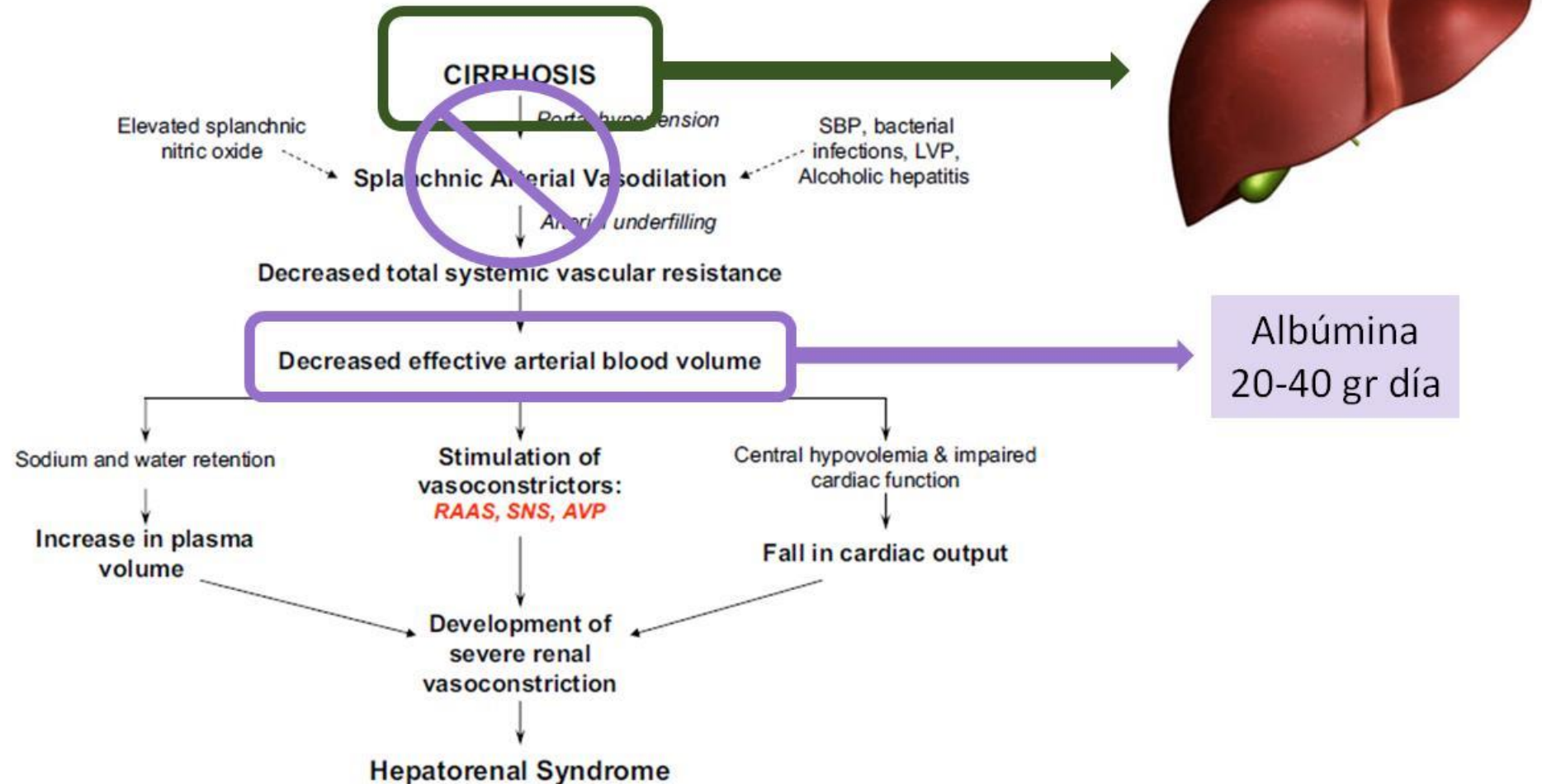


JM. Belcher et al. Hepatology 2014 ; 60 : 622-632

Limitaciones: Acceso

Overlap de valores entre distintas etiologías de AKI
AKI-SHR puramente funcional???

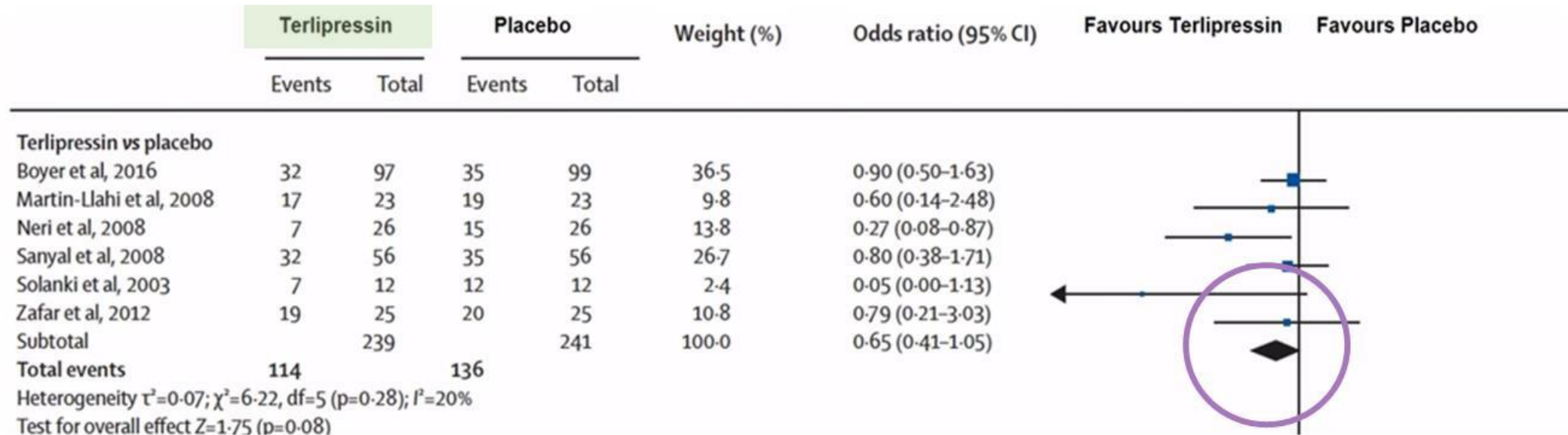
Tratamiento



Tratamiento

- Vasoconstrictores:

TERLIPRESINA: 0.5 - 2 mg c/ 4 a 6 hr iv + albúmina



A. Facciorusso et al. *Lancet Gastroenterol. Hepatol.* : 2017 ; 2 : 94-102.

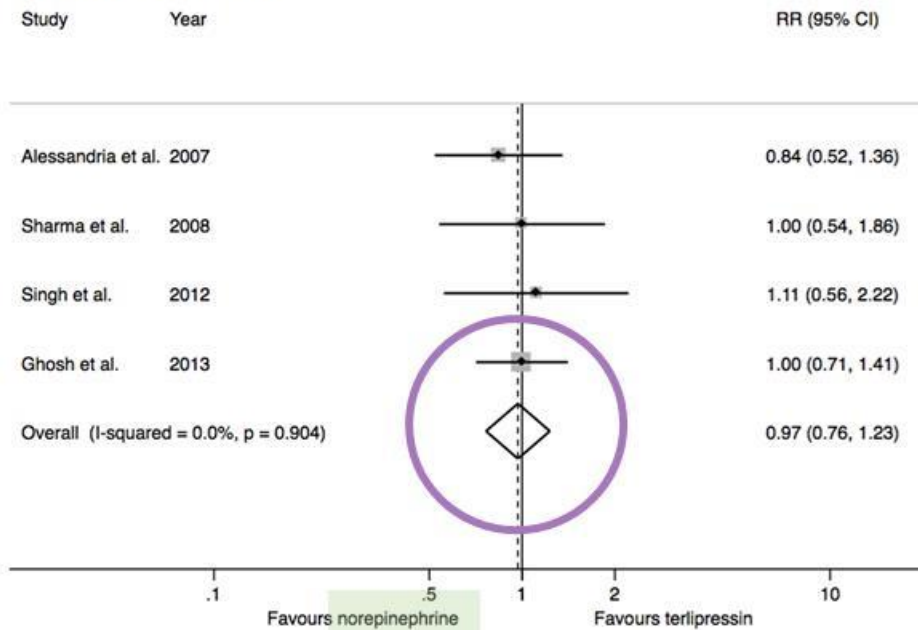
Nassar Junior AP (2014) Terlipressin versus Norepinephrine in the Treatment of Hepatorenal Syndrome: A Systematic Review and Meta-Analysis

Tratamiento

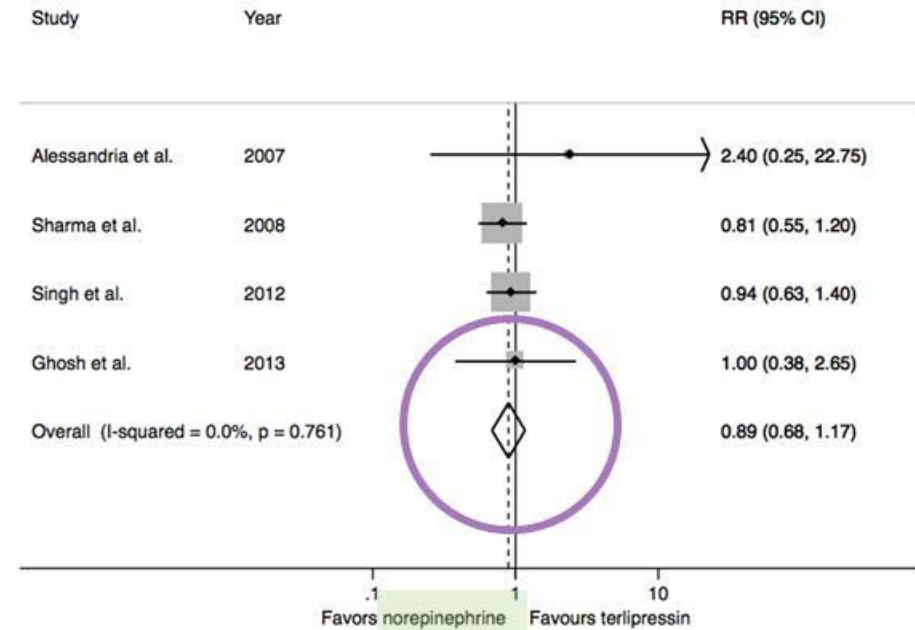
- Vasoconstrictores:

EFFECTIVIDAD: TERLIPRESINA = NORADRENALINA

Reversión SHR



Mortalidad 30 días



A. Facciorusso et al. *Lancet Gastroenterol. Hepatol.* : 2017 ; 2 : 94-102.

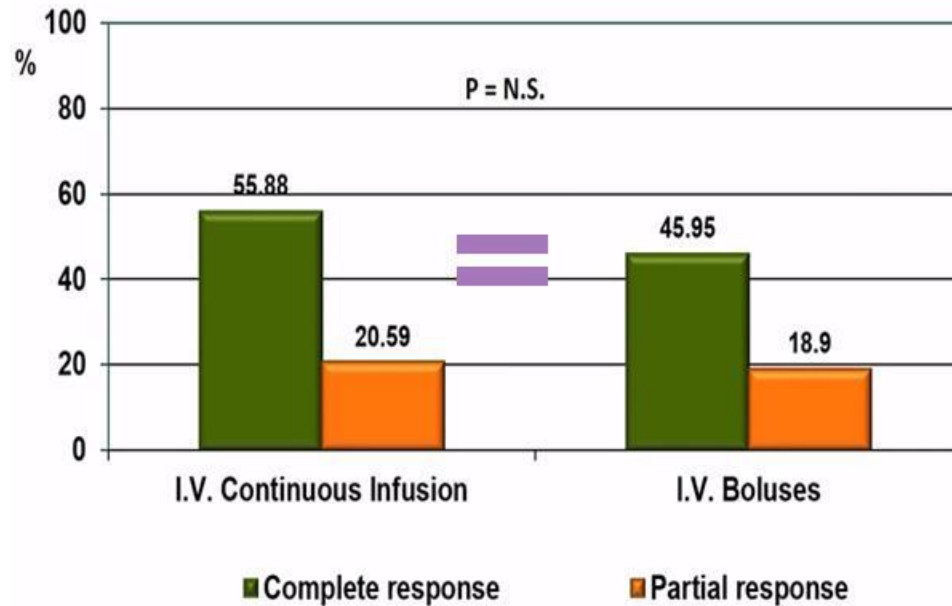
Nassar Junior AP (2014) Terlipressin versus Norepinephrine in the Treatment of Hepatorenal Syndrome: A Systematic Review and Meta-Analysis

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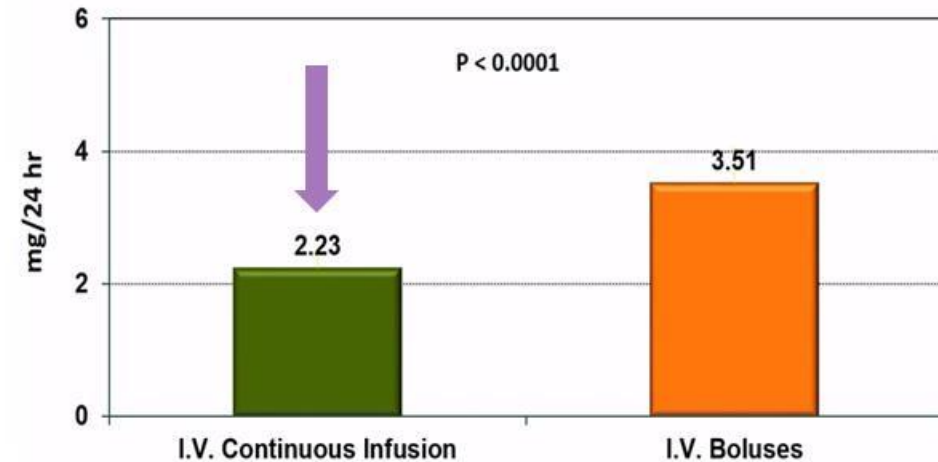
- Vasoconstrictores:

INFUSION CONTINUA > TERLIPRESINA: DISMINUCIÓN DOSIS Y RAM

Rate of response in patients with type 1 HRS according to the schedule of i.v. administration of terlipressin



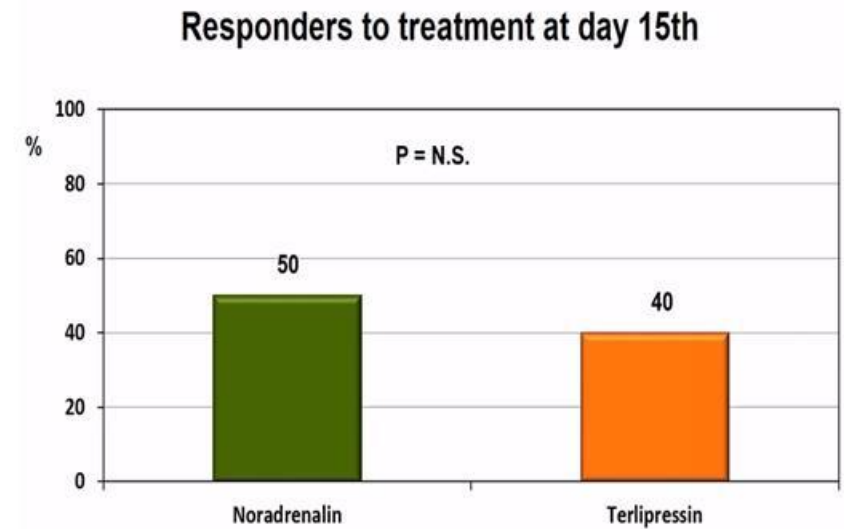
Mean effective daily dose of terlipressin according to its schedule of i.v. administration



Respuesta al tratamiento

- Ajuste vasoconstrictor (aumento terlipresina) al 3er día si creatinina no disminuye $> 25\%$ del valor inicial
- Mantener el tratamiento hasta lograr respuesta completa o por un máximo de 14 días

Respuesta completa	crea < 0.3 mg/dl basal
Respuesta parcial	crea < 1.5 mg pero > 0.3 mg/dl basal

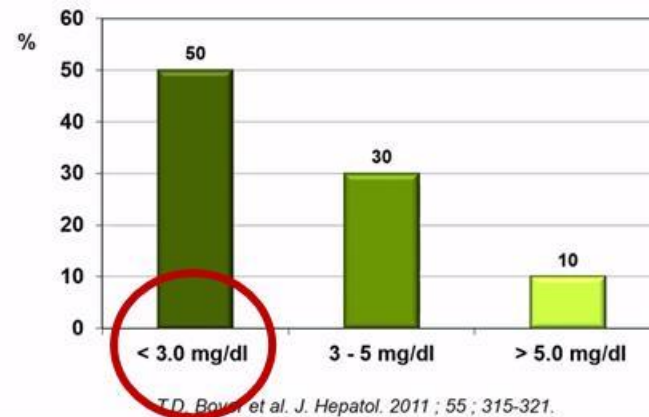


P. Sharma et al. Am. J. Gastroenterol. 2008 ; 103:1689-1697

Pronóstico

- Predictores respuesta al tratamiento

Response to treatment according to the baseline serum creatinine value



Grado de inflamación sistémica

- ACFL 1 > 2 > 3

Función hepática BT < 10 mg/dl

Aumento PAM > 5 mmHg

RESPONDEDORES 50% (sobrevida 3 meses 50%)
ENLISTAR PARA TRASPLANTE HEPATICO



Gracias!!