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Study of the role of Terlipressin in the treatment of Hepatorenal syndrome

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Background: Hepatorenal syndrome (HRS) is the development of progressive renal failure in patients with advanced chronic liver disease, occasionally fulminant hepatitis, who have marked circulatory dysfunction, the definitive treatment for Hepatorenal syndrome is Liver transplantation, and all other therapies can best be described as bridges to transplantation. Systemic vasoconstrictors are the most promising pharmacologic agents in the management of HRS.

Objectives: The aim of the work was to evaluate the precipitative factors in cirrhotic patients who developed Hepatorenal syndrome and to evaluate the role of Terlipressin in the treatment of Hepatorenal syndrome (type 2)

Patients and Methods: the study was conducted on 40 cirrhotic patients with Hepatorenal syndrome (type II), randomized into two groups: Group I consisted of 20 patients who were given Terlipressin, 1mg/8h, intravenous infusion (3mg/day) for 7days, in additional to conventional treatment of Hepatorenal syndrome (intra venous albumin 1g/kg/day up to 100gm/day).Group II consisted of 20 patients who were given only conventional treatment of Hepatorenal syndrome (intra venous albumin) and was considered as a control group. All patients were subjected to the following: Detailed history taking and proper clinical examination.

- Arterial blood pressure and urine output
- Laboratory investigations (complete urine analysis, complete blood count, liver function tests (ALT, AST, serum albumin, prothrombin time and activity, serum bilirubin (total and direct), renal function tests (blood urea and serum creatinine), serum Na, K, Urinary Na and ascitic fluid analysis
- Ultrasound examination of abdomen

Blood urea and serum creatinine, serum Na, K, Urinary Na were re-evaluated after 7 days of treatment.

Results: The result of the present study showed that few patients had evident precipitating factors for HRS including hematemesis in three patients and spontaneous bacterial peritonitis in one patient. After follow up for 7days renal function improved in patients with Terlipressin treatment (fall in serum creatinine below 1,5 mg\dl), there was no change in renal functions in control group. There were no ischemic side effects in patients with Terlipressin treatment.

Conclusions: Terlipressin improves renal functions in patients with Hepatorenal syndrome (type 2).The use of Terlipressin as a therapeutic option in patients with Hepatorenal syndrome was not associated with significant short term adverse effects. Most of patients with type 2 Hepatorenal syndrome have no identifiable precipitative factors.

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