

Liver Disease for the JMO

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Talking the Talk

Child Pugh Score

MELD Score

Maddreys Score

Lille Score

Variceal Bleeding

Assess hemodynamics

Inform gastro on call

Transfuse: Aim Hb 70-80

Terlipressin or Octreotide

Ceftriaxone 1g daily

PPI therapy

NBM

Charting Terlipressin and Octreotide

1 terlipressin (base) 1.7 mg intravenously, 4-hourly. Reduce the dose (to 0.85 mg) and/or the frequency (to 6-hourly) once bleeding is controlled. Administer for up to 5 days [\[Note 4\]](#)



OR

2 octreotide 50 micrograms by intravenous injection, followed by 50 micrograms per hour by continuous intravenous infusion for up to 5 days.



NS	10ml	Octreotide 50 microg	3-5 min	IV	M	12/10/19
						0520
NS	500ml	Octreotide 500 microg	25- 50ml/h	IV	M	12/10/19
						0525

IVF in Cirrhotics



No salt I hear?



Which one should I use?

Rank from Most to
Least amount of
Na Content

A. Normal Saline

B. 4% and a $\frac{1}{5}$ Normal Saline

C. 5% glucose

D. Hartmanns

E. Lactated Ringers

IVF In Cirrhosis

Content	Plasma	Sodium chloride 0.9%*	Sodium chloride 0.18%/ 4% glucose ^a	0.45% NaCl/ 4% glucose ^a	5% glucose ^a	Hartmann's	Lactated Ringer's (USP)
Na ⁺ (mmol/l)	135–145	154	31	77	0	131	130
Cl ⁻ (mmol/l)	95–105	154	31	77	0	111	109
[Na ⁺]:[Cl ⁻] ratio	1.28–1.45:1	1:1	1:1	1:1	-	1.18:1	1.19:1
K ⁺ (mmol/l)	3.5–5.3	*	*	*	*	5	4
HCO ₃ ⁻ / Bicarbonate	24–32	0	0	0	0	29 (lactate)	28 (lactate)
Ca ²⁺ (mmol/l)	2.2–2.6	0	0	0	0	2	1.4
Mg ²⁺ (mmol/l)	0.8–1.2	0		0		0	0
Glucose (mmol/ l)	3.5–5.5	0	222 (40 g)	222 (40 g)	278 (50 g)	0	0
pH	7.35–7.45	4.5–7.0	4.5		3.5–5.5	5.0–7.0	6–7.5
Osmolarity (mOsm/l)	275–295	308	284		278	278	273

SBP

1 ceftriaxone 2 g (child 1 month or older: 50 mg/kg up to 2 g) intravenously, daily



OR

1 cefotaxime 2 g (child: 50 mg/kg up to 2 g) intravenously, 8-hourly.



albumin 20%, 1.5 g/kg (7.5 mL/kg) intravenously, within 6 hours of diagnosis and 1 g/kg (5 mL/kg) intravenously, as a single dose on day 3.

Trouble Shooting Ascitic Drains

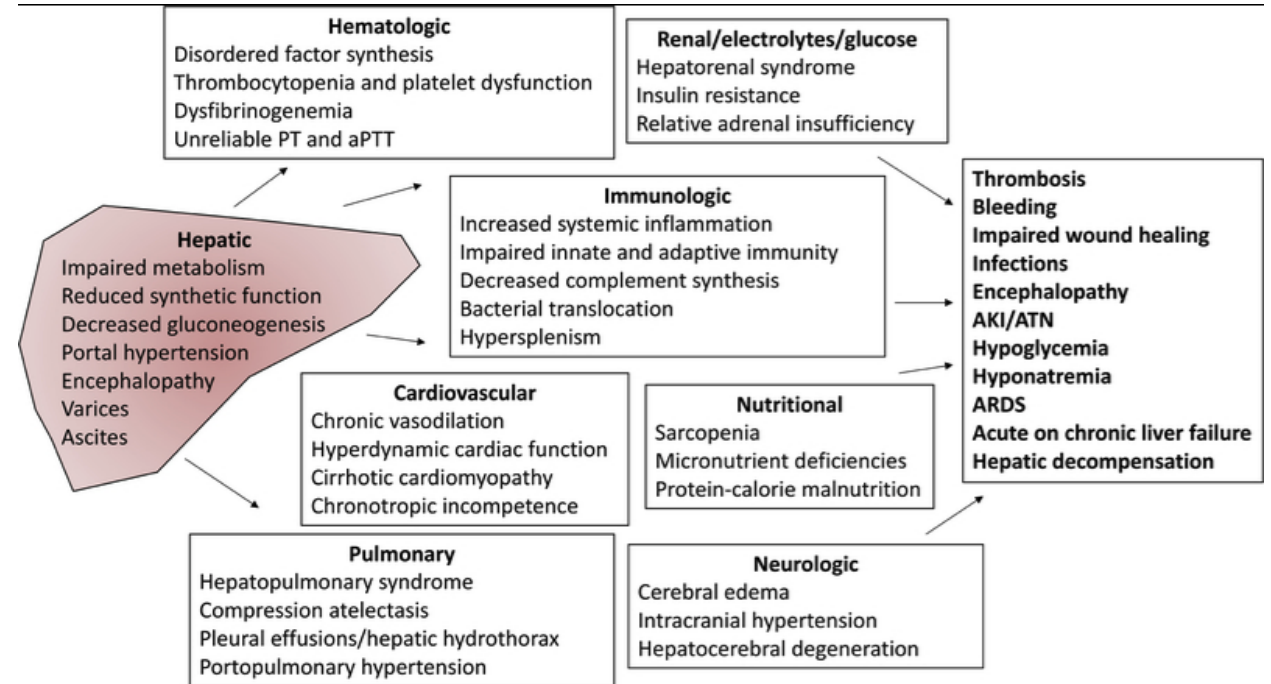
Patient

- Roll the patient
- Self massage

Drain

- Kinked
- Drain needs to be pushed in or pulled out a small amount

Optimising a Liver Cirrhotic



Optimising a Liver Cirrhotic

- Nutrition:
 - High energy, high protein, low salt
- Encephalopathy:
 - Lactulose, Rifaxamin
- Reduce nephrotoxic agents
- Targeted reversal of coagulation

The Liver Screen

FBC, EUC, CMP, LFTs, INR, AFP, HDL, LDL, total cholesterol, Hepatitis A serology, **hepatitis B sAg/sAb/eAg/cAb/eAb, hepatitis C Ab**, hepatitis E serology, **HIV serology, CMV serology, EBV serology**, anti-LKM1, anti-mitochondrial antibody, smooth muscle antibody, ANA, ANCA, EMA, IgG subclasses (1-4), EPG/IEPG, IgA, IgM, and total IgG, Iron studies, serum caeruloplasmin, copper, A1AT level and phenotype, HbA1c, TSH

Questions?
