Hepatoadrenal Syndrome Guidelines

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DEFINITION

- Adrenal insufficiency in patients with advanced liver disease with sepsis and/or other complication.
  - Can be present in both compensated and decompensated cirrhosis without sepsis.
  - Can also occur in post-liver transplant patients and those with acute liver failure.
- Seen in up to 65% of patients with chronic liver disease and sepsis (1)
- Rate of adrenal insufficiency increases with increasing number of organ system failures (2)

DIAGNOSIS

- Consider in any cirrhotic with hypotension refractory to vasopressors and fluid administration.
  - Best diagnostic criteria are values of baseline cortisol and/or delta cortisol with Cortrosyn stimulation (3)
    - Definite: Basal level <250 nmol/L
    - Probable: Basal level <414 nmol/L and can be confirmed with a delta <250 nmol/L after stimulation test

TREATMENT

- A trial dose of hydrocortisone should be considered in patients with acute on chronic liver failure (ACLF) with persistent hypotension despite volume challenge and norepinephrine.
- Hydrocortisone 50mg IV q6h or 100mg IV q8h have been shown to improve the vasopressor response to norepinephrine in hypotensive patients with sepsis and ACLF (4)

REFERENCES