ALBUMIN DIAGNOSTIC TEST RESPONSE AND CLINICAL EVOLUTION IN PATIENTS SUSPECTED OF HEPATORENAL SYNDROME

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Objectives. Evaluating the relation between albumin diagnostic test response and clinical evolution in hospitalized patients suspected of hepatorenal syndrome. Methods. We reviewed clinical and laboratorial data of hospitalized patients between March and November 2011 with albumin prescription for HRS test. Results. 26 consecutive HRS albumin tests were included. Patients received albumin 1g/kg/day for two days. Complete response to HRS test was defined as serum creatinine lower than 1.5 mg/dL after 48 h and partial response as a serum creatinine reduction, but above 1.5mg/dL. Patients were followed for three months. The mean age was 60.3 years (range: 42-80y); the most frequent cause for cirrhosis was alcoholic hepatic disease. Sixteen patients were classified as Child C, 9 as child B, one as Child A. The mean basal serum creatinine was 2.43 mg/dL (SD 1.04). The mean serum creatinine 48 hours after therapeutic test with albumin was 2,3 mg/dl; 9 of 26 (34%) patients were considered complete responders to albumin, 4 partial responders and 13 non-responders. SBP was not predictive of response to albumin (4/9 and 6/17; P=0.5). Fifteen patients died during hospitalization, being 11 nonresponders, 2 partial responders and 2 responders (P<0.01). The hospital stay was 15.6 days for responders and 27.5 for non-responders. None was transplanted at the time of the study. Conclusion. High mortality was observed among patients submitted to test for HRS with albumin. Non-response to albumin was more frequent than response, and was associated to higher mortality. Discussion/Implications. Our data contests the validity of add terlipressin to non-candidate to transplant/non-responders to albumin, because it seems to be a marker of an irreversible end-stage hepatic disease.