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## Hepatorenal syndrome

Salwa Ibrahim  
Cairo University, Egypt

**H**epatorenal syndrome (HRS) is a life threatening complication that affects individuals with cirrhosis (regardless of cause), severe alcoholic hepatitis, or fulminant hepatic failure, and usually occurs when liver function deteriorates rapidly because of an acute injury such as an infection, bleeding in the gastrointestinal tract, or overuse of diuretic medications. Renal failure in patients with cirrhosis is primarily related to disturbances in circulatory function triggered by portal hypertension. Arterial vasodilatation occurs because of increased production or activity of vasodilator factors particularly nitric oxide in the splanchnic circulation. In the early stages of cirrhosis, increased cardiac output compensates for a modest reduction in systemic vascular resistance, permitting the arterial pressure and effective arterial blood volume to remain within normal limits. In advanced stages of cirrhosis, systemic vascular resistance is markedly reduced, and additional increases in cardiac output cannot compensate, leading to underfilling of the arterial circulation. Mortality among patients with hepatorenal syndrome is very high. Therefore, liver transplantation should be considered in all patients who have no contraindications to this procedure, and it should be performed as early as possible, because severe renal failure is predictive of a poor outcome after transplantation. Treatment of the hepatorenal syndrome with albumin and the vasopressin analogue terlipressin before transplantation may improve the post-transplantation outcome.

## Biography

Salwa Ibrahim has completed his MD at the age of 32 years from Cairo University and postdoctoral studies from The University of Sheffield. She is a Professor of Nephrology, Cairo University, Egypt. She has published more than 16 papers in reputed journals and serving as an editorial board member of reputed scientific Journals.

salwaibrahim@hotmail.com