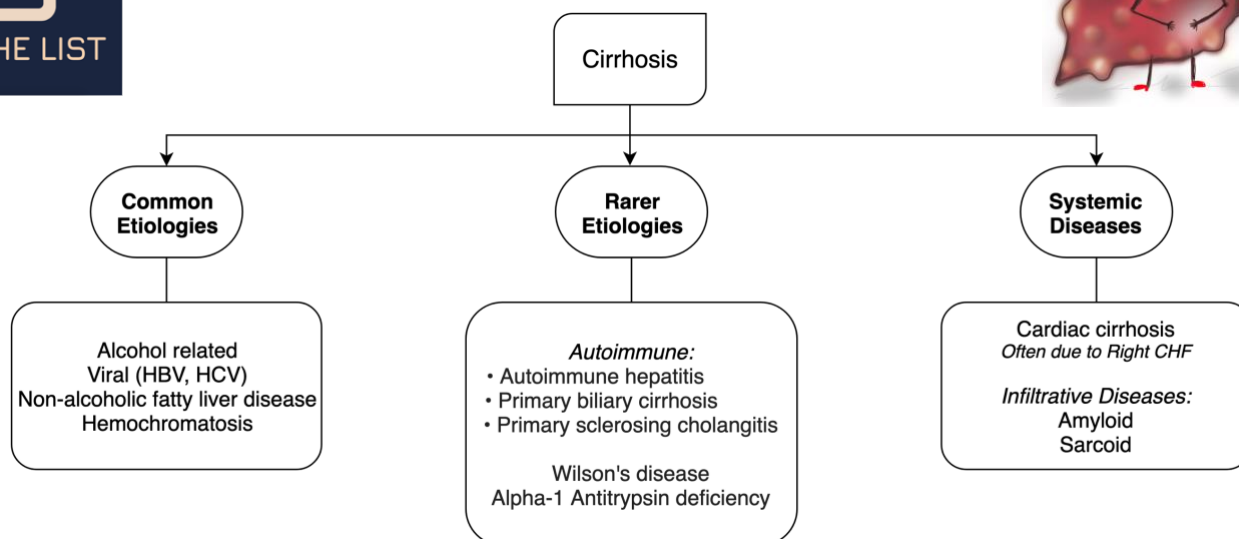
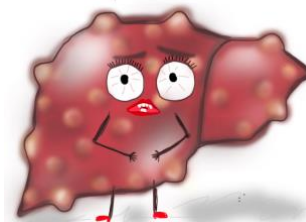


# Cirrhosis

Handout compiled by Moses Murdock (@haematognomist)  
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1. **Decompensated?** Think: ascites, spontaneous bacterial peritonitis (SBP), Variceal hemorrhage, hepatic encephalopathy + others.

## 2. Physical Exam:

- Portal hypertension: Caput medusa, ascites/fluid wave
- Hyperestrinism: spider angiomas, gynecomastia, palmar erythema
- CNS: hepatic encephalopathy

## 3. Labs:

- Assess synthetic function: INR, albumin
- SBP? get **diagnostic paracentesis** early! look for **> 250 polys, SAAG > 1.1**
- Workup in a new cirrhotic: If idiopathic, consider biopsy
  - Viral hepatitis serologies (HBV, HCV)
  - Iron studies
  - Autoimmune: ANA + specific antibodies (anti-mitochondrial, anti-smooth muscle)
  - Other: serum ceruloplasmin, alpha-1 antitrypsin level

## 4. Initial Management = **VIBES**:

- **V**olume:
  - salt restrict
  - diuretics (spironolactone & Lasix at 5:2 ratio) → Large volume paracentesis
  - Remember to give albumin if LVP!
- **I**nfection: think SBP, one option is IV ceftriaxone, albumin d1 & d3, prophylaxis w/ cipro
- **B**leeding: non-selective beta-blockers (gets at underlying pathophys) > banding (if large)
- **E**ncephalopathy: lactulose ± rifaximin
- **S**creening/**S**urgery:
  - Vaccination: HAV, HBV, flu, pneumovax
  - Avoid alcohol
  - HCC screening: ultrasound every 6 months
  - Surgery (transplant): consider when MELD > 15 & evidence of decompensation