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Two cases of successful treatment with MARS in hepatorenal syndrome: a bridge therapy for liver transplantation

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Case Study: MARS[®] (molecular adsorbent recirculating system) is artificial liver assist system that uses albumin dialysis to remove hepatic toxins. After treatment with MARS, patients with hepatic failure show improvement in liver function parameters including total bilirubin, AST and ALT. Thus, MARS can be used for a bridge to spontaneous recovery of hepatic function or liver transplantation in. Herein, we have reported two cases of successful treatment with MARS in hepatic renal syndrome.

Patient 1. A 51-year-old woman was hospitalized with abnormal liver function test. HBsAg (+), HBeAg (+), HBV DNA virus level was 1×10^9 . PT (INR) was 2.6, total bilirubin was 39 mg/dL, AST was 159 IU/L, ALT was 78 IU/L and serum creatinine was 1.7 mg/dL. After two session (one session of MARS; 8 hours) of MARS, total bilirubin was 35.12. Serum AST, ALT, ammonia level and serum creatinine were improved. She received a kidney transplant from a brain death patient. Her bilirubin was normalized and her symptom was improved.

Patient 2. A 61-year-old man had 10-year history of chronic hepatitis B and liver cirrhosis. He has stopped taking entecavir. On admission, PT(INR) was 1.79, total bilirubin was 38 mg/dL, serum creatinine 2.3 mg/dL, fibrinogen was 64 mg/dL and FDP was 93 mg/dL. HBV DNA virus level was 2.6×10^7 . The patients underwent MARS[®] (2 sessions) with liver transplantation. Serum total bilirubin, AST, ALT, ammonia level and serum creatinine were improved and leave the hospital.

In this report, we described two cases of successful treatment with MARS and liver transplantation in hepatorenal syndrome. Therefore, MARS can be used as a bridge therapy for liver transplantation in hepatorenal syndrome.