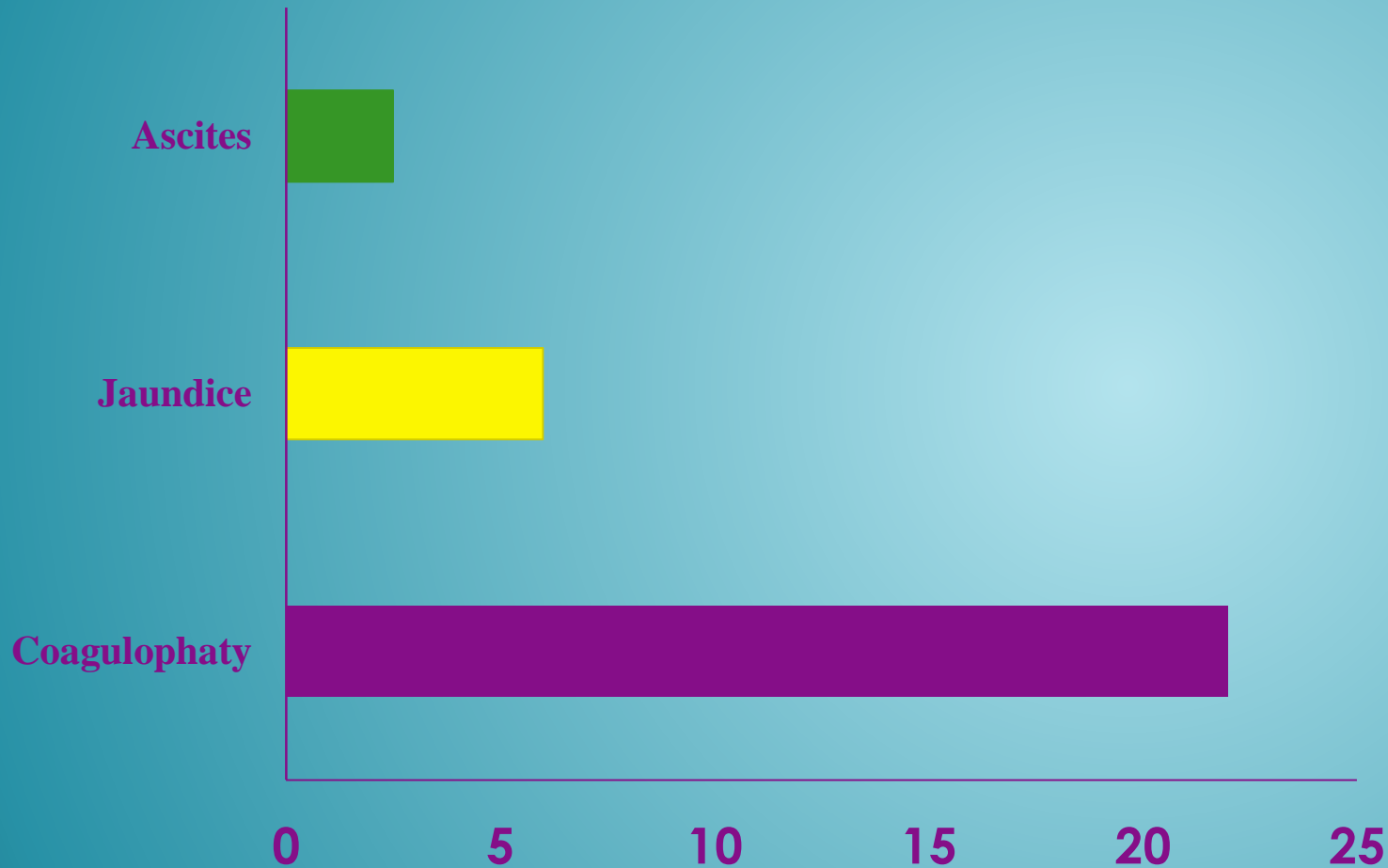




# CASE PRESENTATION

**Sona Sargsyan**  
**Head of Clinical Services**  
**“Violeta Medical Center”**  
**Infectious Diseases specialist, Hepatologist**

# CLINICAL CASE 2



Patient was admitted to the M/C in 10.01.2022  
No significant passed illness

❖ Gender - Male

❖ 55 years old

❖ BMI – 22

❖ Diabetes

Jaundice+; Splenomegaly; Ascites+

# PATIENTS COMPLAINTS AND OBJECTIVE EXAMINATION

- ❖ **Complaints:** Severe general weakness, decreased ability to work, intoxication syndrome, oliguria.
- ❖ **On examination:** Severe jaundice of skin
- ❖ **Ascites medium intensity**
- ❖ **splenomegaly**
- ❖ **Palmar erythema**
- ❖ **Edema on lower extremities**
- ❖ **Hemodynamic parameters` B/P - 105/70mm; pl -100bpm; FBM -19; SPO<sub>2</sub> - 90**

## BLOOD SEROLOGY/ PCR TESTS

- ❖ HBsAg - Negative
- ❖ HBcAb - Negative
- ❖ HB IgM - Negative
- ❖ HBV PCR - Negative
- ❖ HCV-Ab - Negative
- ❖ HCV PCR - Negative
- ❖ HAV IgM - Negative
- ❖ HEV IgM - Negative
- ❖ HIV - Negative
- ❖ EBV - Negative
- ❖ AFP- 6.74 E<sub>Δ</sub>/Λ (N)
- ❖ Liver mozaik 1, 2 - Negative
- ❖ Hemochromatosis - Negative
- ❖ SARS Covid – PCR (-)

## MELD-NA SCORE

- ❖ Day 1- 25
- ❖ Day 4 - 21
- ❖ Day 7 – 21
- ❖ Day15 – 22
- ❖ AARC-11
- ❖ Child Pugh - class C

# BLOOD TESTS

Variable	Baswline	Day 4	Day 7	Day 15	Day 30
Hb (g/l)	102.1	85.47	98.94	83.92	80
RBC ( $10^{12}/L$ )	2.905	2.433	2.823	2.582	3.415
Total WBC ( $10^9$ cell/L)	4.774	6.999	3.486	3.625	0.38
Neurophils (%)	74.89	58.50	52.66	56.74	10.5
Eosinophilis (%)	1.029	2.565	3.314	2.241	7.9
Lymphocytes (%)	16.20	29.64	29.40	28.06	65.8
Platelets ( $10^3$ cell/ $mm^3$ )	27.70	39.00	39.46	80.574	10.0
Urea (umol/L)	8,9	7.5	8.2	12.7	13.5
Creatinine (umol/L)	84,3	78.3	83.9	101.9	110
Na (meq/L)	133	138	135	136	133
K (meq/L)	4.3	3.6	3.9	3.1	3.2
Total. Bilirubin (umol/L)	113.3	95.4	59.7	58.9	95.6
Direct. Bilirubin (umol/L)	30.0	27.6	18.4	21.5	18.5
Indirect. Bilirubin (umol/L)	83.3	67.8	41.3	37.4	21.4

# BLOOD TESTS

Variable	Baswline	Day 4	Day 7	Day 15	Day 30
AST (IU/L)	23	18	27	20	70
ALT (IU/L)	28	24	29	26	150
Serum alkaline Phosphatase	59	57	61	64	90
GGT (UI/L)	22	19	25	24	170
T.protein (g/L)	63	59	62	64	60
Albumin (g/L)	26	27	31	30	27
Prothrombin activity (seconds)	23.3	24.2	25.4	24.7	25.6
INR	2.00	2.07	2.17	2.12	3.0
Procalcitonin	2.12	1.09	0.57	0.17	0.17
C-reactive protein	2.1	1.65	1.12	0.58	2.1
Arterial Ammonia	63.4	67.5	64.32	52.41	71.4
S.FERITIN (ng/ml)	95.6	88.5	71.08	58.52	86.7

# BACTERIOLOGICAL TESTS

- ❖ Bacteriological examination of blood -  
Staphylococcus Aureus
- ❖ Bacteriological examination of urine -  
Staphylococcus Aureus
- ❖ Bacteriological examination of pleural fluid -  
Staphylococcus Aureus

# INSTRUMENTAL INVESTIGATIONS

## ABDOMINAL ULTRASOUND

**Patient:** 55years old

**Date:**12.01.2022

**Conclusion:** liver cirrhosis, portal hypertension, splenomegaly (18cm), minimal ascites

**Liver elastography – F4 by Metavir**

## ECHOCARDIOGRAPHY AND X-ray

**Patient:** 55years old

**Date:**12.01.2022

**Conclusion:** aortic valves and mitral valve chordal changes without their dysfunction; right sided exudative pleuritis (about 2120ml of fluid – Balik formula) (or pleuropneumonia).

**Recommendation:** X-ray or CT-scan of the chest and thoracic surgeon consultation.

## X-ray

**Patient:** 55years old

**Date:**19.01.2022. Previous exam 12.01.2022.

**Conclusion:** right sided exudative pleuritis in the dynamics there is a decrease of the pleural fluid quantity (about 600ml of fluid – Balik formula).



# CLINICAL CASE 2 ACLF

**Chronic insult - Alcoholic cirrhosis (10 years of history alcohol aboce)**

**1. Acute insult- Sepsis ( Staphylococcus aureus)**

**2. Acute insult – Bleeding ( 22.01.)**

**ACLF:**

**Child Pugh class B - C, Meld-Na 25, AARC-11**

**Complications - portal hypertension, ascites, esophageal varices grade II, liver encephalopathy I-II-IV, HRS**

**Sepsis (Staph. aureus)**

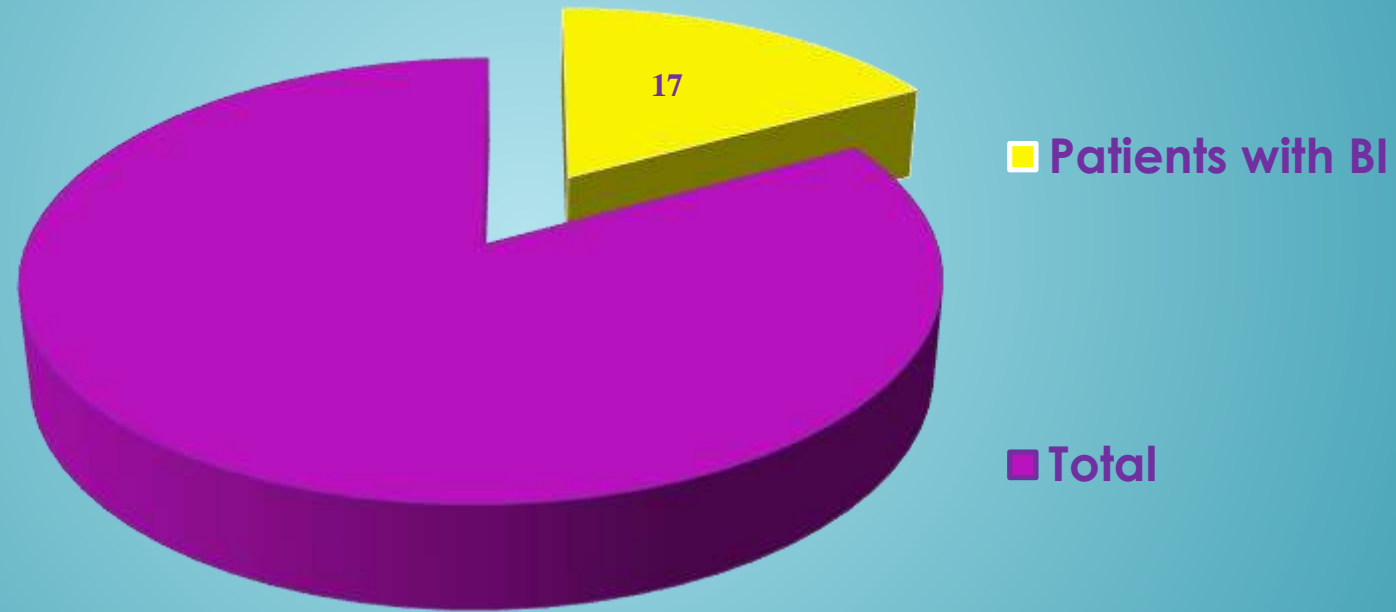
# TREATMENT

- ❖ **Detoxification**
- ❖ **Antibacterial**
- ❖ **Gastroprotective**
- ❖ **Hepatoprotective**
- ❖ **Diuretics**
- ❖ **Symptomatic treatment**
- ❖ **Plazma**
- ❖ **Erythrocyte mass**
- ❖ **Albumin 20%**

# CONCLUSION

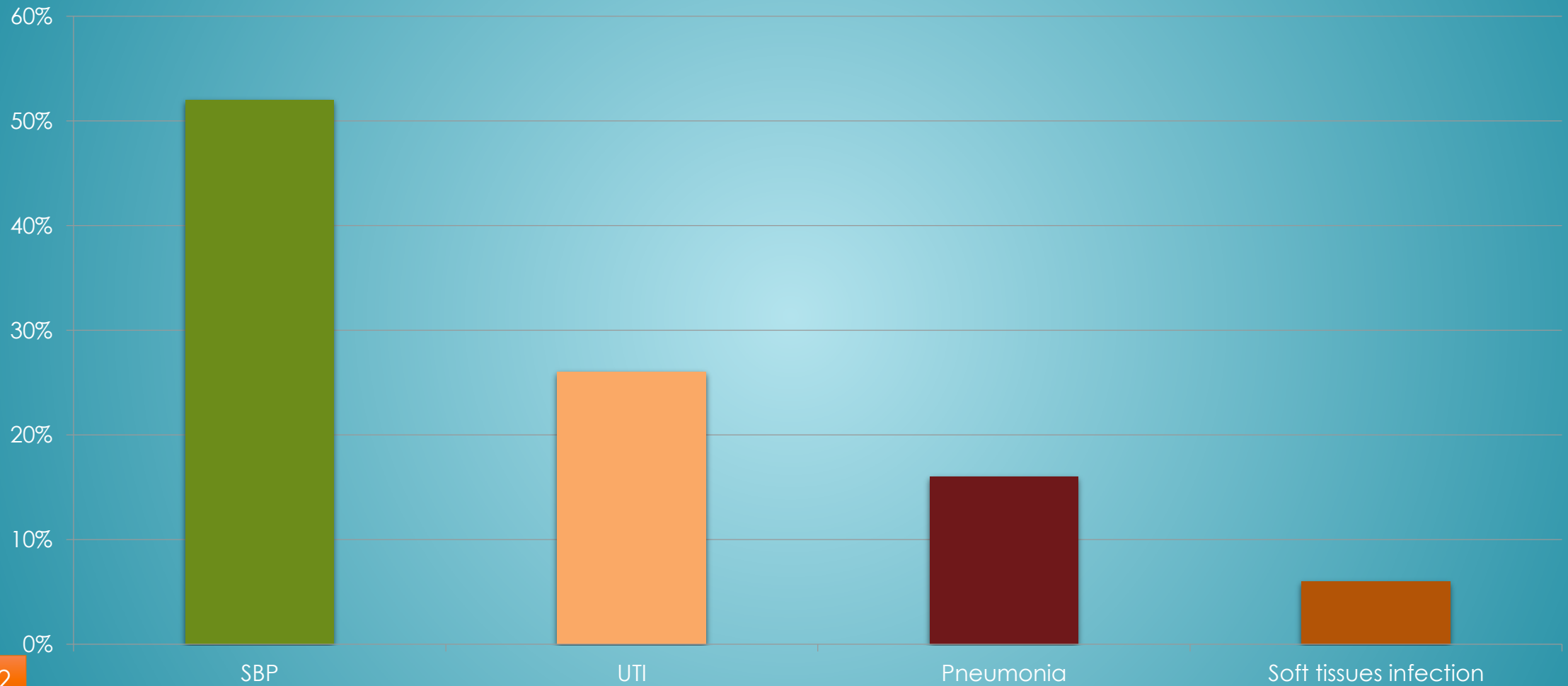
- 1. Bacterial infections are the most common triggers in patients with cirrhosis leading to ACLF.**
- 2. Among the infections which is the presented ACLF, sepsis was vary rare trigger among our ACLF patients. Bacterial sepsis is one of the most dangerous complications in patients with cirrhosis of the liver and can cause ACLF, leading to poor outcome.**

# BACTERIAL INFECTIONS IN STUDIED GROUP (112P-TS)



# Most Common Infections

■ SBP ■ UTI ■ Pneumonia ■ Soft tissues infection



N 112

# CLINICAL CASE 2

**Death on 37 day of hospitalization.**

**Causes of death**

**HRS**

**HE III-IV**

**THANK YOU FOR YOUR  
ATTANTION**