



Letter to Editor

JMR 2017; 3(3): 99-100
May- June
ISSN: 2395-7565
© 2017, All rights reserved
www.medicinearticle.com
Received: 17-02-2017
Accepted: 30-05-2017

Ischemic hepatitis: A severe concern

Vitorino Modesto dos Santos

Adjunct Professor, Catholic University Medical Course, and Internal Medicine Department of Armed Forces Hospital, Brasília-DF, Brazil

Key words: Hypoxic hepatitis, Ischemic hepatitis, Liver Failure, Shock liver.

Dear Editor,

I read the review article by Waseem N and Chen PH (2016) about hypoxic hepatitis, also called ischemic hepatitis or shock liver ^[1]. The authors described the current concept, pathophysiology, clinical and anatomopathological features, diagnostic tools, and prevention and management of this ominous condition ^[1]. Ischemic hepatitis affects men at mean age of 64-70 years; the mortality rate is >50% ^[1-3]. The general incidence is 2 per 1000 patients, but in ICUs it may be up to 2.5 per 100 ^[1]. Diagnostic criteria include: cardiac, circulatory, or respiratory failure; dramatic transient rise of aminotransferase levels; and exclusion of other causes of liver cell necrosis ^[1-3]. The aminotransferase and lactate dehydrogenase levels typically peak within 24 hours, drop to nearly half values in 24 to 72 hours, and normalize between 1 to 2 weeks ^[1-3]. Liver biopsy can confirm the diagnosis in doubtful cases by demonstrating centrilobular necrosis ^[1-3]; however this procedure may be hazardous in presence of coagulopathy. Therapy directed to liver is unavailable, and one must correct predisposing factors ^[1-3].

The five case studies by Damasceno TA *et al.* (2016) also merit comments ^[2]. The authors described classical ischemic hepatitis following cardiopulmonary bypass, and suggested new researches about liver dysfunction associated with cardiac surgery ^[2]. All patients were males, 60-67 years old, and developed acute perioperative liver failure. As classically reported, the aminotransferase levels were 10-20 times the normal, lactate dehydrogenase and bilirubin were elevated, and coagulation factors were deficient ^[1-3]. Worthy of note was the characterization of five cases in the interval of ten months, because this condition has been considered of low incidence with scarce case reports ^[2].

In 2010, Brazilian authors described the case of a 69 year-old woman who died with ischemic hepatitis due to a ruptured hepatic aneurysm. The aneurysm was found during investigation of jaundice and abdominal pain ^[3]. Laboratory tests on Days 1, 6 and 10 showed: AST (U/L) 2,392, 17.4, and 52.7; ALT (U/L) 2,797, 18.0, and 139.0; total bilirubin (mg/dL) 3.0, 2.7, and 1.7 ^[3]. The giant aneurysm caused portal vein compression, but the extensive liver ischemic necrosis was related to a hepatic arterial thromboembolism resulting in centrilobular necrosis without inflammatory changes ^[3]. Complementary tests and total necropsy findings ruled out other possible etiologies ^[3].

These studies enhance the suspicion index about the scarcely reported condition.

Conflict of Interest

There is no financial interest or conflict of interest to disclaim.

***Corresponding author:**
Prof. Vitorino Modesto dos Santos
*Armed Forces Hospital.
Estrada do Contorno do Bosque
s/n, Cruzeiro Novo, CEP 70658-
900, Brasília-DF, Brazil
Tel: #55-61 39662103
Fax: #55-61 32331599
E-mail:
vitorinomodesto[at]gmail.com*

REFERENCES

1. Waseem N, Chen PH. Hypoxic hepatitis: A review and clinical update. *J ClinTranslHepatol* 2016;4(3):263-268.doi:10.14218/JCTH.2016.00022.
2. Damasceno TA, Scorzoni A Filho, Chahud F, Rodrigues AJ, Vicente WV, Evora PR. Cardiopulmonary Bypass Ischemic Hepatitis Reported in Five Patients. *Braz J Cardiovasc Surg.* 2016; 31(4): 330-333. doi: 10.5935/1678-9741.20160059.
3. Dos Santos VM, Villaça RB, Almeida AC, Oliveira ER, Nogueira Junior PR, Damasceno EA. Rupture of hepatic artery aneurysm associated with ischemic hepatitis. *An Sist Sanit Navar.* 2010;33(2):221-225.PMID: 20927149.