

Experience on the Center for Medical and Surgical Research of Cuba



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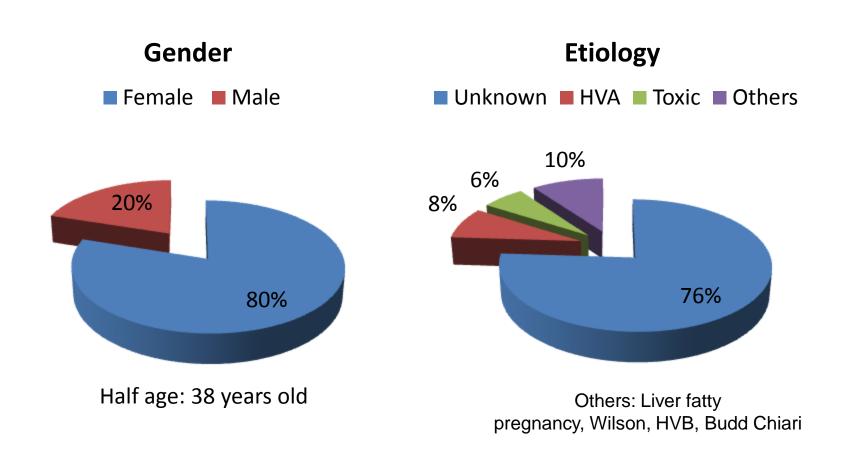


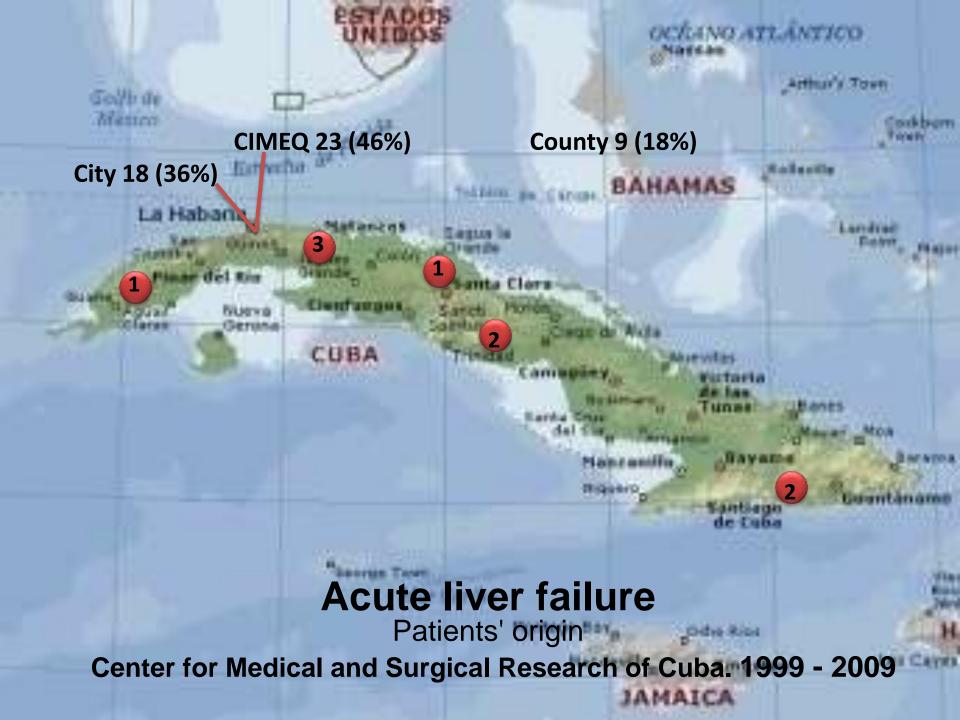
Acute liver failure (ALF) is characterized by an impairment of the liver function. The clinical marker is the coagulopathy encephalopathy. On theory is a reversible situation but on the practice evolves to multiorganic dysfunction, that on 80% of the patients it has as the only solution a liver transplant.

Objetives: 1. To characterize the patients with the ALF diagnosis. **2.** To determine the cerebral hemodynamic pattern by transcranial doppler. **3.** To evaluate the use of the continuos veno venoso hemodiafiltration (CVVH) on the first 12 hours of treatment. **4.** To characterize the final evolvement regarding therapeutical behaviors .

Method: Review the clinical files of the patients with ALF diagnosis in the Critical Care Unit of the CIMEQ, between the years 1999 and 2009.

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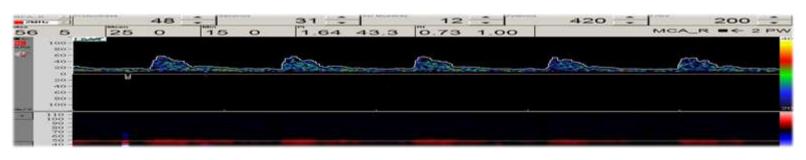
Evaluation of hemodynamic, oxygenation and metabolic variables, with the use of continuos veno venoso hemodiafiltration (CVVH) in the first 12 hours of treatment



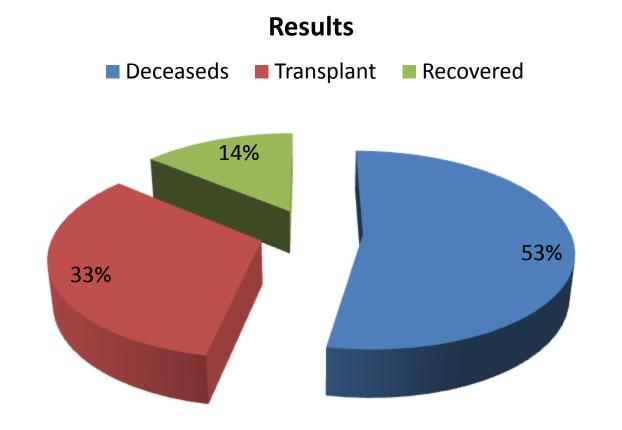
Variable	Beginning	12 hours	р
Heart frecuency	112	88	0.238
Medial arterial pressure	77	77	0.626
Norepinefrine dose	0.2	0.4	0.667
FiO2	48	43	0.154
SO ₂	96	99	0.512
Creatinine	1.5	1.4	0.587
Bun	0.3	0.2	0.123
Bases excess	-7.4	-9,1	0.825
Temperature	35.6	35.1	0.667

Value means of variables obtained through the Transcranial Doppler

	ALF
Sistolic Velocity cm/seg	117
Diastolyc Velocity cm/seg	35
Medium Velocity cm/seg	56
Pulsatibility Index	1.6

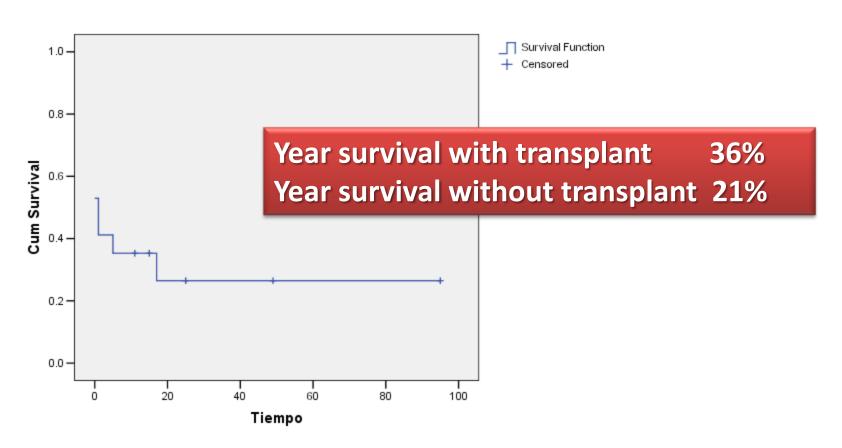


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Survival Function



Conclusions

- ☐ The average patient was female, with 38 years old and unknown etiology.
- ☐ The cerebral hemodynamic pattern more frequent was high resistance.
- ☐ The CVVH was useful to improve the oxygenation variables on patients with ALF and MOD.
- ☐ The liver transplant is the best therapeutic option.