Ascites, Hyponatremia and Hepatorenal Syndrome: Progress in Treatment
Ascites, Hyponatremia and Hepatorenal Syndrome: Progress in Treatment

Volume Editor

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Preface

In patients with cirrhosis of the liver treatment focuses on the therapy of complications.

Ascites is the most frequent and hepatorenal syndrome the most lethal complication of liver cirrhosis. Fortunately, major progress has been made in recent years in providing effective treatment and thus reducing mortality in these patients. Therefore, the topics of ascites, hyponatremia and hepatorenal syndrome are very well suited to be presented as a book in the Frontiers in Gastrointestinal Research series.

Consequently, this project highlights and critically appraises recent achievements and novel advances. It also provides the background needed to grasp the novel concepts, but is not intended to represent an encyclopedic textbook. Contributions are provided by the most renowned experts at the forefront of clinical research. Their state of the art contributions provide up-to-date references and conclude with a bullet point summary.

Just to pick some of the hot topics that are elaborated in this book. The Transjugular Intrahepatic Portosystemic Shunt (TIPS) and paracentesis, respectively have been introduced into clinical routine, but several pitfalls need to be observed. Chapters deal with the most relevant issues of complications of paracentesis, the right choice of plasma expanders, and selection of patients who will experience survival benefit from TIPS. Beneficial effects of albumin infusion independent of its properties as a plasma expander are discussed.

There is a broad spectrum of acute kidney injury in cirrhosis. Hepatorenal syndrome was considered as a terminal renal failure in cirrhosis until recently. Now, drug treatment can improve renal function and prolong survival – a clinical breakthrough. However, important issues for clinical outcome are still under debate, such as predictors of response and ways to reduce the incidence of side effects of vasoconstrictor therapy. The role of combined kidney-liver transplantation versus conventional liver-only transplantation is considered.

Finally, hyponatremia, an indicator of poor prognosis in cirrhosis can now be addressed with vaptans, new pharmaceutical compounds. The role of vaptans for treating patients with ascites is still a matter of controversy.
I gladly accepted the invitation by Markus Lerch, the series editor, to design and organize this volume, and am very grateful that a highly selected group of international experts has contributed to this book. I do appreciate that despite their extremely busy agenda they took the time to share their knowledge and expertise. They come from the Americas and from Europe and thus provide a truly universal perspective.

It is my hope that this book provides practical advice for practitioners and clinicians who care for patients with cirrhosis. Furthermore, clinicians and scientists working in the field should find the latest data and inspiration for future research.

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