

AASLD Position Paper

Corrections to the AASLD Position Paper: The Management of Acute Liver Failure: Update 2011 William M. Lee, MD,¹ Anne M. Larson, MD,² and R. Todd Stravitz, MD³

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Upon publication of the AASLD Position Paper on the Management of Acute Liver Failure: Update 2011, we noticed that the end of paragraph three on page 14 was omitted. The complete paragraph can be found below.

In patients who do not respond to a volume challenge and norepinephrine, vasopressin and its analogues may potentiate the effects of norepinephrine and allow a decrease in its infusion rate, which in turn may avoid intense vasoconstriction in peripheral tissues which can lead to ischemia. However, the use of vasopressin/terlipressin was discouraged by a study reporting cerebral vasodilation and increased ICH in severely encephalopathic patients.¹ A more recent study, however, has shown that terlipressin increased CPP and cerebral perfusion without increasing ICP, and concluded that vasopressin and analogues might be useful with norepinephrine to ensure adequate brain perfusion.² In the US where terlipressin is not yet available, the addition of vasopressin should be considered in hypotensive patients requiring escalating doses of norepinephrine, but should be administered with caution in patients with ICH. Finally, persistence of hypotension despite volume repletion and vasopressors should prompt a trial of hydrocortisone.^{3,4}

References

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