

中文題目：食道靜脈曲張出血病患接受血管加壓素後誘發周邊動脈阻塞惡化雙足急性壞死

英文題目：Acute deterioration of PAOD after Terlipressin used in decompensated liver failure with cirrhosis combining with EV bleeding patient

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### **Back ground:**

Esophageal varices (EV) occur in 50% of patients with cirrhosis. Acute esophageal variceal bleeding (EVB) is a life-threatening condition and occurs in 5–15% of EV patients annually. Terlipressin and somatostatin were main medical treatments in acute stage of EVB. Evidences posted on various journals showed that Terlipressin seem to be the most effective management of hepatorenal syndrome(HRS) and so as EVB . These drugs apparently lead to reduce mortality and improve renal function . However, adverse effects including worsening of peripheral arterial occlusive disease (PAOD) during terlipressin use .And we should be alerts during the treatment course.

Currently there are three cases reported worldwide in recent years about the complication of Terlipressin related PAOD deterioration. We presented first case in Taiwan about the adverse effect .But there are still no definite pathogenetic evidence for the relationship .This article present one case with decompensated liver failure use Terlipressin and worsed of PAOD .

### **Case presentation:**

A 81 years-old female patient has history of chronic hepatitis B, liver cirrhosis(Child-Pugh score B), diabetes mellitus type2, hypertension, and coronary artery disease with coronary artery bypass grafting (CABG).

She complained right ankle pain with reddish and tenderness for seven days. The skin was intact but paresthesia was also mentioned . Lab showed WBC 6360 /ul , Seg57.2 % ,CRP 7.2mg/L. The diagnosis of cellulitis and PAOD were impressed and she was admitted. Antibiotic agent with Oxacilin was arranged for fourteen days at the beginning and the right ankle lesion got more improved than previous admitting.

Coffee ground material, decreasing hemoglobin level was found during the following days . Keeping nasogastric tube with decompressing status was done and then proton pump inhibitor(PPI) agent was arranged. Gastroendoscopy(GED) showed recent EV bleeding and then EV ligation was done. Terlipressin was arranged with 1mg q6h for three days. However, re-bleeding occur after stop Terlipressin and we then added Terlipressin for three days again. Skin lesion deteriorated two weeks later, amputation below the knee (BK) was suggest by orthopedic and plastic surgeon .Also Hyperbaric-Oxygen Therapy (HBO) and angioplasty procedure were optional suggested .The family hesitated the BK surgery and kept the other suggestion

management

The condition got worse day by day . Sepsis progressed with unstable hemodynamic status .Left lower leg skin also got reddish ,swelling and cellulitis was impressed .Finally disseminated intravascular coagulation (DIC) was noted and the patient expired later even combined antibiotic agent was used .

**Conclusion:**

This is first case presented in Taiwan about the relationship between Terlipressin and deterioration of PAOD. The pearl of this case report is that peripheral pulsation should be well evaluated and monitor during Terlipressin treatment, especially for patient with history of PAOD. Besides, acute deterioration of PAOD may micmic cellulitis but cause poorer prognosis. Early diagnosis and treatments of PAOD with ischemic change is essential to decrease mortality. Therefore, clinical physician should keep in mind about the complication .Besides we have no evidence about the worsening of PAOD and the downhill hemodynamic condition related to Terlipressin . Beware of the complication is the purpose of this article .

**關鍵字：**失代償肝硬化,食道靜脈曲張出血,血管加壓素,蜂窩性組織炎

Key words : decompensated liver failure , EV bleeding ,Terlipressin, PAOD