



Case # 2 Introduction

Fei-Pi (Phoebe) Lin, MD
GI / Hepatology Fellow PGY5

29 yo Caucasian male with severe alcohol associated hepatitis

- **MELD 3.0 = 27. Discriminant Function = 63**
- Presenting to ED with 1 week of large ascites, jaundice, and weakness
- 1st hospitalization for liver disease
- Comorbidities: obesity (BMI 38), HTN, T2DM, anxiety, depression

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Alcohol History:

- Started heavy drinking at age 25 of up to 0.75 L of vodka daily
- History of DUI. Admitted 1 year ago for MVA with a positive alcohol level. Attended AA and outpatient rehab, achieved 2 months of sobriety
- No tobacco or recreational drug use
- No history of complicated withdrawal
- Last drink 2 days prior to admission

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Psychosocial History:

- Lives alone
- Software engineer. Recently lost his job 6 months ago due to mass layoffs
- Accepts alcohol as cause of liver disease

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- **Labs:**

- Hgb 13.1
- BUN 40
- Cr 1.7 (baseline 0.9)

- Serum ethanol undetectable

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AST 230 ↑
ALT 100 ↑
AP 130 ↑
T. Bili 7.2 ↑

Albumin 3.0

INR 1.6

PT 26

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- RUQ US w/ Doppler:
 - Hepatic steatosis. Patent vasculatures. CBD 8mm
- Viral serologies:
 - anti-HCV Ab negative
 - HBsAg negative
 - HBsAb negative
 - **HBcAb Total positive**
 - HBcAb IgM negative
 - anti-HAV IgG positive
- Infectious workup:
 - UCx, BCx, and diagnostic paracentesis negative

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- Admitted to the hepatology service
- Therapeutic paracentesis
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- BP 90/50, HR 125, RR 22, SpO2 90%

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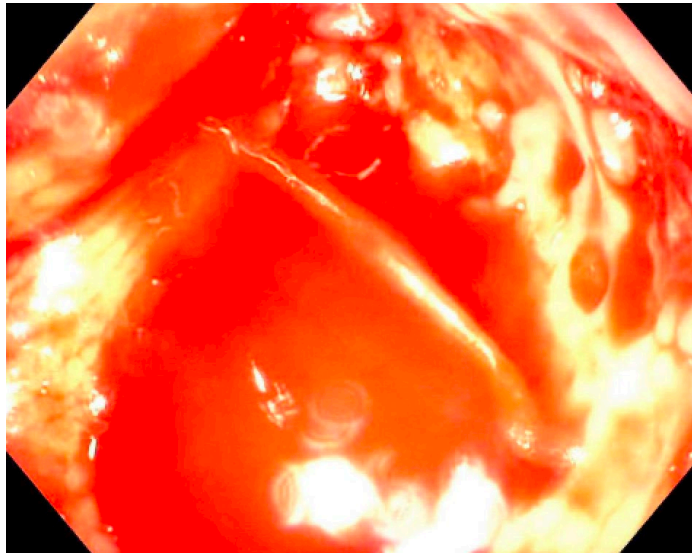
- 3 episodes of large volume bright red hematemesis
- BP 90/50, HR 125, RR 22, SpO2 90%
- **MELD 3.0 = 34. Lille > 0.45**
- Hgb 6.1
- AST 242 ↑, ALT 112 ↑, AP 130, T Bili 26 ↑↑
- Albumin 2.7
- INR 1.5, PT 27

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- Intubated for airway protection
- Started on PPI 40 IV BID, ceftriaxone, octreotide drip

Emergent EGD:

- Normal esophagus. No esophageal or gastric varices.
- One 2x 1cm ulcer in gastric antrum with active spurting.
- Injected with epi x 4cc. Hemoclips x 2 placed with hemostasis.
- Normal examined duodenum



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Day 1:

1 week of large ascites,
jaundice, weakness iso
heavy alcohol use

MELD 3.0 = 27. DF = 63

Workup:

Elevated LFT (T bili 7.2)
AKI (Cr 1.7)
HBcAb total positive
Large ascites. Severe
steatosis w/ hepatomegaly

Therapeutic paracentesis
Albumin challenge
Prednisolone

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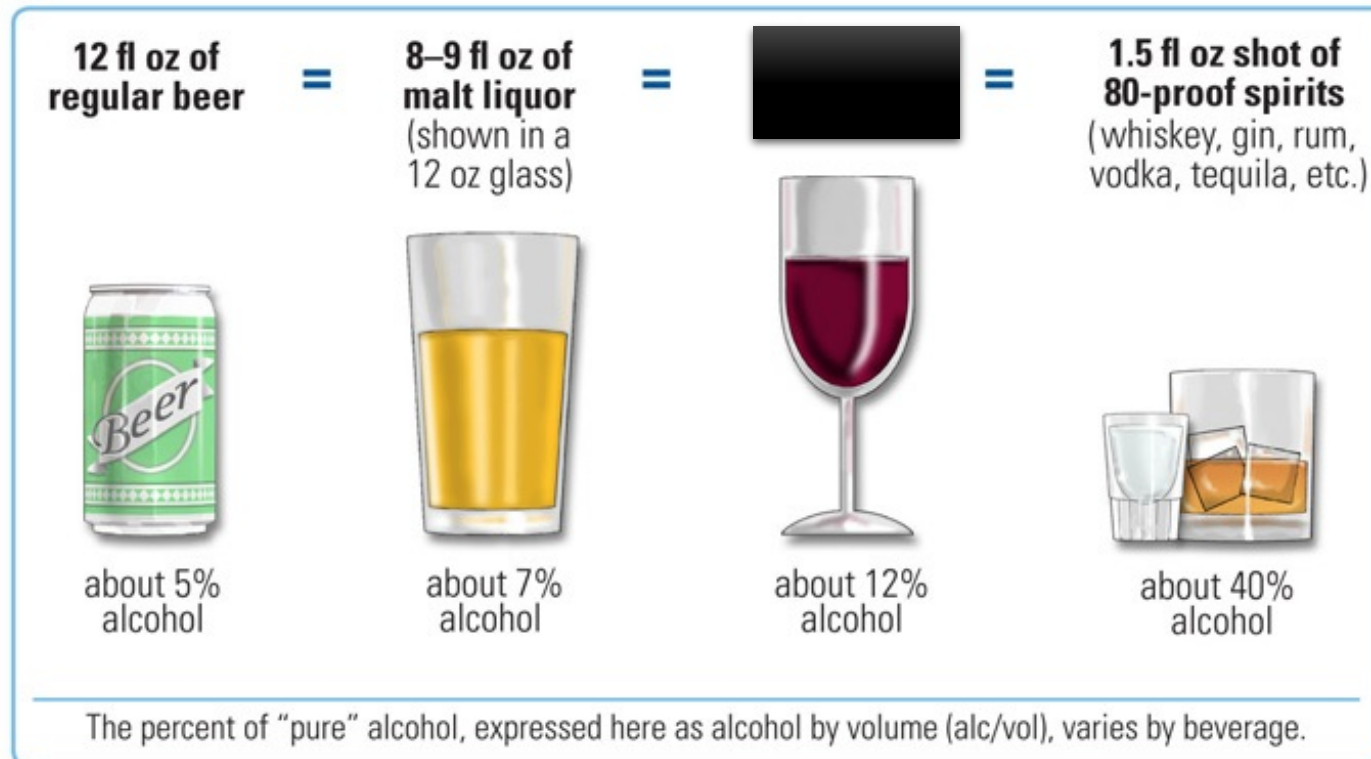
Day 4:

Massive hematemesis from
gastric PUD s/p epi and
hemoclips x 2

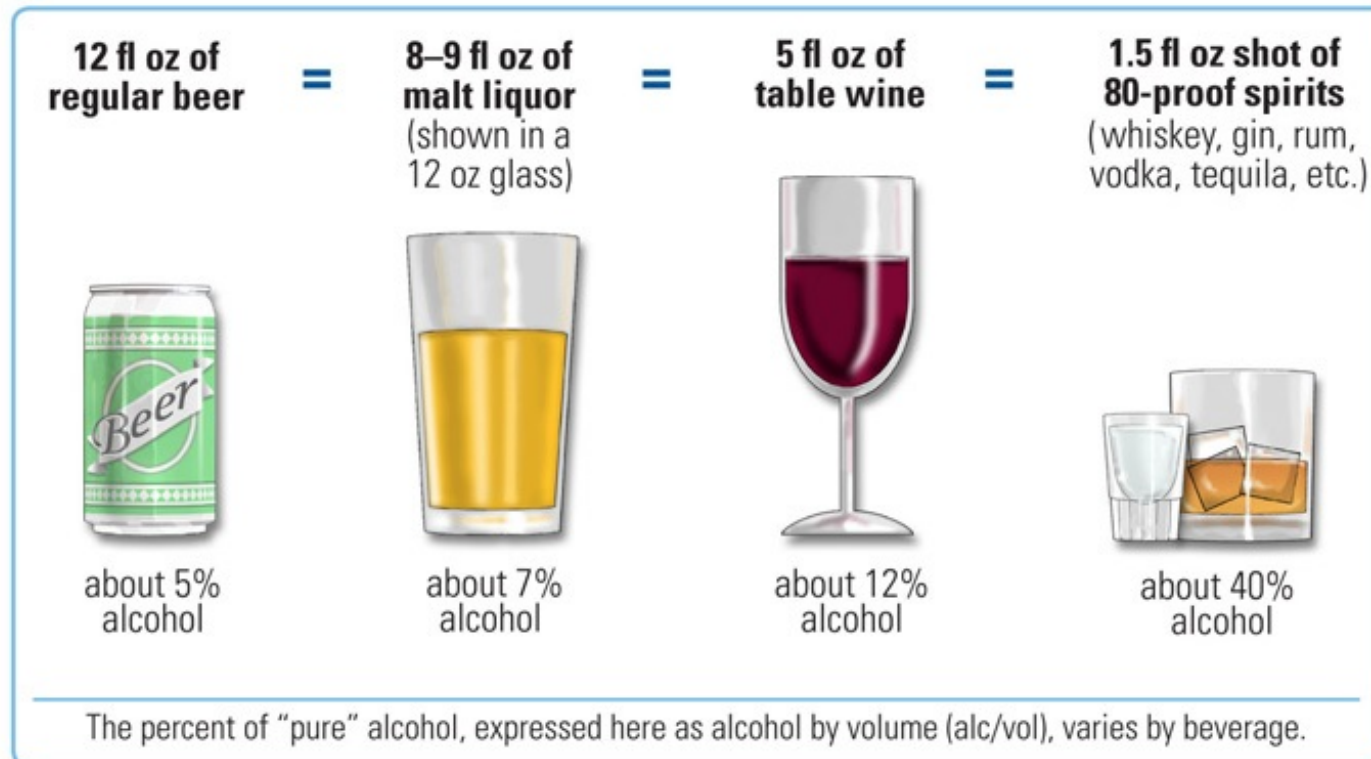
MELD 3.0 = 34 Lille > 0.45

NEXT STEP?

How many ounces of wine is in a standard drink?



How many ounces of wine is in a standard drink?



What year was the first liver transplant performed?



What year was the first liver transplant performed?



1963