

# Symposium

## Introduction

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## Introduction to the Gastrointestinal and Liver Disease Symposium

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**G**astrointestinal and liver disease is the focus of this symposium. The clinical management of patients with gastrointestinal and liver disease has advanced significantly in the past 10 years. The articles in this symposium provide readers with an excellent representation of 4 different, yet similar disease processes that critical care providers encounter. The 4 articles included are “Sepsis in Patients With Cirrhosis,” “Acute Liver Failure,” “Drug-Induced Liver Injury,” and “Cholestatic Liver Injury: Care of Patients With Primary Biliary Cholangitis or Primary Sclerosing Cholangitis.”

End-stage liver disease, or cirrhosis, is one of the top 15 causes of death in the United States.<sup>1</sup> Cirrhosis has a variety of causes, ranging from alcohol use and viral hepatitis to hereditary disorders and fatty liver disease. Regardless of the cause of liver disease, all patients with cirrhosis are at risk of developing complications. Unfortunately, this is when critical care is often required. When hospitalized, patients with cirrhosis have a high mortality rate and often have costly medical bills, with some estimates of more than \$3 billion per year.<sup>2</sup> Because of these facts, I knew that the topic of cirrhosis needed to be included in this symposium. As a liver transplant nurse practitioner for the past 10 years, I have been directly involved in the care of patients with cirrhosis in the hospital. Sepsis is a significant complication for these patients. McLaughlin and Shellenback provide readers with an overview of sepsis in patients with cirrhosis and offer guidance to help patients survive sepsis.

Acute liver failure (ALF) is rare but can be fatal without a liver transplant. In the article by Grek and Arasi, critical care providers are provided guidance on diagnostic criteria, possible causes, and ideal treatment strategies for ALF. This article will help critical care providers give patients with ALF the best care possible in hopes of improving survival rates.

One of the most common reasons for arranging a hepatology consultation in the hospital is abnormal results of liver function tests. A full evaluation sometimes reveals that these abnormal results are due to medications. Hamilton, Collins-Yoder, and Collins offer readers much-needed information on risk factors for drug-induced liver injury and discuss the medications that most frequently cause it. They also review the key factors in diagnosis and the latest approaches to treatment for drug-induced liver injury.

The final article for this symposium on gastrointestinal and liver disease is on the care of patients with primary biliary cholangitis (PBC) or primary

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sclerosing cholangitis (PSC). I am often asked the following questions about such patients: “What is the difference between PBC and PSC?” “How is the treatment strategy different among patients with cholestatic disease?” “Can patients with PBC or PSC get a liver transplant?” I thought this symposium was an excellent opportunity to answer some of these questions and more. Larson, James, and Gossard define the differences between PBC and PSC, provide key information for the hospital evaluation of these patients, and highlight frequent complications of cholestatic liver disease, particularly the complication of cholangitis. A nice additional feature is the

information provided regarding care of these patients after liver transplant.

It is my sincere wish that these articles meet you where you are in your clinical practice. Through this information, I hope that you continue to expand your knowledge of gastrointestinal and liver disease and continue to give excellent patient care.

#### REFERENCES

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