

Use of albumin in the treatment of cirrhosis: introduction

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Serum albumin has historically been considered as a sensitive indicator of liver function. In recent decades, IV administration of albumin to patients with decompensated cirrhosis has been validated as a safe and effective therapeutic agent in controlled clinical studies. Albumin has proven to be more effective than other expanders in the prevention of post paracentesis circulatory dysfunction. Albumin associated to antibiotic treatment significantly reduces the mortality in spontaneous bacterial peritonitis. Moreover, results of treatment with vasoconstrictors in hepatorenal syndrome are significantly improved with the use of albumin. On the other hand, the function of albumin has been found to be seriously compromised in patients of chronic liver disease with acute and serious deterioration of liver function. The therapeutic effect of albumin in such patients deserves further investigation. Recent research suggests that benefits of IV use of albumin in the management of patients with advanced liver disease are not limited to its expander effect, but

also to improvement in the circulatory function, to a significant antioxidant capacity and to its ability to bind and block circulating cytokines. Finally, it should be pointed out that dialysis with albumin using the hepatic support procedure Molecular Adsorbent Recirculating System (MARS®) not only has been shown to improve hepatic encephalopathy but appears to be effective for some patients with acute liver failure.

In the symposium organized on the occasion of the XXI Meeting of the Latin American Association for the Study of the Liver, August 12-14, 2010 Porto Alegre, Brazil, all these particularly relevant aspects of albumin in the treatment of cirrhosis were focused.

DISCLOSURE OF CONFLICT OF INTERESTS:

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