LEARNING OBJECTIVES

- Cirrhosis can be caused by heart failure
- Cardiogenic liver failure is often reversible
- Treating the CHF can correct the liver failure

CASE INFORMATION

EPI
A usually healthy 80-year-old woman presenting for routine office evaluation was found to have a TGF >400 mmol/L and an elevated albumin level. She had been treated for hypertension and diabetes for several years.

PMH & PSH
None

SOCIAL HISTORY
No relevant social history.

MEDS
Pantoprazole, metoprolol, albuterol, and atenolol.

PHYSICAL EXAM
- T: 98.6°F
- HR: 80/min
- BP: 120/80
- RR: 16
- O2 saturation: 98%
- Abdominal exam: Soft, nontender, no masses.
- Neurological exam: Normal.

LABS & IMAGING
- INR: 1.4
- Albumin: 3.5 g/dL
- Bilirubin: 0.3 mg/dL
- ALT: 25 U/L
- AST: 15 U/L
- Echocardiogram: Normal left ventricular systolic function with a EF of 60%
- CT scan of abdomen: Showed a nodular liver contour consistent with cirrhosis.

DISCUSSION

ETIOLOGY

- Cirrhosis: The most common cause of CHF is cirrhosis, especially alcoholic liver disease. Cirrhosis is a chronic progressive liver disease that leads to the formation of scar tissue, which can cause portal hypertension and ascites.
- Heart failure: Heart failure is a condition in which the heart is unable to pump enough blood to meet the body’s needs. It can lead to the accumulation of fluid in the liver and other organs, which can cause cirrhosis.

- Right-sided heart failure: Right-sided heart failure occurs when the right ventricle is unable to pump blood effectively. It can lead to the accumulation of fluid in the liver and other organs, which can cause cirrhosis.

CLINICAL FINDINGS & DIAGNOSIS

- Abnormal liver function tests (e.g., elevated AST, ALT, and bilirubin levels)
- Ascites
- Splenomegaly
- Gastroesophageal varices
- Esophageal varices

IMAGING

- CT scan of abdomen: Showed a nodular liver contour consistent with cirrhosis.
- Echocardiogram: Normal left ventricular systolic function with a EF of 60%

REFERENCES