

Special Issue on  
**Management of Complications of Portal Hypertension**

# CALL FOR PAPERS

Acute complications of portal hypertension are common conditions and have poor outcomes. In this setting, acute kidney injury is a main predictor of mortality after liver transplantation, and despite progress achieved over last decades, the 6-week mortality associated with variceal bleeding is still in order of 10-20%. Hepatic encephalopathy remains a diagnosis of exclusion and is found in 30-40% of patients with cirrhosis. For these patients, liver transplantation is the unique definitive treatment option.

Recently, the understanding regarding pathogenesis and management of portal hypertension have been improved. However, in acute kidney injury there are no accurate markers to distinguish hepatorenal syndrome from acute tubular necrosis and in acute bleeding phase of variceal hemorrhage there are no noninvasive markers to predict poor outcomes. In no oesophageal varices bleeding, TIPS and, in special cases, BRTO can be more appropriate solution. In hepatic encephalopathy, increases in brain ammonia, alterations in neurosteroid levels, and neuroinflammation have been identified but there is still a paucity in knowledge of precise pathogenic mechanism and consequently, there is no diagnostic test.

We invite the researchers to contribute original research articles and review articles to explore management, including diagnosis, treatment, and markers of outcomes of acute complications of portal hypertension.

Potential topics include but are not limited to the following:

- ▶ Differential diagnosis between prerenal azotemia (hepatorenal syndrome) and acute tubular necrosis
- ▶ Use of albumin in acute kidney failure
- ▶ Role of hepatic venous pressure gradient and biomarkers in variceal bleeding
- ▶ Intestinal permeability, damage-associated molecular patterns (DAMPs), and cytokines in acute phase of variceal bleeding
- ▶ Treatment of hepatic encephalopathy
- ▶ TIPS and BRTO in oesophageal and in nonoesophageal varices bleeding
- ▶ The role of portal hypertension in liver resection and liver transplantation

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/cjgh/hepatology/macp/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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