

Ischemic Hepatitis

July 2022

- Ischemic hepatitis (shock liver) is diffuse hepatic injury resulting from acute hypoperfusion. It accounts for up to 10% of patients admitted to an intensive care unit.
 - Can occur in the absence of shock
 - Differential diagnoses include toxic hepatitis (such as caused by acetaminophen) and acute viral hepatitis.
 - The diffuse nature of the injury distinguishes it from hepatic infarction, which is focal injury.
- Don't document "elevated LFTs" or "acute liver injury."
- Do document "ischemic hepatitis."
 - If either **ischemic hepatitis or shock liver** are documented, the code for **acute and subacute hepatic failure without coma** will be reported
 - "Shock Liver" may be used interchangeably with "ischemic hepatitis."

Clinical Example:

- A 65-year-old patient underwent a left THA. Intraoperatively, the patient had a transient episode of hypotension with a systolic blood pressure in the 70's. The CMP the day after surgery revealed an initial AST/ALT of 304/80 and 490/141 the following day. The elevated transaminases were believed to be secondary to poor liver perfusion secondary to transient hypotension during surgery.
- Adding the diagnosis of **ischemic hepatitis (shock liver)** resulted in a major complicating condition (MCC).