Background:
Decompensate liver cirrhosis is often accompanied by hepatorenal syndrome (HRS) with mortality up to 80%. The aim is improving the results of critical cases of decompensate liver cirrhosis in terminal phase.
Methods
Patient S., 32 years old, female, enrolled with decompensated Primary Liver Cirrhosis, Child-Pugh class C, portal hypertension, esophageal varices II degree, ascites and hydrothorax, secondary coagulopathy and hepatic encephalopathy – III. MELD was 38. In inpatient ward his condition become worse as marked dyspnea, itching, ascites, oliguria. The total bilirubin increased to critical levels (571 mc mol/L), hepatocellular, kidney (Cre 220mc mol/L) and respiratory failure progression and growing of ascites tense. MARS-therapy was ineffective. Despite significant coagulopathy, the continuous renal replacement procedure was performed safely and without incident.
Cadaveric donor liver transplantation was indicated and performed by standard method.

Results
In postoperative period intensive care and triple immunosuppression therapy (calcineurin inhibitor started on the 4th day, because of HRS) were done. In our patient, our treatment strategy resulted in resolution of ascites and edema, and improvement of renal function and hemodynamics. Patient discharged after 42 days after transplantation operation.
Conclusion

Thus, in this emergency case just organized and undertaken by highly qualified emergency medical care to a patient in a terminal state would save lives.

Thank You for attention!