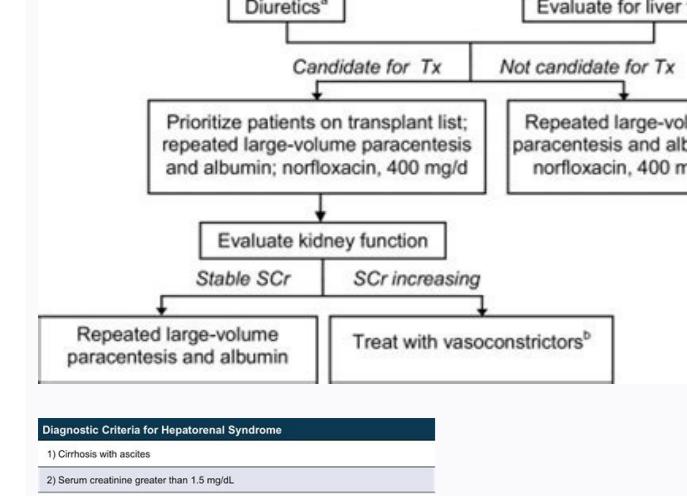
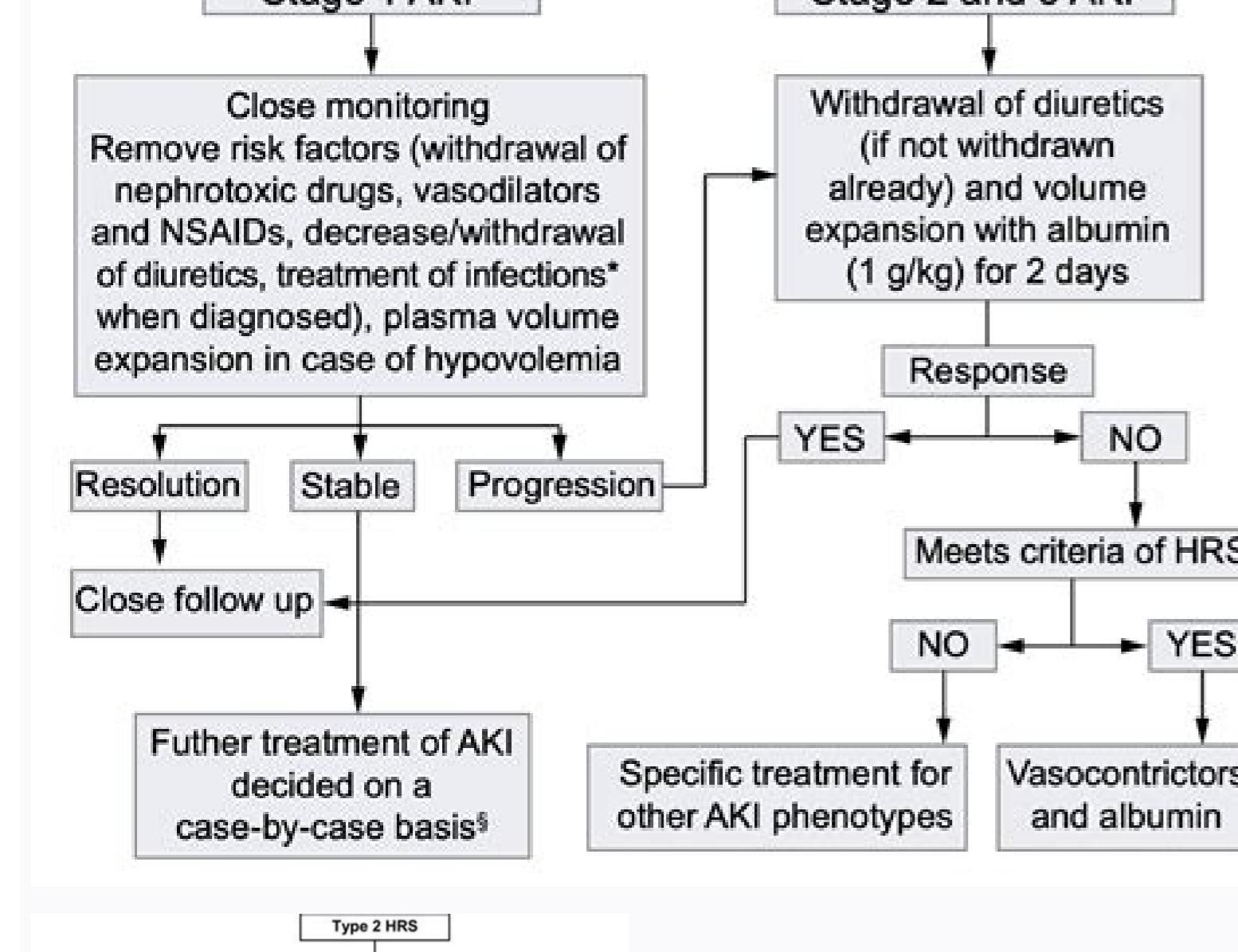
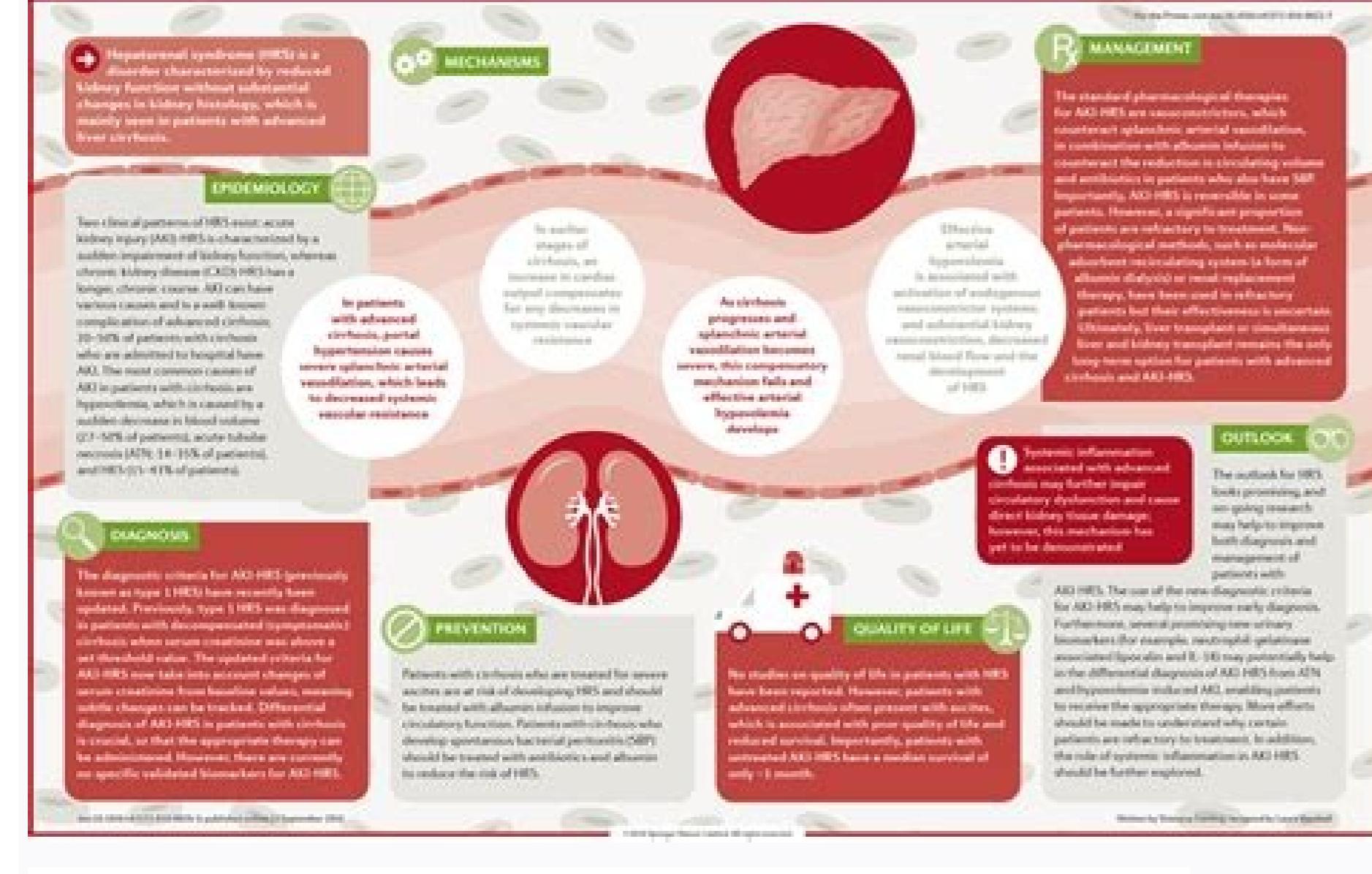
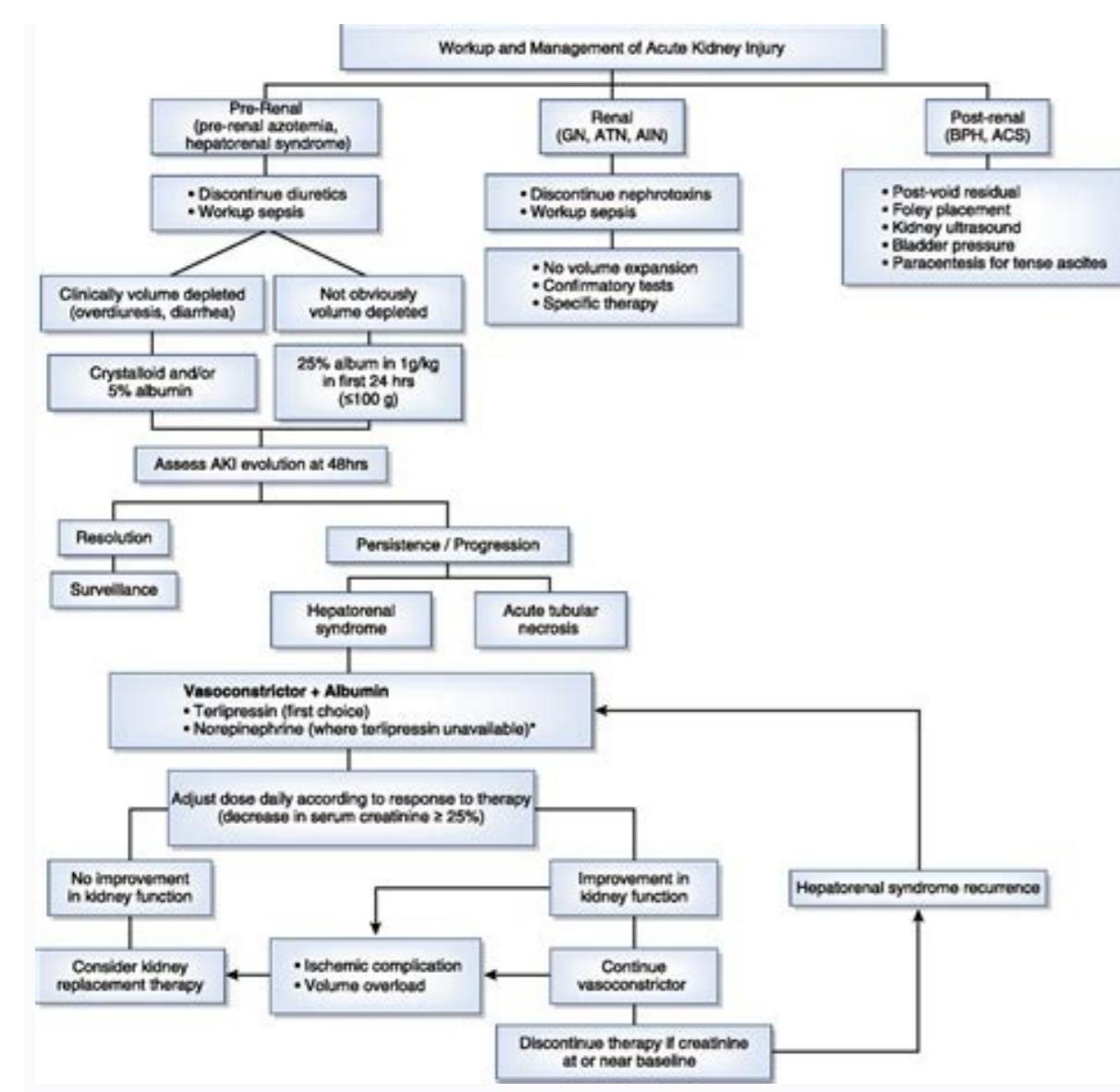


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Diagnostic Criteria for Hepatorenal Syndrome  
 1) Cirrhosis with ascites  
 2) Serum creatinine greater than 1.5 mg/dL  
 3) No evidence of other causes of renal failure to a degree of 1.5 mg/dL after at least 4 days of diuretic withdrawal and volume expansion with albumin (1 g/kg body weight) and norfloxacin (400 mg per day)  
 4) Absence of shock

<sup>#</sup>No current or recent treatment with nephrotoxic drugs  
<sup>\$</sup>Effects of paracentesis on renal sodium retention in ascitic liver cirrhosis evaluated by lithium clearance. *Eur J Clin Invest.* 1990; 20: 111–117View in Article PubMed Crossref Google Scholar  
<sup>†</sup>Effects of furosemide versus spironolactone in nonazotemic cirrhosis with ascites. *Gastroenterology.* 1984; 84: 961–968View in Article PubMed Crossref Google Scholar  
<sup>‡</sup>Randomized controlled trial of the efficacy of amiloride and potassium canrenone in nonazotemic cirrhotic patients with ascites. *Hepatology.* 1994; 19: 72–79View in Article PubMed Crossref Google Scholar  
<sup>§</sup>Randomized controlled trial comparing amiloride and potassium canrenone in the treatment of ascites. *Am J Gastroenterol.* 1993; 88: 1147–1153View in Article PubMed Crossref Google Scholar

<sup>¶</sup>Effects of spironolactone on renal sodium retention in ascitic liver cirrhosis evaluated by lithium clearance. *Eur J Clin Invest.* 1990; 20: 111–117View in Article PubMed Crossref Google Scholar

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