

Terlipressin Abuse: An Occult Killer for Patients with Critical Condition

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EDITORIAL

Terlipressin is a vessel V2 receptor blocker, which has been the world widely used to better stop severe upper gastrointestinal tract bleeding, resulting from portal hypertension in cirrhosis. Nowadays Terlipressin is applied for other diseases including hepato-renal syndrome (Mattos et al., 2015), shock (Michel et al., 2016), ascites, and even with prevention of little-liver syndrome... etc., according to the most updated clinical guideline of Terlipressin. However, based on authors' previous practice and evidence of the latest report of Šíma and colleagues study, it is more likely to lead to severe hyponatremia, and hypertension due to its adverse effects, which is difficult to control and then ultimately push patients with severe illness into potential risks of fatal consequence such as spontaneous cerebral hemorrhage or worsening of kidney failure or complexing the general conditions of patients during therapeutic course (Šíma et al., 2016).

Now it is the time to remind physicians to focus on the pressing issue and to keep minds of raising their awareness of Terlipressin adverse effects.

Foremost, multiple disciplinary teams (MDT) should outline the indication of Terlipressin before using it. Secondary, the hospital will keep an open eye on adverse effects of Terlipressin to ensure the safety of patients with severe illness. The authorities should enhance supervision guarding against excessive Terlipressin use or misuse. Therefore, it is the time to speed up the establishment procedures to make sure that all phases of Terlipressin use are traceable and the misuse of Terlipressin will be severely punished.

Sample tests amid the severe patients should be a groundwork at an uncertain time to improve surveillance risk of Terlipressin. Strict indication for Terlipressin and measures will be taken to pro legal interests of patients. The violator will be put on a blacklist that will be punished at regular, and the physicians' participations will be limited in the future. Terlipressin doctors

all tend to take for granted, but it really has to wise up to the fact that right drug in right time is crucial, helping to protect the patients from unexpected damage as well as life threatening. Finally, the root cause for misusing of Terlipressin is that physicians themselves who may chase gray income or are a lack of knowledge about Terlipressin. For example, if the patients with cirrhosis, which is ongoing hepatic bleeding and infectious shock, Terlipressin should be forbidden according to authors' experience, otherwise, it may induce cerebral stroke mainly due to blood-clot dysfunction and hypertension. If the kidney failure is resulting from hypotension or infection but not a hepato-renal syndrome, Terlipressin is not suitable for use.

In conclusion, Terlipressin should be strictly administered, to protect patients' safety. Everyone should get to know the latest guidance of Terlipressin and its cautious notes of using it.

Conflicts of Interest:

All authors declare that they have no conflicts of interests concerning the paper.

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