

Supplementary Table 1. Diagnostic criteria for HRS of the International Club of Ascites in 1996¹¹⁾

Major criteria

- 1) Chronic or acute liver disease with advanced hepatic failure and portal hypertension
- 2) Low glomerular filtration rate, as indicated by serum creatinine of >1.5 mg/dL or 24-hr creatinine clearance <40 mL/min
- 3) Absence of shock, ongoing bacterial infection, current or recent treatment with nephrotoxic drugs, absence of gastrointestinal fluid losses (repeated vomiting or intense diarrhea) or renal fluid losses (weight loss >500 g/day for several days in patients with ascites without peripheral edema, or 1,000 g/day in patients with peripheral edema)
- 4) No sustained improvement in renal function (decrease in serum creatinine to 1.5 mg/dL or less, or increase in creatinine clearance to 40 mL/min or more) following diuretic withdrawal and expansion of plasma volume with 1.5 L of isotonic saline
- 5) Proteinuria <500 mg/day and no ultrasonographic evidence of obstructive uropathy or parenchymal renal disease

Additional criteria

- 1) Urine volume <500 mL/day
- 2) Urine sodium <10 mEq/L
- 3) Urine osmolality greater than plasma osmolality
- 4) Urine red blood cells <50 per high-power field
- 5) Serum sodium concentration <130 mEq/L

HRS, hepatorenal syndrome.