gutflix
GI learning, personalised

Summary

# Toward a more precise prognostic stratification in acute decompensation of cirrhosis: The Padua model 2.0.

Alberto Zanetto

Podcast Episode

Hepatobiliary

March 18, 2024

**The Padua Model 2.0 combines presepsin, a biomarker of bacterial translocation and systemic inflammation, with liver dysfunction severity to improve prognostic stratification in patients with acute decompensation of cirrhosis.**

KEY POINTS

- The authors developed the Padua Model 2.0 to predict one-year risk of acute-on-chronic liver failure in patients presenting with acute decompensation of cirrhosis, aiming to identify high-risk patients who may need expedited liver transplant evaluation.
- In a prospective cohort, presepsin was independently associated with development of acute-on-chronic liver failure during one-year follow-up, and its prognostic value appeared independent of the specific precipitating factor including in patients without bacterial infection.
- The Padua Model 2.0 showed significantly higher area under the ROC curve compared to traditional prognostic scores including Child-Pugh, CLIF acute decompensation score, and MELD score.
- The authors suggest presepsin may be superior to C-reactive protein because it better reflects bacterial translocation from the gut and does not depend on liver function, though they emphasise the need for external validation in other patient populations.
- Future research will explore whether serial assessment of presepsin and the Padua Model 2.0 could further improve prognostic stratification and help separate patients progressing to acute-on-chronic liver failure from those progressing to stable decompensated cirrhosis.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/ddf9c88e-2e20-11ef-9553-0242ac140004

**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.