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Summary

Liver

Andres Cardenas

UEG Week Barcelona 2026 | Presentation

Paediatrics | Hepatobiliary | Small Intestine & Nutrition | Immunology | IBD | Digestive Oncology

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Three studies presented at DDW highlight new diagnostic and therapeutic approaches in compensated and decompensated liver disease, including EUS-based portal pressure measurement, primary prevention strategies in HCC patients, and real-world terlipressin outcomes.

KEY POINTS

- A retrospective study of 133 patients with steatotic liver disease reported that endoscopic ultrasound portal pressure gradient measurement achieved 100% technical success with no serious adverse events, and the speaker stated it showed association with advanced fibrosis and portal hypertension features, though validation against HVPG is needed.
- A small randomised controlled trial from Thailand comparing carvedilol versus variceal ligation for primary prevention of variceal bleeding in HCC patients reported numerically less bleeding and mortality with carvedilol, but differences were not statistically significant; the speaker recommended carvedilol when possible, with EVL as an option for intolerant patients.
- Real-world data from seven US hospitals on 54 patients treated with terlipressin for hepatorenal syndrome reported 31% verified reversal rate and 28% mortality at eight weeks, similar to registration trial data, with the speaker stating that earlier intervention with lower baseline creatinine yielded better response rates.
- The speaker stated that patients starting terlipressin with creatinine 2 or less had 67% response rate, while those with higher creatinine had poor response, and 22% experienced treatment-related adverse events including three cases of respiratory failure.
- The speaker emphasized in discussion that the goal is to develop non-invasive measures of portal pressure rather than invasive procedures, though EUS portal pressure gradient may be useful for patients suspected of having pre-sinusoidal portal hypertension in MASLD.

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