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Summary

Intestinal-failure-associated liver disease: What really matters?

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The speaker presented an educational overview of intestinal failure-associated liver disease (IFALD), emphasizing its multifactorial pathogenesis and the key roles of lipid management, sepsis prevention, and maintenance of oral feeding in prevention and treatment.

KEY POINTS

- IFALD is diagnosed by abnormal liver function tests and/or radiological or histological abnormalities in the absence of other primary liver pathology, biliary obstruction, or hepatotoxic factors; no formally agreed diagnostic criteria exist and liver biopsy is not mandatory.
- Risk factors include parenteral nutrition components (soybean lipid emulsions above 1 g/kg/day, phytosterols, continuous infusions, overfeeding), intestinal failure factors (lack of oral feeding, short bowel syndrome), and inflammatory/infectious complications (sepsis, small bowel bacterial overgrowth).
- Prevention strategies include limiting soybean oil-based lipids to less than 1 g/kg/day, avoiding overfeeding, maintaining oral or enteral intake when feasible, preventing sepsis, and preserving small intestinal length with restoration of intestinal continuity.
- Treatment involves reconsidering all preventive measures, revising the lipid component to decrease total amount and/or the omega-6 to omega-3 ratio, and addressing any inflammatory or infectious foci.
- The speaker illustrated through three cases that stopping or reducing lipids in parenteral nutrition and switching to emulsions with lower omega-6/omega-3 ratios led to improvement in liver function tests and bilirubin, and that maintaining oral feeding is recommended even in the presence of IFALD.

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