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Summary

SERUM VILLIN-1 LEVEL – A TELL-TALE SIGN OF GUT BARRIER FAILURE IN CIRRHOTIC PATIENTS WITH ACUTE DECOMPENSATION

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Serum villin-1 levels predict 90-day mortality in patients with cirrhosis and acute decompensation and may indicate intestinal barrier failure as an additional organ failure beyond those captured by existing scoring systems.

KEY POINTS

- Serum VIL1 levels were decreased in stable acute decompensation patients compared to healthy controls (6.5 vs 12 ng/mL, p<0.001) but increased with more severe disease.
- Higher serum VIL1 levels were detected in pre-ACLF patients compared to those who did not develop ACLF (10.7 vs 6.9 ng/mL, p=0.004), and ACLF survivors showed decreased VIL1 on day 7 versus day 0.
- High serum VIL1 (≥16.17 ng/mL) predicted 90-day mortality (AUROC 0.73, p=0.013), with excellent prediction when combined with high CLIF-C AD score (75% vs 8% mortality, p<0.001).
- The authors conclude that serum VIL1 could indicate intestinal failure and improve mortality risk stratification beyond the six organ failures in CLIF-SOFA score.
- This study from the MICROB-PREDICT cohort (86 patients, 50 controls) is relevant to clinicians managing decompensated cirrhosis and assessing prognosis.

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