gutflix
GI learning, personalised

Summary

UTILITY OF GUT BARRIER DISRUPTION ASSOCIATED SEROLOGIC MARKERS IN LIVER CIRRHOSIS DURING ACUTE DECOMPENSATION

Boglarka Balogh

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

In a prospective cohort of 131 cirrhosis patients with acute decompensation, elevated serum gelsolin above 68 µg/ml significantly improved 3-month mortality prediction across all disease severity categories compared to CLIF-C AD score alone.

KEY POINTS

- Elevated gelsolin level at baseline was associated with hospital readmission within 3 months (p=0.042) and predicted short-term mortality with AUROC of 0.814 for 1-month and 0.664 for 3-month mortality (both p□0.012)
- High gelsolin (>68 µg/ml) increased 3-month mortality rates in all severity groups: from 0% to 24.3% in CLIF-C AD <50, from 15.9% to 36% in CLIF-C AD ≥50, and from 22.2% to 54.5% in ACLF patients (cumulative p<0.001)
- Increased free Ig kappa light chain levels were associated with ACLF presence at hospitalization (p=0.043) and subsequent ACLF development (p=0.018)
- Presence of multiple IgA-type antibodies correlated with disease severity and higher total IgA levels, interpreted by the authors as reflecting enhanced bacterial translocation in advanced cirrhosis
- The findings suggest serologic markers of gut barrier disruption and tissue damage may complement existing prognostic scores in cirrhosis with acute decompensation

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a568d018-743b-11ee-97db-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.