

IMPROVEMENT OF CLINICAL OUTCOMES IN PATIENTS WITH DECOMPENSATED CIRRHOSIS UNDERWENT TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT BY SELECTIVE COX-2 INHIBITORS: A RETROSPECTIVE STUDY

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Poster

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Retrospective study of 146 cirrhotic patients post-TIPS with rheumatoid or osteoarthritis found selective COX-2 inhibitor therapy associated with fewer decompensated events compared to no anti-inflammatory treatment.

KEY POINTS

- Among 51 patients receiving selective COX-2 inhibitors post-TIPS, 5.88% experienced decompensated events (variceal rebleeding, hepatic encephalopathy, ascites >grade 2, hepatocellular carcinoma, or stent dysfunction) versus 27.37% among 95 patients without COX-2 inhibitors ($p=0.002$).
- Decompensated events occurred in 21.05% of the TIPS-only group compared to 5.88% in the TIPS plus COX-2 inhibitor group ($p=0.016$).
- No cardiovascular events or gastrointestinal hemorrhage attributable to selective COX-2 inhibitors were observed during follow-up.
- The study was retrospective, collecting data from January 2017 to October 2022; patients were divided by whether they received oral selective COX-2 inhibitors for arthritis.
- Clinicians managing cirrhotic patients with concurrent inflammatory arthritis post-TIPS may find this comparison of outcomes relevant to treatment decision-making.

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