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Summary

Alcohol-related liver disease: Emerging mechanisms and translational advances

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Mechanisms & Personalised Medicine | Hepatobiliary

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The speaker reviewed translational advances in alcohol-related hepatitis treatment, highlighting three therapeutic approaches under clinical investigation: interleukin-22 to restore hepatocyte regeneration, epigenetic modulators targeting DNA methyltransferase dysregulation, and microbiome-directed therapies addressing gut-liver axis dysfunction.

KEY POINTS

- A phase 2 trial of interleukin-22 showed safety and positive signals on liver function with significant MELD score reduction at 28 days, and a phase 3 trial is currently ongoing
- An epigenetic modulator trial in 300 patients was negative for its primary endpoint of 90-day survival but showed a positive signal in US patients, leading to an ongoing phase 3 trial
- A large antibiotic trial of nearly 3000 patients testing corticosteroids plus amoxicillin-clavulanate versus corticosteroids alone was negative for 60-day survival but showed reduced infection incidence
- The speaker stated that approximately 30% of alcohol-related hepatitis patients harbor cytolysin-producing Enterococcus faecalis, which was associated with worse prognosis
- Corticosteroids remain the only approved therapy with proven short-term survival benefit, and the speaker recommends their use as the cornerstone of treatment
- The speaker recommended waiting 2 to 3 days to culture patients and rule out infections before initiating corticosteroid therapy

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