

Diagnosis and treating sarcopenia in hepatic disorders

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Presentation

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The speaker reviewed sarcopenia in liver cirrhosis, stating it affects approximately 40% of cirrhotic patients, is associated with poor prognosis including increased mortality and transplant complications, and can be addressed through nutritional interventions, physical therapy, and potentially testosterone replacement in selected male patients.

KEY POINTS

- Sarcopenia in cirrhosis is defined by loss of muscle strength, loss of muscle quantity or quality, and impaired physical performance, and the speaker stated it is associated with worse survival, complications such as hepatic encephalopathy, and worse outcomes after liver transplantation including infections and surgical complications.
- The speaker reported that sarcopenia mechanisms include malnutrition, gut dysbiosis with increased bacterial translocation and TNF alpha, hyperammonemia-driven myostatin production, and testosterone reduction via altered aromatase activity.
- The speaker recommended using the liver frailty index (comprising handgrip strength and balance exercise) for routine clinical screening because it is quick and can be administered by nurses, reserving detailed sarcopenia quantification for patients not adequately assessed by frailty testing.
- Management centers on nutritional prescriptions with avoidance of prolonged fasting and inclusion of late evening snacks, co-management with dietitians and physical therapists, and center-based rehabilitation for tertiary prevention.
- The speaker stated that testosterone treatment in male cirrhotic patients without carcinoma history can reverse muscle loss and increase muscle mass, and cited a 2025 simulation study suggesting that reversing sarcopenia could improve survival, though optimal thresholds and methods to reverse myosteatosis remain unknown.

- The speaker noted that artificial intelligence may assist future sarcopenia assessment by extracting data from patient records for rapid prognostic stratification during outpatient visits.

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