

CANALICULAR CHOLESTASIS AND FIBROSIS ARE LINKED WITH A HIGHER HEPATIC VENOUS PORTAL GRADIENT IN PATIENTS WITH ALCOHOL RELATED LIVER DISEASE

Ioana Rusu

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In patients with alcohol-related liver disease, hepatic venous pressure gradient correlates with canalicular cholestasis and advanced cirrhosis stage, and canalicular cholestasis independently predicts infection risk.

KEY POINTS

- In 81 patients with alcohol-related liver disease, HVPG was significantly higher in those with canalicular cholestasis (mean 21.61 mmHg) versus without (mean 19.14 mmHg), $p=0.023$, but did not correlate with ductular cholestasis.
- HVPG showed statistically significant differences across SALVE fibrosis stages, distinguishing non-cirrhotic from cirrhotic stages 4A, 4B, and 4C ($p=0.01$), but did not correlate with steatosis, ballooning, or neutrophil infiltration.
- Canalicular cholestasis correlated with prognostic scores, leucocyte and neutrophil counts, platelets, CRP, and bilirubin in multivariate analysis (all $p<0.05$).
- Patients with canalicular cholestasis had a significantly higher probability of infection ($p=0.041$), while systemic inflammation markers (CK18, Hsp90, TLR4, TNF α , LPS) did not correlate with cholestasis.
- Cholestasis type did not influence overall survival; the study is relevant for clinicians managing alcohol-related hepatitis with portal hypertension or infection.

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