

DUODENAL CONFOCAL LASER ENDOMICROSCOPY REVEALS INTESTINAL BARRIER DYSFUNCTION IN ADVANCED CHRONIC LIVER DISEASE AND PREDICTS CLINICAL OUTCOME

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Poster

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Confocal laser endomicroscopy detected intestinal barrier dysfunction in 52% of advanced chronic liver disease patients and independently predicted liver-related events during median 13.2-month follow-up.

KEY POINTS

- Barrier dysfunction was significantly more prevalent in decompensated versus compensated advanced chronic liver disease (73% vs. 25%, $p=0.021$) in this prospective study of 48 patients.
- Patients with confocal laser endomicroscopy-detected barrier dysfunction had significantly higher risk of liver-related events (25% vs. 5% at 12 months, 43% vs. 5% at 18 months, log-rank $p=0.005$).
- Barrier dysfunction correlated with bilirubin ($p=0.033$) and albumin ($p=0.010$) but not with hepatic venous pressure gradient, liver stiffness measurement, or C-reactive protein.
- In univariable Cox regression, intestinal barrier dysfunction remained independently associated with liver-related events (hazard ratio 2.36, 95% CI 1.34–84.0, $p=0.025$), with prognostic impact aligning with established markers like MELD and albumin.
- The authors suggest confocal laser endomicroscopy may serve as an accessible prognostic tool integrable into standard endoscopy, though validation in larger cohorts is needed.

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