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Summary

Refractory ascites: Can we break a vicious cycle?

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UEG Week Berlin 2025 | Presentation

Hepatobiliary

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The speaker positioned transjugular intrahepatic portosystemic shunt (TIPS) as first-line therapy for refractory ascites in cirrhosis, citing improved renal function, increased transplant bridging, and survival benefit over repeated large-volume paracentesis.

KEY POINTS

- The speaker stated that TIPS increases urinary sodium excretion and eGFR over 90 days to 12 months, while large-volume paracentesis with albumin does not improve kidney function.
- In one study the speaker cited, 38 percent of TIPS patients underwent liver transplant versus 13 percent in the paracentesis group, and a 2007 meta-analysis showed TIPS improved survival over paracentesis.
- The speaker recommended platelets above 75,000 and bilirubin below 3 milligrams per deciliter as a simple selection rule, reporting 80 percent 12-month survival in patients meeting these criteria.
- Large-volume paracentesis should include albumin at 6 to 8 grams per liter of ascites removed to prevent circulatory dysfunction; in acute-on-chronic liver failure the speaker suggested albumin even for drainage under 5 liters.
- The speaker noted that long-term albumin infusion may improve outcome in refractory ascites but stated more data are needed, citing the ANSWER trial and a recent EASL presentation in super-selected patients.
- Tunnelled peritoneal catheters had only 15 percent one-year explant-free survival and higher peritonitis rates than TIPS; continuous home terlipressin at 3.4 milligrams per day reduced ascites in one Australian study but the speaker said this requires confirmation.

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