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Summary

INCREASED RISK FOR ACLF AND LIVER-RELATED DEATH IN PATIENTS WITH PATHOLOGIC ALCOHOL CONSUMPTION AFTER TIPS IMPLANTATION FOR ALCOHOL-RELATED ACLD

Lukas Hartl

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In 276 patients with alcohol-related liver disease who underwent TIPS implantation, ongoing alcohol use after the procedure was independently associated with increased acute-on-chronic liver failure and liver-related death.

KEY POINTS

- Ongoing alcohol use after TIPS placement was documented in 85 patients (30.8%) and was independently associated with acute-on-chronic liver failure (adjusted subdistribution hazard ratio 1.66, 95% CI 1.13-2.44, p=0.010) and liver-related death (adjusted subdistribution hazard ratio 2.09, 95% CI 1.32-3.33, p=0.002).
- Patients with ongoing alcohol use showed higher incidence of bacterial infections (log-rank p=0.002), acute-on-chronic liver failure (log-rank p<0.001), and overall mortality (log-rank p=0.005) compared to those without ongoing use.
- Baseline characteristics at TIPS implantation were similar between groups with and without post-TIPS alcohol use, including prevalence of ascites, variceal hemorrhage, and hepatic encephalopathy.
- The authors conclude that these findings emphasize the importance of psychiatric care and harm reduction measures in addition to hepatological optimization after TIPS implantation in patients with alcohol-related liver disease.

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