Summary: Advanced chronic liver disease: When the liver gets stiff, the complications get going

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Digestive Oncology | Radiology & Imaging | Small Intestine & Nutrition | Hepatobiliary

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This summary presentation reviewed three key areas in advanced liver disease management: early detection and treatment of clinically significant portal hypertension to prevent decompensation, upstream interventions in ascites management including the role of aetiological treatment and long-term albumin, and recognition and organ-based management of acute-on-chronic liver failure.

KEY POINTS

- The speaker stated that non-selective beta blockers should be started as soon as clinically significant portal hypertension is diagnosed, with carvedilol as first choice when clinically significant portal hypertension is present.
- Non-invasive tests can detect clinically significant portal hypertension, and patients in the intermediate zone need repeat non-invasive tests every year.
- For ascites management, aetiological treatment is the cornerstone, while diuretics are only symptomatic and do not change natural history of disease.
- The speaker stated that long-term albumin use can be applied based on its possibility to decrease mortality, and primary SBP prophylaxis should be reserved for high-risk patients.
- ACLF is a distinct syndrome defined by organ failures and high mortality rate, driven by systemic inflammation and immune dysfunction, requiring early identification and treatment of trigger factors especially infection.
- The speaker stated that number and trajectory of organ failures drive prognosis and decisions on ICU management, transplant evaluation, or palliative care for ACLF patients.

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