

Recent advances in acute-on-chronic liver failure (ACLF) and the role of biomarkers

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Presentation

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A new global consensus on acute-on-chronic liver failure harmonizes definitions across liver societies and establishes standardized organ failure criteria to guide clinical management and research.

KEY POINTS

- The Kyoto consensus defines ACLF using standardized organ failure criteria including serum bilirubin above 7.5 mg/dL and INR above 1.5, with the kidney typically being the next organ to fail.
- ACLF affects 35% of patients admitted with decompensated cirrhosis and carries mortality of 41 to 68% as stated by the speaker, with infection being the leading triggering factor worldwide.
- Patients with ACLF have comparable post-transplant survival to those without ACLF, but face much higher waitlist mortality, particularly ACLF grade 3 patients who may warrant higher transplant priority.
- The speaker states that therapeutic plasma exchange improved survival in ACLF patients, though the evidence is not robust and questions remain about optimal protocols.
- Pre-emptive TIPS should be performed for high-risk variceal bleeding regardless of ACLF or hepatic encephalopathy, according to concordant EASL and Baveno guidelines, though ACLF grade 3 with multiple organ failure requires case-by-case discussion.
- The speaker emphasizes that future research must validate biomarker cut-offs, develop rapid infection diagnostics, and establish markers for encephalopathy differentiation, kidney disease phenotypes, and GI permeability.

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