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Summary

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

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This educational session introduces the updated staging framework for advanced chronic liver disease, distinguishing compensated disease with and without portal hypertension from first decompensation and the newly defined further decompensation stage, each driven by different pathophysiological mechanisms and carrying distinct prognoses.

KEY POINTS

- Advanced chronic liver disease replaces the term compensated cirrhosis diagnosed by non-invasive tests and is subdivided into stages with and without clinically significant portal hypertension, with the latter group at risk for decompensation.
- First decompensation is defined as the first occurrence of clinically evident ascites, variceal bleeding, or overt hepatic encephalopathy, marking a change in disease trajectory.
- Further decompensation is a newly introduced distinct stage characterized by recurrent events, second unrelated decompensations, or complications such as acute kidney injury or spontaneous bacterial peritonitis.
- The speaker stated that disease progression is driven by portal hypertension in compensated disease, systemic inflammation in first decompensation, and circulatory dysfunction with copeptin in further decompensation.
- The speaker reported that with further decompensation most patients either go to transplant or die within 18 months, reflecting dramatically different disease trajectories across stages.
- The session framework is based on recent Baveno 8 recommendations and covers the spectrum from compensated disease through acute on chronic liver failure.

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