

SUPPRESSION OF THE PITUITARY-ADRENAL AXIS AND PROGNOSTIC VALUE OF SERUM CORTISOL IN PATIENTS WITH ADVANCED CHRONIC LIVER DISEASE

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Poster

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In stable outpatients with advanced chronic liver disease, lower serum total cortisol independently predicts bacterial infections, decompensation, acute-on-chronic liver failure, and liver-related death.

KEY POINTS

- Among 137 outpatients with advanced chronic liver disease stratified by clinical stage, lower total serum cortisol was independently associated with bacterial infections, further decompensation, acute-on-chronic liver failure, and liver-related death in competing risk analysis.
- Total serum cortisol below 12 µg/dL identified patients at particularly high risk, with cumulative incidence of acute-on-chronic liver failure more than three times higher at one, two, and three years compared to those with higher levels.
- Across disease substages, median ACTH and cortisol binding globulin decreased significantly while free cortisol remained unchanged, suggesting impaired pituitary-adrenal signaling in cirrhosis progression.
- This prospective cohort study excluded patients with corticosteroid use, infection, hepatocellular carcinoma, or prior liver transplantation, focusing on stable advanced chronic liver disease patients with hepatic venous pressure gradient of at least 6 mmHg.

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