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Summary

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

Postgraduate Teaching Programme Barcelona 2026 | Presentation

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

October 18, 2026

Panel discussion addressed management approaches for compensated advanced chronic liver disease (CSLD) defined by liver stiffness, TIPS placement timing in refractory ascites, and the need for population-based liver fibrosis screening.

KEY POINTS

- Speakers proposed non-invasive CSLD management with yearly repeat testing if no clinically significant portal hypertension is present, and carvedilol initiation when portal hypertension thresholds are met as stated by liver stiffness measurements.
- One speaker evaluates for TIPS after two large volume paracentesis and stated that the number needed to treat to prevent one death at one year was 2.5, while another speaker cautioned that many TIPS are placed inappropriately and emphasized patient preference given that hepatic encephalopathy is the complication patients fear most.
- Small diameter TIPS around six millimetres were described as often sufficient to control ascites while reducing risks of overshunting, heart complications, and hepatic encephalopathy compared to larger diameters.
- Holistic CSLD management should address underlying aetiology and cofactors including obesity, diabetes, and alcohol consumption, with speakers noting this approach is cost-effective.
- Speakers called for a paradigm shift toward early diagnosis of chronic liver disease through population-based screening for liver fibrosis to enable aetiological treatment and prevent progression to cirrhosis.

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