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Summary

Panel discussion: Avoid inflammation and intoxication: Management of autoimmune and alcohol-related liver disease

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Surgery | Radiology & Imaging | Immunology | Hepatobiliary

October 17, 2026

This panel discussion addressed clinical decision-making in severe autoimmune hepatitis and alcohol-related hepatitis, focusing on the use of non-invasive tests, biopsy in decompensated patients, treatment strategies, and emerging therapeutic options.

KEY POINTS

- The speaker stated that Maddrey score remains recommended for treatment indication in alcohol-related hepatitis despite MELD having better prognostic capacity, and that plasma exchange shows benefit in studies but is not yet standard of care.
- For autoimmune hepatitis with decompensation, biopsy decisions depend on the degree of decompensation; the speaker would not biopsy if INR is five and bilirubin is twenty due to high infection risk with immunosuppression.
- The speakers noted that a significant percentage of alcohol-related hepatitis patients recompensate, particularly those with lower MELD and higher platelets, though no specific tool yet identifies this population in advance and close monitoring is essential.
- The panel discussed that non-invasive tests provide probability estimates for cirrhosis and portal hypertension and are useful for monitoring, with transient elastography predicting liver-related events independent of biopsy findings.
- The speakers stated that new drugs for autoimmune hepatitis are in trials and emphasized that biologics such as anti-TNF therapy and rituximab should be considered earlier before severe cirrhosis develops, with patients potentially preferring injectable therapies over daily oral medications.

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