

North Carolina Society of Gastroenterology 2026 Annual Meeting



Session II: Liver Panel Discussion

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Joint Providership



American Society for
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Case I: “Pour” Decisions

- 36 year old F who presents to the hospital with new onset ascites and jaundice. Other symptoms include intermittent lower extremity swelling. Pertinent negatives include encephalopathy or GI bleeding.
- PMH:
 - Celiac Disease
 - No history of established mental health disorders
- Social History:
 - Heavy alcohol use, approximately 3-4 glasses of wine nightly, last drink 1 week prior to presentation
 - Prior hospitalization 2 years prior for alcohol associated hepatitis; abstinence for 8 months, but relapsed for unknown reasons
 - No prior participation in formal treatment/counseling for alcohol use disorder (was never offered)
 - Prior smoker: 1 ppd x 5 years, stopped 15 years ago
 - Works as a pre-school teacher

Case I: Laboratory and Imaging Assessment

WBC	20.2
HGB	11.2
MCV	126
PLT	375

Na	126
K	3.8
Cl	86
BUN	10
Cr	0.68
Ca	8.4
Glu	95

TP	7.2
Alb	2.1
TBili	29
DBili	19.1
AST	220
ALT	44
ALP	251
INR	2.65

MELD-Na	30
MELD 3.0	34
MDF	110

Other Studies:

- Phosphatidylethanol (PEth): 1617
- Diagnostic paracentesis: Negative for SBP
- Urinalysis and Blood Cultures negative

CT Abdomen/Pelvis:

1. Cirrhosis with a heterogeneously low-density appearance of the liver compatible with steatosis
2. Portal hypertension with extensive varices throughout the right lateral abdomen and a large recanalized umbilical vein
3. Cholelithiasis without obvious acute cholecystitis
4. Diverticulosis without evidence of acute diverticulitis

What are your next steps?

Case I: “Pour” Decisions

She is started on steroids and you calculate a Day 4 Lille Score

Lille Score < 0.45

Steroids are continued for 28-days

What other treatment are you considering?

- **Naltrexone safe to use?**
- **How do you connect to MAUD?**

Lille Score \geq 0.45

Steroids are stopped

Is she eligible for salvage liver transplantation?

- **What protective factors does she have?**

Case I: “Pour” Decisions Epilogue

- She comes back to your clinic after treatment with steroids
- She appears more compensated → No jaundice, no ascites, no edema
- Established with local substance use disorder counseling, doing well
- She asks you, “Doc, do you think that I still have cirrhosis?”

How do you determine if she has underlying cirrhosis or not?

Case 2: B-Ware the Flare

- 28 year old M with ileocolonic Crohn's Disease has had incomplete control of symptoms despite therapy with infliximab. Fecal calprotectin and re-staging colonoscopy continue to show moderate disease.
- You want to start the patient on ustekinumab and obtain some safety labs prior to initiation that show the following:
 - Liver enzymes → Normal
 - HBs Ag → Negative
 - HBs Ab → Positive
 - HBc IgG Total → Positive

What's his risk for HBV re-activation?
Do you start prophylaxis or monitor?

Case 2: B-Ware the Flare Part II

- A 48-year-old woman, HBeAg-negative, non-cirrhotic, on tenofovir alafenamide (TAF) for 6 years, wants to stop therapy due to cost and pill fatigue. Her labs are pristine
 - Liver enzymes → Normal
 - HBV DNA → Negative
 - Last Fibrosis assessment: F2

What is your approach to NA withdrawal?
Is there a role for qHBsAg here?

Case 3: Fat Chance?

- A 52-year-old male with obesity (BMI 32), T2DM comes to your clinic for follow up of known MASLD
 - Current A1c is 8.1%
 - Drinks 1-2 alcoholic beverages per week
- Labs and Objective Data are significant for:
 - AST 27, ALT 68, Alk Phos 97
 - FIB-4 is borderline at 1.48
- He's interested in the newer therapies for MASLD

Which NIT do you reach for?

What pitfalls have you encountered with typical NITs?

Case 3: Fat Chance? Part II

- 63 year old F with history of MASLD comes to talk to you about starting therapy for her liver disease
 - History of T2DM, with last A1c of 7.5%
 - Also has history of HTN and Dyslipidemia
 - No history of ETOH use, multiple negative PETHs in the past
- You've classified her as "lean" MASLD due to her BMI of 25 and prior biopsy two years prior showing steatohepatitis with F2 disease

Do you offer her one of the new therapies for MASLD?
If so, which is favored?

QUESTIONS FROM THE AUDIENCE?



Thank You to Our Speakers!



Stephanie Garbarino, MD
Duke University
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Mark Russo, MD, MPH
Atrium Health Transplant
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A. Sidney Barritt IV, MD
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