



HEPATOLOGY PANEL

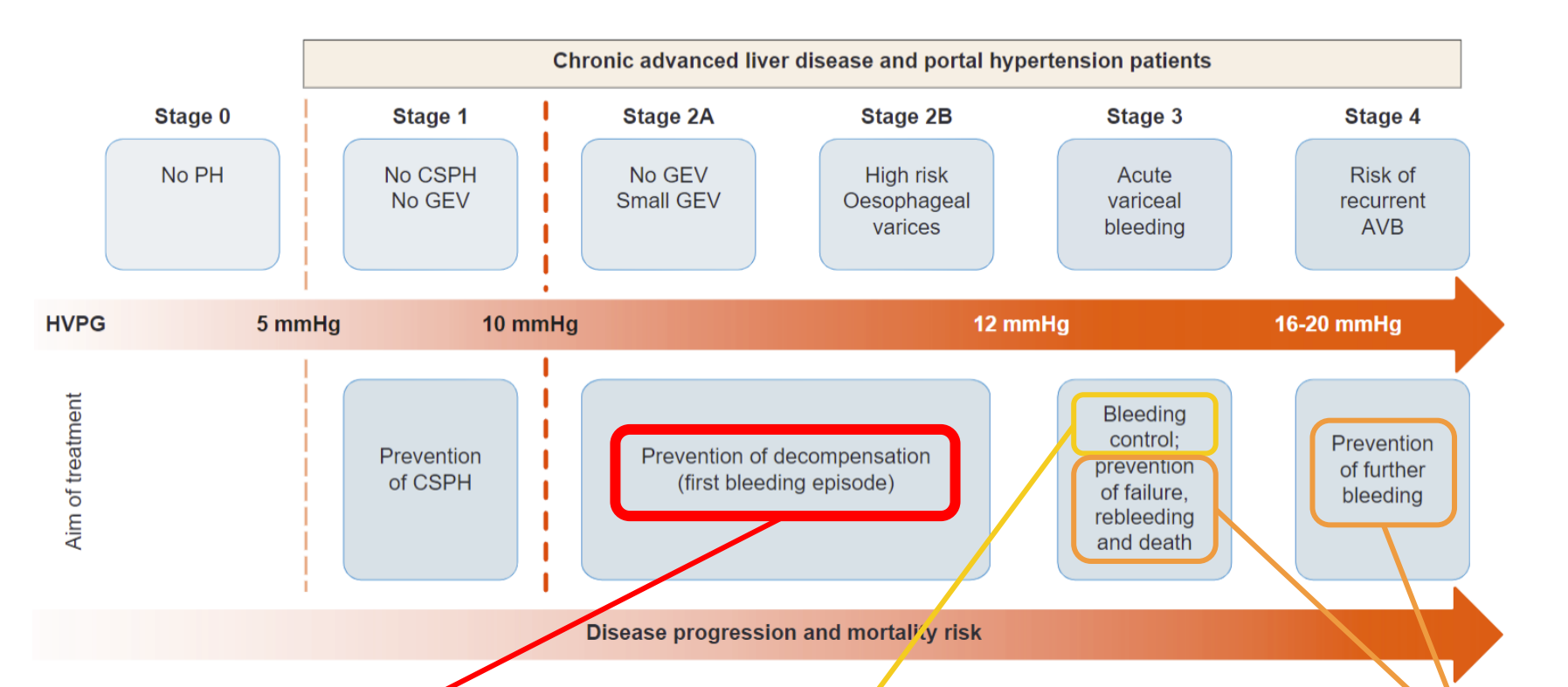
Case 1

- 59 year old with cirrhosis presents with hematemesis
- Patient is started on octreotide and receives antibiotics
- Labs
 - Hgb 6.4, platelets 62,000, PT-INR 1.5
 - Na 134, Creatinine 1.0 mg/dl, albumin 3.0 gm/dl
 - AST 83, ALT 35, alk phos 120, † bili 4.2 mg/dl
 - MELD Na 18, Child Pugh 8 points (Class B)
- EGD: large varices with active bleeding, controlled with banding ligation

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- Should this patient get a TIPS?

Pre-Emptive and Rescue TIPS



No Role for TIPS as Primary

Rescue TIPS

Pre-Emptive TIPS



Pre-Emptive TIPS

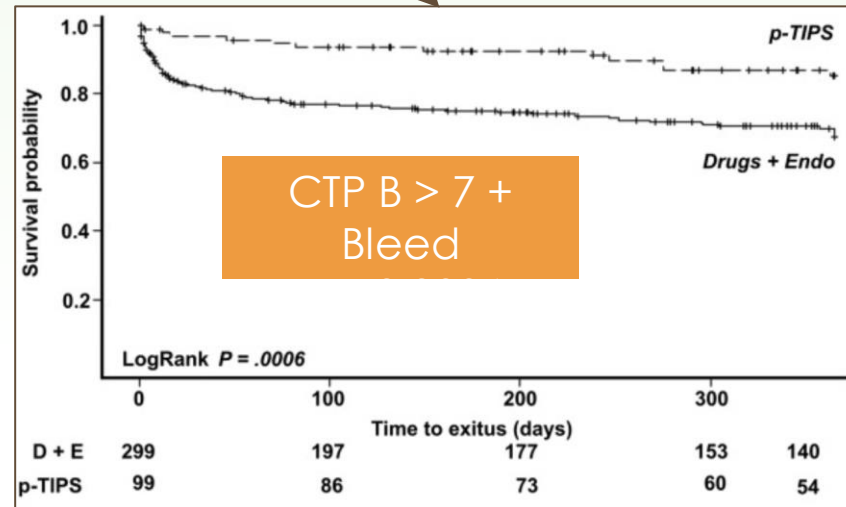
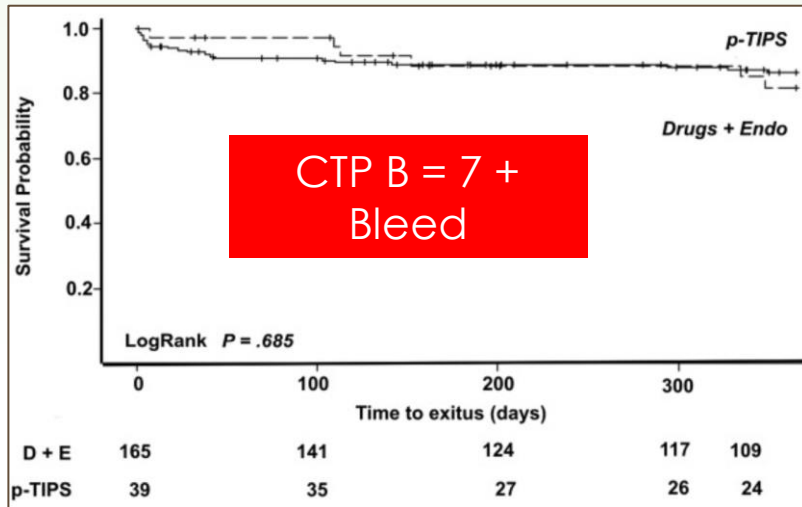
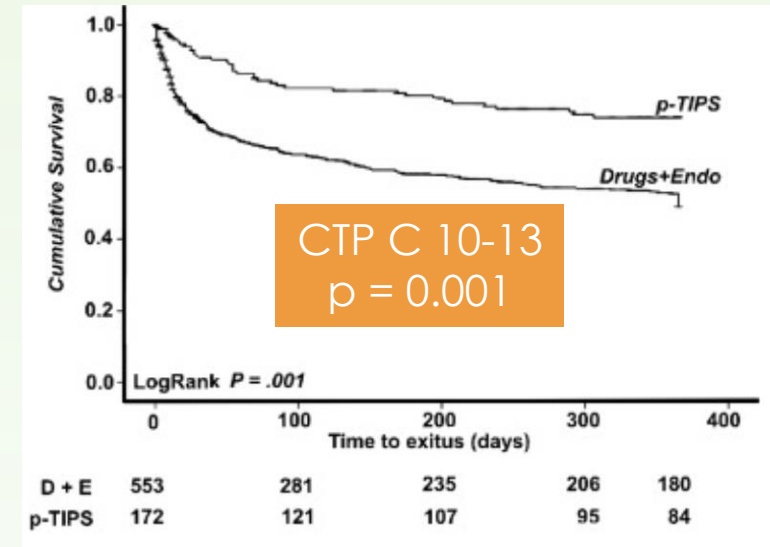
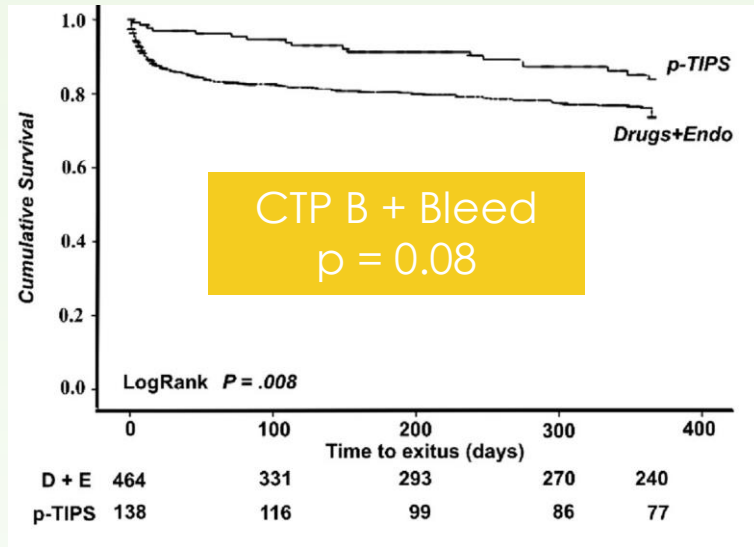
- Why? → ~20% re-bleed rate after initial AVB control
- Pre-Emptive TIPS ideally should be done in first 24-72 hours
 - Obtain cross-sectional imaging + TTE on patients after initial stabilization if possible
- Majority of data in esophageal variceal bleeding, not gastric

p-TIPS: Baveno VII Recommendations

- 6.27 Pre-emptive TIPS with polytetrafluoroethylene (PTFE)-covered stents within 72 h (ideally <24 h) is indicated in patients bleeding from oesophageal varices and type 1/2 gastro-oesophageal varices who meet any of the following criteria: Child-Pugh class C <14 points or Child-Pugh class B >7 with active bleeding at initial endoscopy or HVPG >20 mmHg at the time of haemorrhage. **(A.1) (Changed)**
- 6.28 In patients fulfilling the criteria for pre-emptive TIPS, ACLF, hepatic encephalopathy at admission and hyperbilirubinemia at admission should not be considered contraindications. **(B.1) (New)**

Meta-Analysis for p-TIPS

Active Bleeding = Jet or oozing



Should We Just TIPS Everyone?



- Good data emerging, but probably not yet
- Would caution in patients with Tbili > 10 given relative lack of data

Case 2

- 59 year old female with cirrhosis from PBC presents with refractory ascites, varices and encephalopathy
- Patient has been listed liver transplantation for 9 months
- Labs
 - Hgb 7.4, platelets 42,000, PT-INR 1.5
 - Na 133, Creatinine 1.0 mg/dl, albumin 2.6 gm/dl
 - AST 36, ALT 51, alk phos 104, t bili 2.8 mg/dl
 - MELD Na 18
- Patient has been admitted three times in the last 8 weeks for complications of cirrhosis

Case 3

- 61 year old with cirrhosis from NASH. The patient has compensated cirrhosis. BMI 38
- Labs
 - Hgb 11.4, platelets 138,000, PT-INR 1.2
 - Na 140, Creatinine 1.0 mg/dl, albumin 3.6 gm/dl
 - AST 46, ALT 91, alk phos 110, † bili 1.0 mg/dl
 - MELD Na 8
- What treatment options would you consider?

Case 3

- 62 year old with cirrhosis from NASH. The patient has had complications of ascites and encephalopathy. EGD revealed small varices. Patient is referred for transplant evaluation. BMI 41
- Labs
 - Hgb 9.4, platelets 66,000, PT-INR 1.7
 - Na 131, Creatinine 1.2 mg/dl, albumin 3.1 gm/dl
 - AST 46, ALT 91, alk phos 110, t bili 4.5 mg/dl
 - MELD Na 24
- What treatment options would you consider?

THANK YOU!



Title and Content Layout with Chart

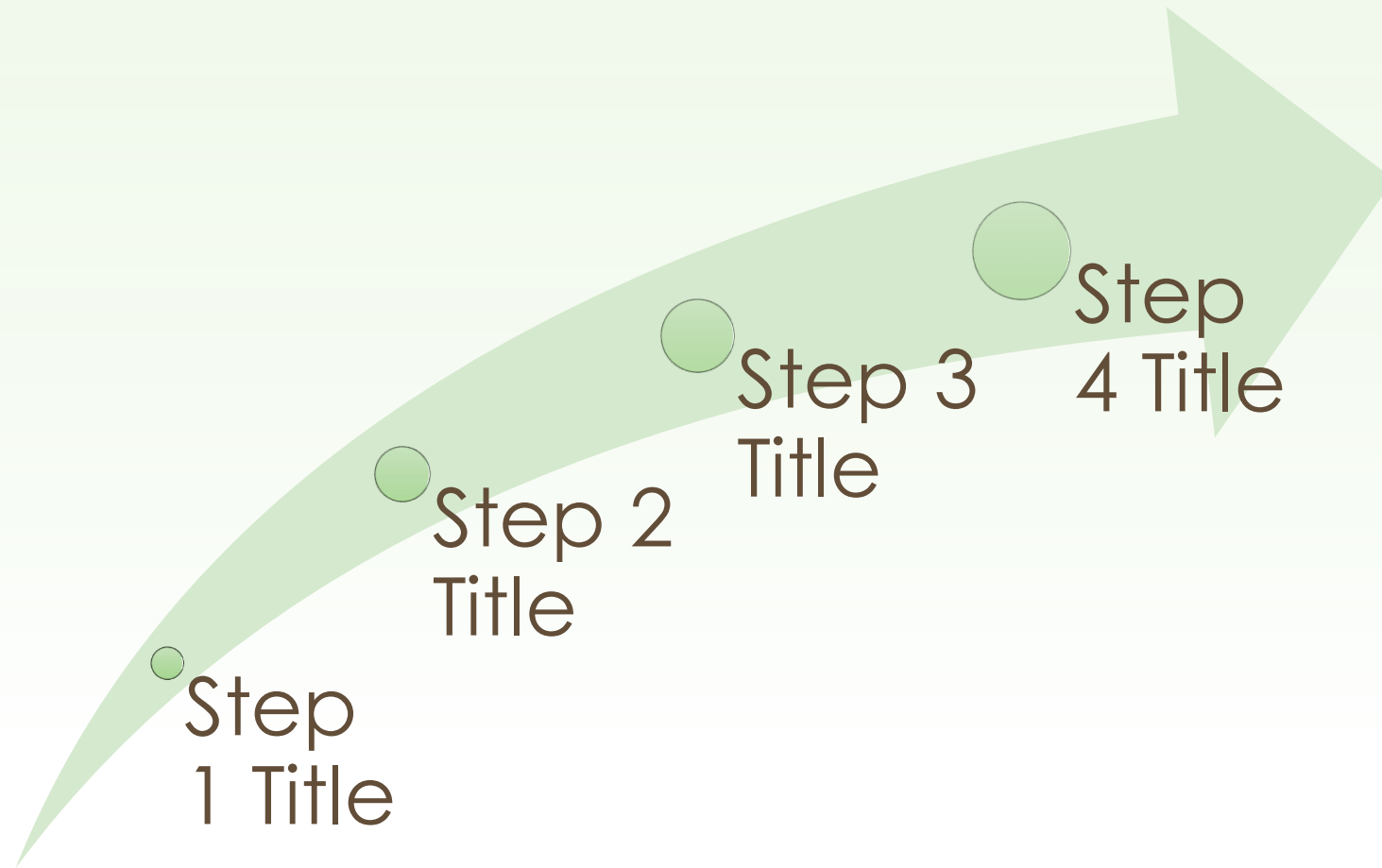


Two Content Layout with Table

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- Third bullet point here

	Group 1	Group 2
Class 1	82	95
Class 2	76	88
Class 3	84	90

Title and Content Layout with SmartArt







Knowledge Check Questions

