

Summary of workshop 2

Management of Alcoholic Hepatitis

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Clinical case 1

30 yo male

One week history of jaundice/ 4 days history of abdominal swelling

No previous episodes jaundice / hepatitis

Alcohol 14 U/w for the last week

40-50 U/w otherwise

Blood test results:

Haemoglobin		Na	121
White Cell Count	10.4	Urea	4.6
neutrophils	8.8	Creatinine	79
lymphocytes	0.3	ALT	107
eosinophils	0.0	AST	410
Platelets	78	γ GT	744
Prothrombin Time	27.8	TBL	461
aPTT	49.0	Albumin	23
		CRP	36

Alc Hep definition

Alcoholic hepatitis is a clinical syndrome with recent onset of jaundice and/or ascites in a patient with ongoing alcohol misuse.

- AST raised**
- AST:ALT > 2**
- Bilirubin > 80 umol**
- INR > 1.3**
- Neutrophilia**
- Recent (< 6 weeks) alcohol abuse**
- Exclude other causes of liver disease**

Management

Maddrey's discriminant function:

$[4.6 \times (\text{patient's PT} - \text{control PT, in seconds})] + \text{serum TBL}$
(mg/dl)

Maddrey Discriminant Function – 107.3

EASL Guidelines

The choice between prednisolone or pentoxifylline is based on centre practice

Prednisolone 40 mg for 28 days

Lille Score (at 7 days) ≥ 0.45

Increased risks of infection and death, the interruption of corticosteroids is recommended

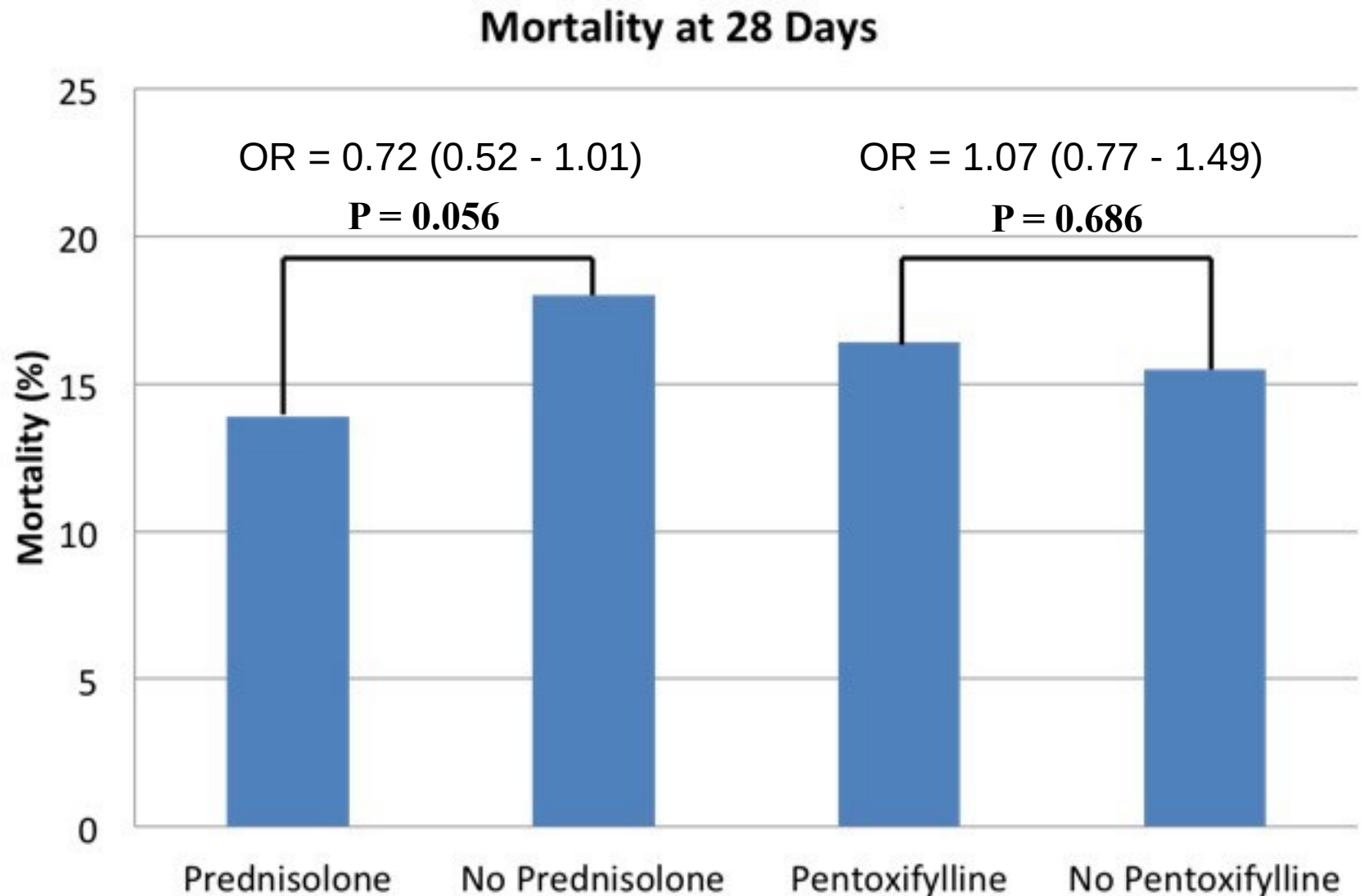
Pentoxifylline 400 mg tds.
No criteria available to determine response to therapy

Response to therapy.
Corticosteroids may be continued for 28 days



STeroids **O**r **P**entoxifylline for **A**lcoholic
Hepatitis

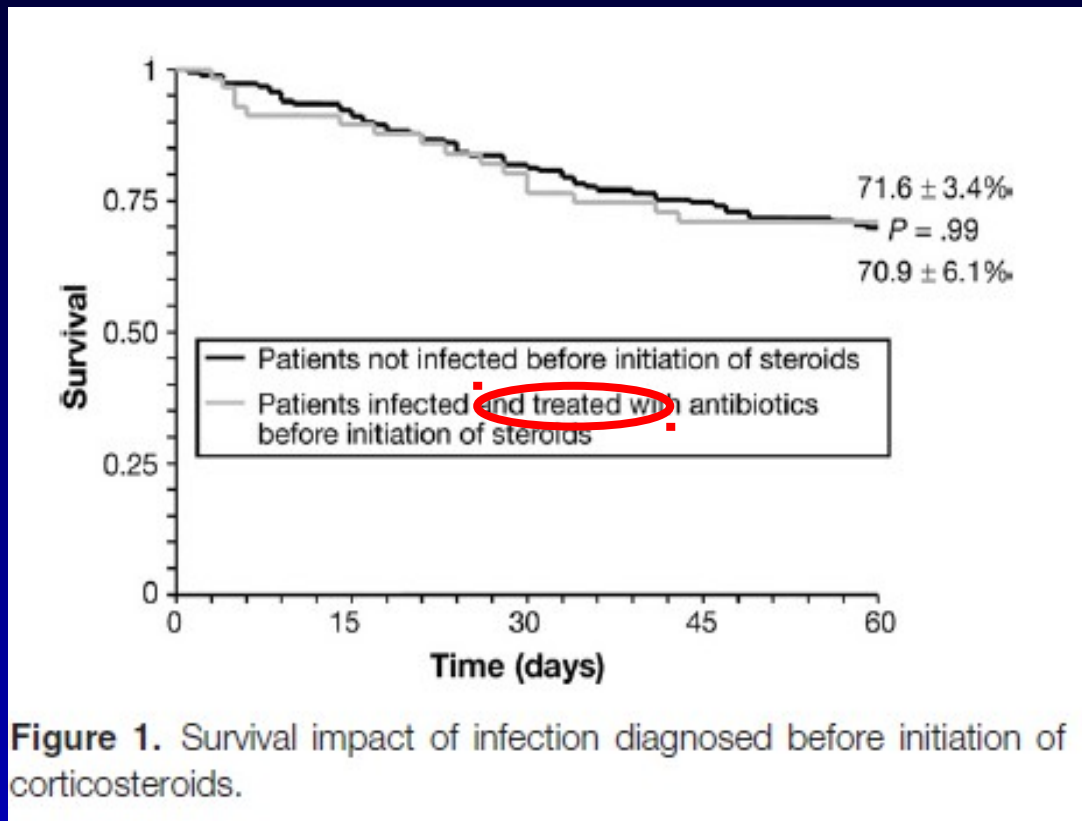
Primary Endpoint Analysis



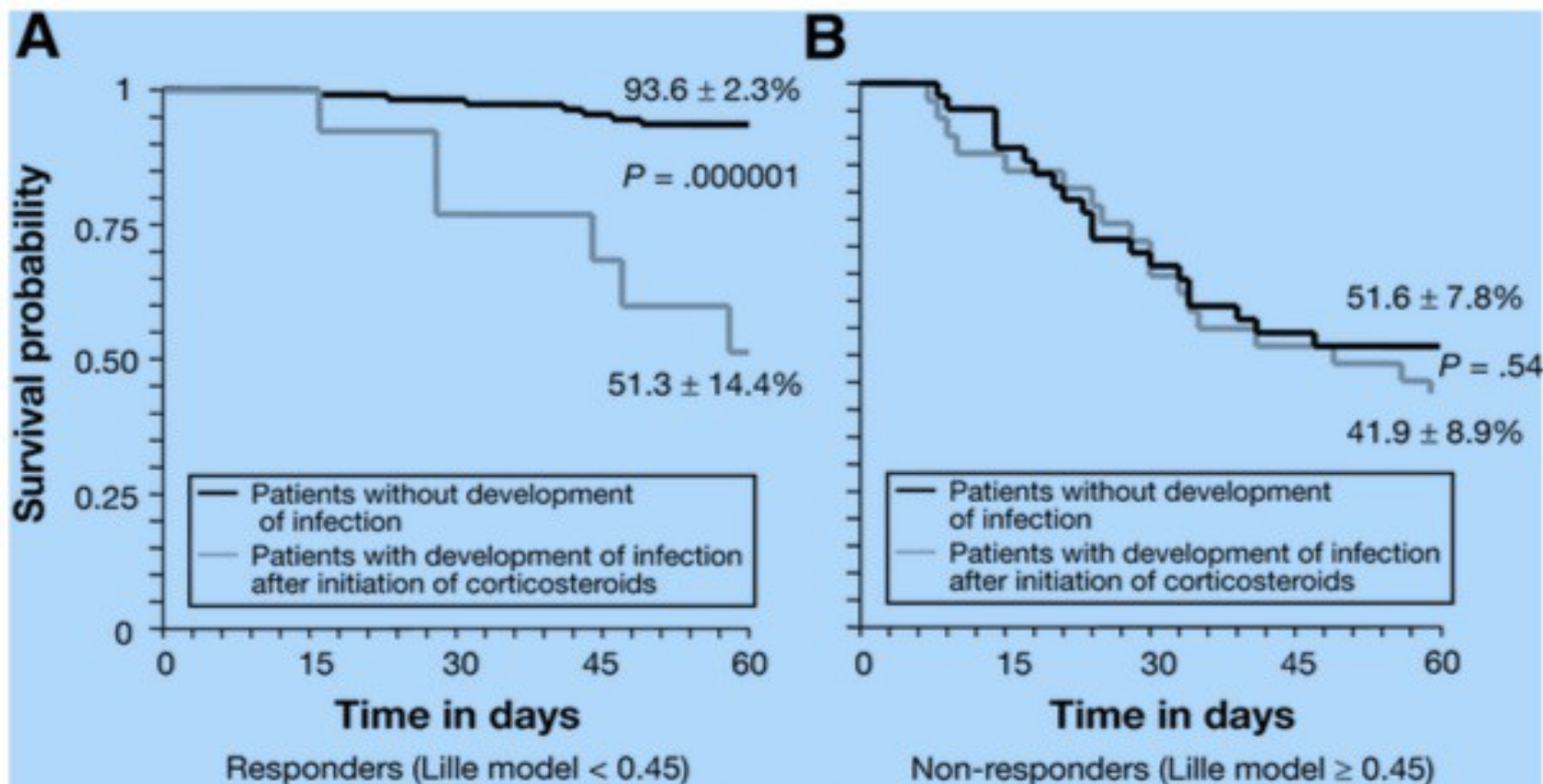
Discussion about infection screening and empirical use of abx

High risk of infection in patients with SAH

A quarter of patients with ASH are infected at admission.



High risk of infection in patients with SAH



Mookerjee

2007

Hep

Louvet

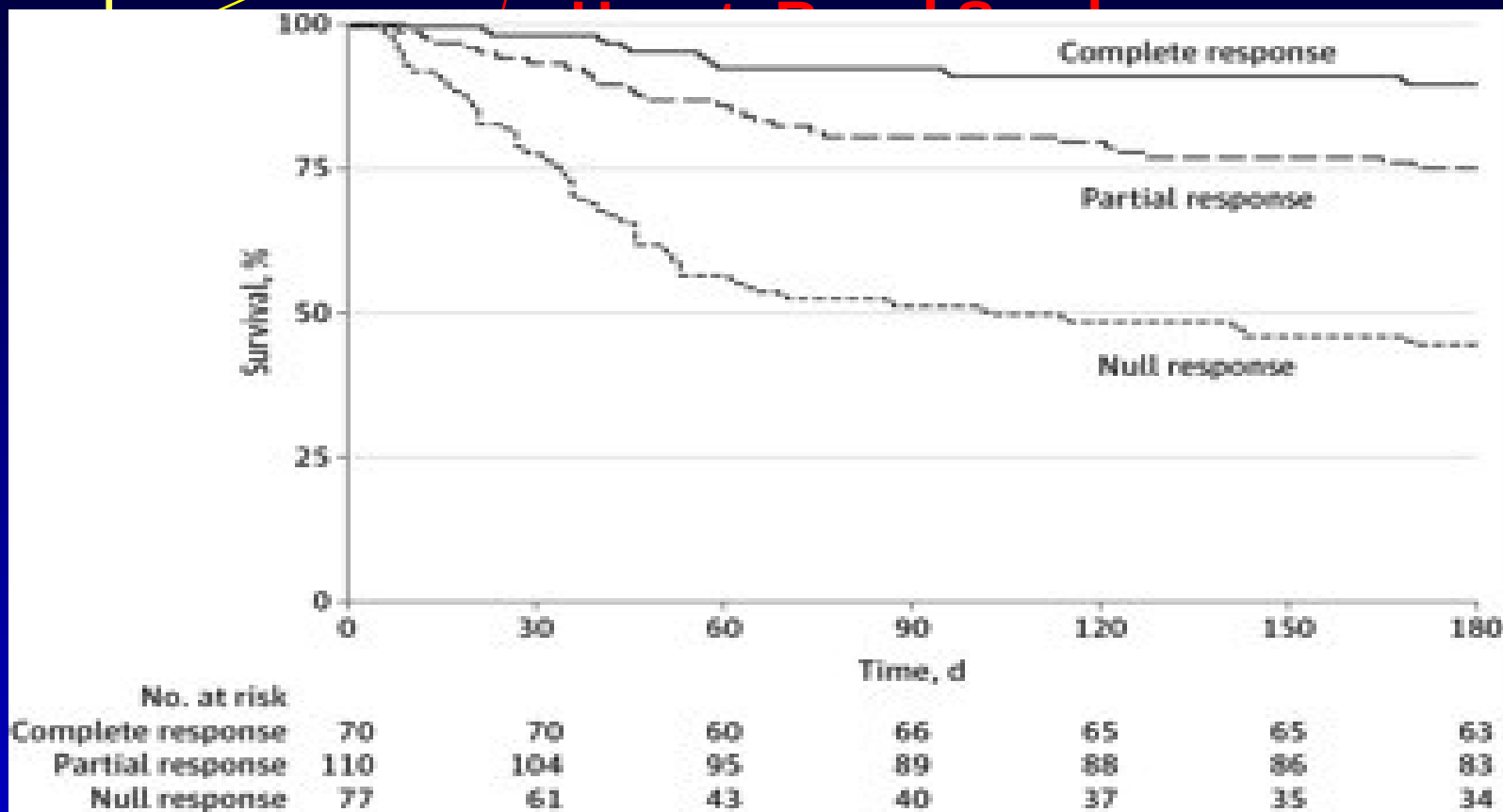
2009

Gastro

Assessment of treatment response at day 7

27.8 Prothrombin time

262



Days

score

Treatment options in non responders

What now ?

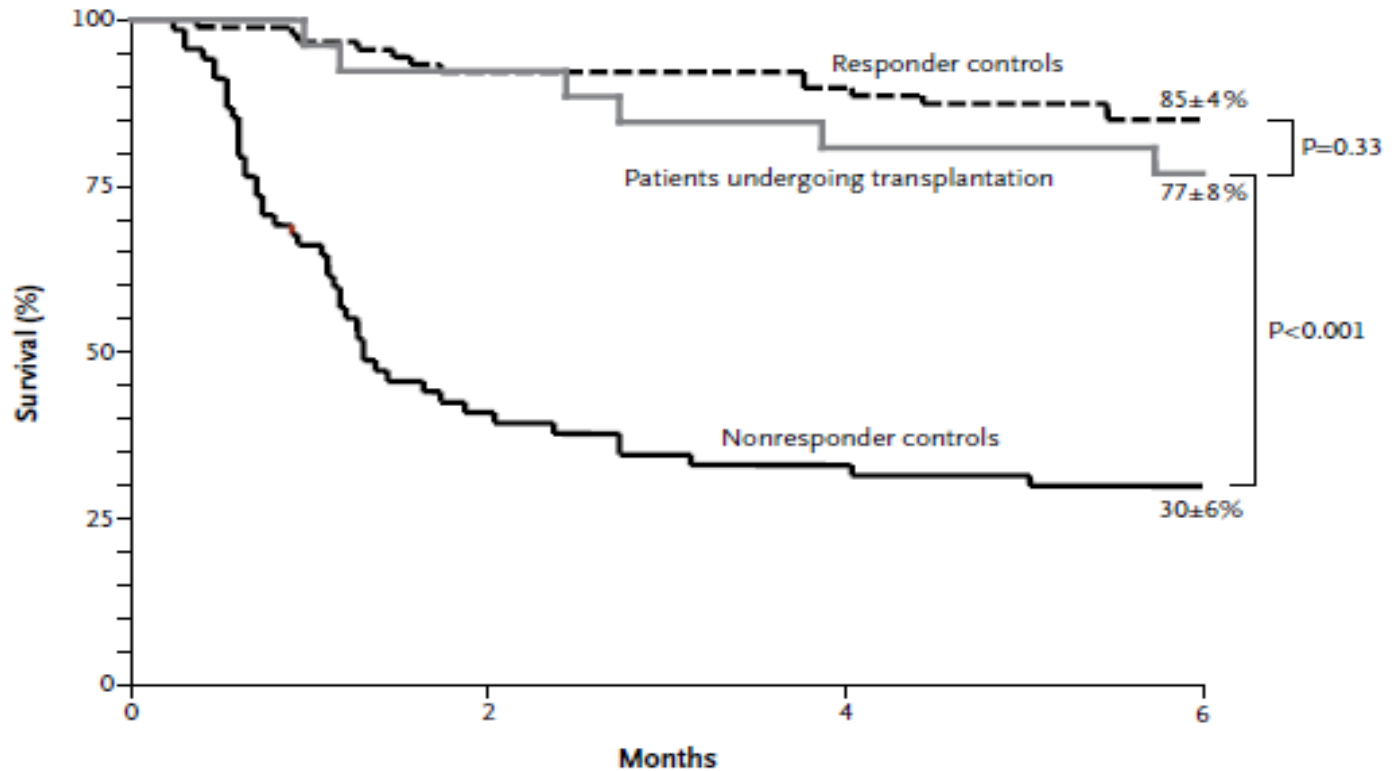
**Early Switch to PTX in Steroid Non-
Responders ?**

Other treatment options ?

Steroids + N-acetyl cysteine

Transplantation

Early Transplantation for Alcoholic Hepatitis



No. at Risk

Responder controls	92	77	75	71
Patients undergoing transplantation	26	21	21	20
Nonresponder controls	69	21	21	19

Clinical case 2

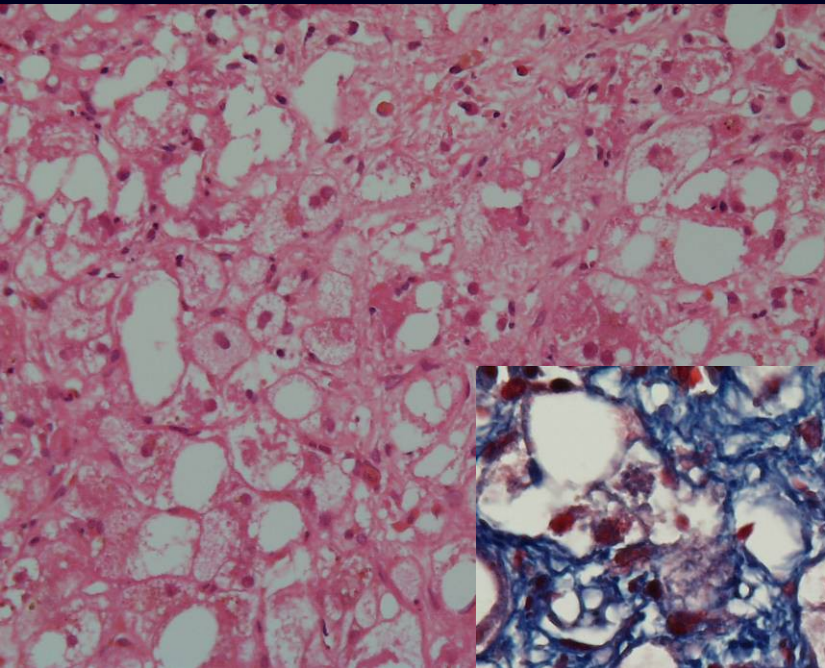
A 32 year old patient with recent onset of jaundice.

however: ALT 2758 IU/L, AST 1781 IU/L, gGT 449 IU/L TBL 17.11 m
Alcohol consumption 100 g/d

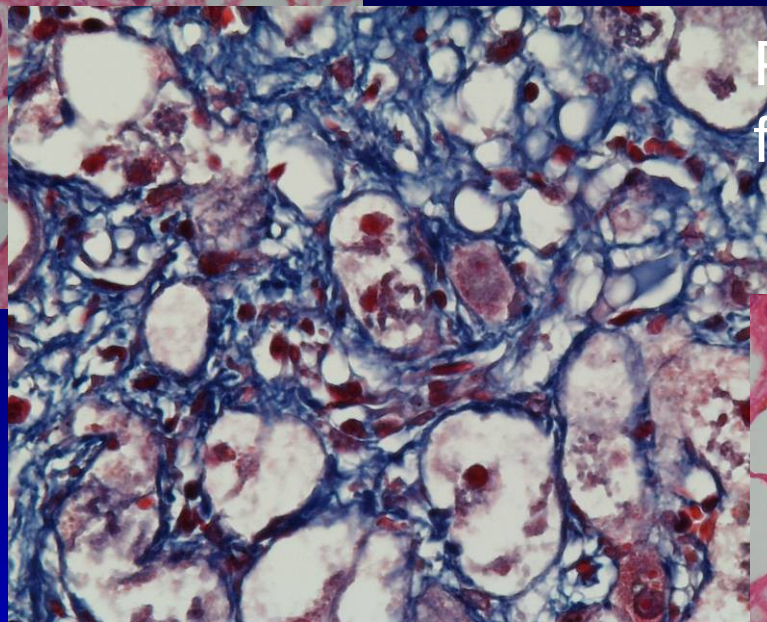
Excluded other causes of liver disease

Atypical presentation

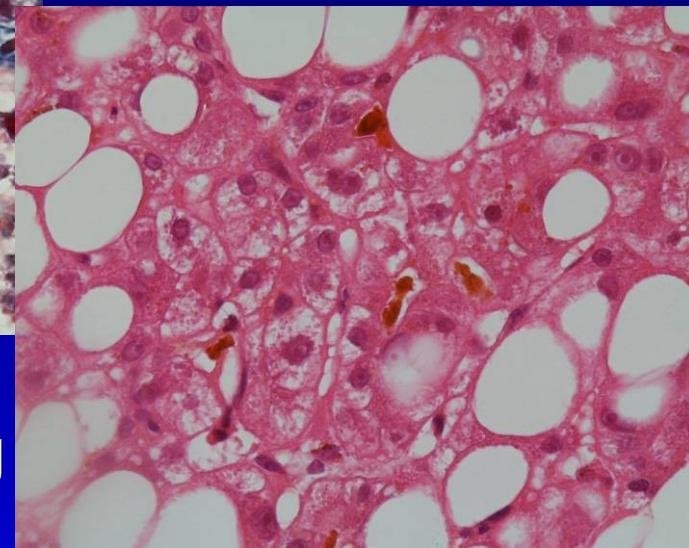
Importance of liver biopsy in atypical cases



Steatosis
Ballooning
Mallory's Hyaline
Mega mitochondria



Pericellular & perivenular
fibrosis



Bile plugging

Liver biopsy Results

Pericentral necrosis

Biliary canalicular stasis

Mild inflammatory

infiltration at portal region

Microsteatosis

Ballooning degeneration

Periportal fibrosis

Maddrey's DF 35.4

Started on steroids

Course of disease

- 7 days later
 - ALT 270 U/L
 - AST 104 U/L
 - GGT 191 U/L
 - TBL 4.33 mg/dL
 - PT 12.9 sec

- Lille score: 0.3982 (<0.45)

Discussion

Abstinence remains the cornerstone of Alc Hep treatment.

In patients with severe AH, corticosteroids can reduce short-term mortality.

The addition of NAC may be superior to corticosteroids alone for reducing short term mortality

No treatment decreases risk of medium-term mortality.

