

Clinical Case
PHC Paris, January 31st
Ascites

Chairman: : P Ferenci (Austria)

Speakers: P Angeli (Italy), D Thabut (France)

Clinical Case

- Mr Ben... A, 67 years old
- Followed-up in a 1ary care centre
- Referred to outpatient clinics for evaluation for TIPS (03/2014)

Clinical Case

- Medical history:
 - Viral C cirrhosis
 - Genotype 4, PCRHCV=6 logUI/ml
 - EV grade 2 in 2011, intolerance to BB, banding and eradication (last EOGD in 12/13)
 - No nodule (regular ultrasound exams)
 - MELD=13, Child-Pugh B9 (PT=53%, Albumin 28 g/l, Total Bilirubin 26 micromol/l, Creatinin 78 micromol/l, Na⁺ 126 mmol/l)

Clinical Case

- Medical history (following)
 - One episode of patent HE, precipitated by pneumonia (klebsiella pneumonia) in 12/2013, resolute after TTT of infection
 - Refractory ascites (2 paracentesis/month), CI to spironolacton (gynecomastia), furosemide 80 mg/day, since 2014
 - PHT-related rectitis with recurrent rectorragia since 2014

Questions

- Should we have performed a TIPS (2014) ?

EASL recommendations, 2010

Recommendations Repeated large-volume paracentesis plus albumin (8 g/L of ascites removed) is the first line of treatment for refractory ascites (Level A1). Diuretics should be discontinued in patients with refractory ascites who do not excrete >30 mmol/day of sodium under diuretic treatment.

Table 5. Main results of 5 meta-analyses on multicenter randomised controlled trials of the effects of transjugular intrahepatic portosystemic shunt (TIPS) and large-volume paracentesis (LVP) on refractory ascites.

Reference	Number of trials included	Number of patients included	Significant heterogeneity among trials	Recurrence of ascites	Encephalopathy	Survival
Albillos et al., 2005 [93]	5	330	Yes	Lower in TIPS group. RR 0.56	Higher in TIPS group. RR 1.72	No difference between groups. RR 0.93
Deltenre et al., 2005 [94]	5	330	No	Lower in TIPS group. DifE_{4M} : 0.41, $p < 0.001$ DifE_{12M} : 0.35, $p < 0.001$	Higher in TIPS group. DifE : 0.17, $p < 0.001$	No difference between groups DifE_{1y} : 0.03, $p = 0.7$ DifE_{2y} : 0.07, $p = 0.4$
D'Amico et al., 2005 [95]	5	330	Yes	Lower in TIPS group. OR 0.14 (0.7–0.27)	Higher in TIPS group. OR 2.26 (1.35–3.76)	No difference between groups A trend towards better survival in TIPS group OR 0.74 (0.40–1.37)
Saab et al., 2006 [96]	5	330	?	Lower after 3 months in TIPS group OR 0.07 (0.03–0.18, $p < 0.01$) 12 months OR 0.14 (0.06–0.28, $p < 0.01$)	Higher in TIPS group. OR 2.24 (1.39–3.6) $p < 0.01$	30-days OR 1.0 (0.10–0.06, $p = 1$) 24 months OR 1.29 (0.65–2.56, $p = 0.5$)
Salemo et al., 2007 [97]	4	305	No	Lower in TIPS group. 42 versus 89% in LVP group ($p < 0.0001$)	Higher in TIPS group. (1.13 versus 0.63 ($p = 0.006$)).	Transplant-free survival better in TIPS group ($p = 0.035$)

Clinical Case

- Decision:
 - No TIPS (history of HE)
 - Antiviral therapy
- TTT with SOF-DCV-RBV (6 months), eradication of HCV in 12/2014
- No improvement of ascites, 2 paracentesis/month
- Child B8, MELD 12
- Total Bilirubin 25 micromol/l, plt=180000/mm³

Questions

- Should we perform a TIPS now (02/2015) ?
- Decision: Wait

RVS and ascites

	Ascites		HE	
Patients , n	SOF + RBV (n = 25)	Observation (n = 25)	SOF + RBV (n = 25)	Observation (n = 25)
Initial	6	9	5	2
W12	5	8	3	3
W24	0	7	0	4

➤ Improvement Plt, Albumin

Clinical Case

- Recent clinical events (06/2015):
 - Umbilical hernia « requiring » omphalectomy



Questions

- Should we perform a TIPS now ?
- Decision: TIPS before surgery
- Umbilical rupture before TIPS ... (07/2015)

Clinical Case

- Surgery (omphalectomia, 07/2015)



Clinical Case

- Aggravation of liver function after surgery
 - PT=20%, Albumin 20 g/l, Total Bilirubin 98 micromol/l, Creatinin 120 micromol/l)
 - Listing for OLT
 - OLT (09/2015)

Questions

- Should we have performed a TIPS (02/2015) ?

Improvement of LT-free survival after TIPS

Characteristic	TIPS (n = 29)	LVP+A (n = 33)	P value
Sex, male/female, n	17/12	27/6	.06
Age, y	56.7 ± 5.7	56.4 ± 7.9	.868
Weight, kg	67 ± 13	72 ± 13	.132
BMI, kg/m	23.6 ± 4.3	24.3 ± 3.3	.465
Etiology, %			
Alcohol	90	85	1.00
Stopped alcohol use	70	80	1.00
Chronic hepatitis C	3	9	.616
Other	7	6	1.00
History of SBP, %	7	15	.432
History of OHE, %	0	3	1.00
History of variceal bleeding, %	28	30	1.00
History of renal failure, %	21	18	1.00
No. of paracentesis, last 3 mo	4.5 ± 1.4	4.2 ± 1.3	.377
Duration of cirrhosis, y	3.7 ± 4.1	2.9 ± 3.4	.364
Trail making test A, s	71 ± 33	66 ± 44	.614
Bilirubin, $\mu\text{mol/L}$	17.8 ± 12.7	17.5 ± 16.4	.938
INR	1.39 ± 0.27	1.46 ± 0.30	.382
Albumin, g/L	30.7 ± 5.5	33.4 ± 5.4	.06
Serum creatinine, $\mu\text{mol/L}$	84.6 ± 30.1	85.6 ± 21.4	.888
Serum sodium, mmol/L	134 ± 4	132 ± 4	.06
Hemoglobin, g/dL	11.5 ± 1.7	11.8 ± 1.7	.543
Platelets, $10^3/\text{mm}^3$	179 ± 94	169 ± 90	.687
ASAT, UL/N	1.69 ± 0.79	1.63 ± 0.85	.771
ALAT, UL/N	1.09 ± 0.28	1.12 ± 0.38	.711
Child-Pugh score	9.1 ± 1.4	9.0 ± 1.6	.922
Child-Pugh class: B/C, n	19/10	22/11	1.00
MELD score	12.1 ± 3.5	13.1 ± 3.9	.289

- Low MELD
- No history of HE

Improvement of LT-free survival after TIPS

