

Four years outcomes of Baveno VI low risk cirrhotic patients

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INTRODUCTION

Baveno VI statement established that screening endoscopy can be avoided in patients with compensated chronic liver disease, platelet count >150.000/mm³ and liver stiffness measurement < 20kPa. However, there is few data regarding further development of complications of cirrhosis and survival in patients at low risk.

AIM

Evaluates 4 years survivals and complications in patients at low risk according to Baveno VI criteria.

METHOD

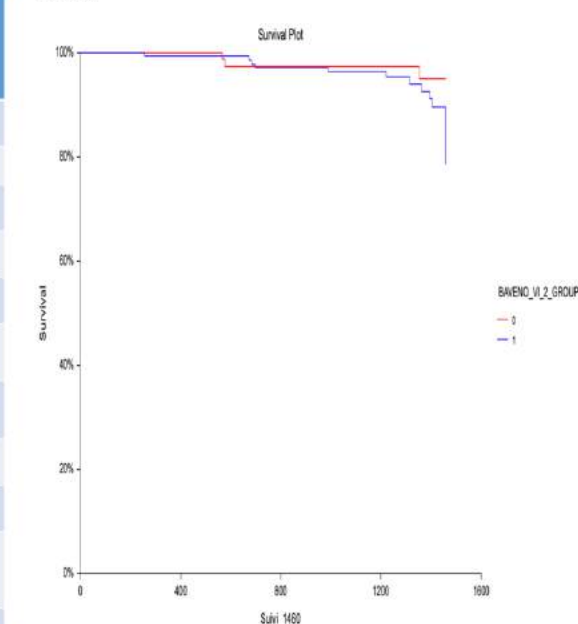
Retrospective study was conducted in cirrhotic patients consecutively evaluated in a tertiary center between 2012 and 2017. Patients with compensated cirrhosis (defined by an applicable liver stiffness measure(LS) >12.5 kPa) were included. They were divided into two groups according to BAVENO VI criteria: Baveno VI positive (Bav +) with platelet count >150.000/mm³ and FS >20kpa, Baveno VI negative(Bav-) with platelet count <150.000mm³ or FS <20kPa. Complications of cirrhosis including ascites, hepatic encephalopathy, jaundice, variceal bleeding and hepatocellular carcinoma were recorded. Survival was compared between groups.

RESULTS

241 patients with mean age of 57 yrs, male gender 70,5% and Child-Pugh(CP) score 5. Etiologies were 52% HCV, 18% NASH, 11% alcohol, 10% HBV and 9% other causes. One hundred and fifty-six patients (65%) were classified in group Bav+ and 85 (35%) in Bav - with mean age of 57 years in Bav + and in Bav -; Preponderance of male gender was observed in both groups, 70,5%, Bav+ and Bav -; Etiologies HCV and alcohol were significantly more frequently in Bav + than Bav -. High risk varices were observed in 14% of patients:1 patient in Bav-(1,2%) and 33 patients in Bav +(21%), p=0,004. In Bav+ CP median was 5.2 vs. 5.1 in Bav - (p=0,12). Bav + vs Bav - showed Platelet count (137.000 U/mm³ vs. 214. 000 U/mm³, p=0.004) and LS measure (23.7 vs. 14.5 kPa, respectively, p=0,0004) different; sixty-one (25%) patients were submitted to HCV treatment and 50 (21%) acquired sustained virological response(82%SVR). During follow-up, in Bav + group 5 patients developed encephalopathy, 4 variceal bleeding, 12 ascites and 14 CHC; in Bav - nobody developed encephalopathy (p=0.09) or variceal bleeding (p=0.13), 3 patients developed ascites (p=0,27) and 5 CHC(p=0,39) All portal hypertension complications considered, excluding hepatocellular carcinoma, tended to be more common in Bav + patients (p=0.06); In HCV patients PH complications were also more common in Bav +(p=0,05); In Bav +, 2 deaths (1%) were observed and no deaths were observed in Bav - group(p=0.29).

N=241	Mean (± SD)	Baveno VI negative N=85	Baveno VI positive N=156	p
Age(years)	57(±10)	57(±9,5)	57(±11)	0,49
Sex (% male)	170(70,5%)	60(70,5%)	110(70,5%)	0,99
IMC	26(±5,6)	26,3(±5,7)	26,5(±5,5)	0,61
Albumin (g/L)	41(±5)	43,1(±4,7)	39,9(±5,4)	0,18
Total bilirubin (l)	12(±5,3)	11(±4,5)	13(±5,6)	0,43
TP	90(±16)	97(±19)	87(±13)	0,04
Platelets (U/mm ³)	163(±77)	214(±45)	137(±77)	0,004
Glu	6,4(±2,5)	6,0(±2,5)	6,6(±2,5)	0,12
Child	5,2(±0,4)	5,1(±0,4)	5,2(±0,5)	0,12
Follow-up(day)median	1404(181-2415)	1410(181-2030)	1404(185-2415)	0,49
Medium/large varices (%ED(n=144))	34(14%)	1(1,2%)	33(21%)	0,004
Non selective beta blocker (%)	17(7%)	0	17(11%)	0,03
TE median	19,4(12,5-75)	14,5(12,5-75)	23,7(12,5-75)	0,000

GRAPH :PORTAL HYPERTENSION COMPLICATIONS 4 YEARS ACCORDING BAVENO CRITERIA



CONCLUSIONS

In this study, Baveno negative patients did not presented variceal bleeding, liver encephalopathy or death. All portal hypertension complications tended to be less often observed in Baveno - group.

Therefore, Baveno's criteria seems to be a reliable tool for predicting cirrhosis complications.

N=241	Baveno VI negative group N=85	Baveno VI positive group N=156	p value
Follow-up(days)	1372(±323)	1392(±373)	0,50
Ascites (%)	3(3,5%)	12(7,7%)	0,27
Encefalopathy (%)	0	5(3,2%)	0,09
Esophageal variceal bleeding	0	4(2,5%)	0,13
CHC	5(6%)	14(8,9%)	0,39
PH complications	7(8,2%)	25(16%)	0,08
PH complications(without CHC)	3(3,5%)	16(10,2%)	0,06
Death	0	2(1,3%)	0,29
Liver-related death	0	2(1,3%)	0,29

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