PS-021
The development of portosystemic shunts depends on liver dysfunction rather than on PIGF-driven neoangiogenesis
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Background and aims: Portosystemic shunts (PSS) are common in patients with advanced chronic liver disease (ACLD). However, the relative impact of liver dysfunction, portal pressure and splanchic neoangiogenesis in the pathophysiological development of PSS remains unclear. The pro-angiogenic placental growth factor (PIGF) has been associated with the development of liver fibrosis and portal hypertension in experimental studies. We assessed the association between the extent of PSS and hepatic dysfunction, portal pressure and PIGF levels in ACLD patients.

Method: 107 patients with ACLD were prospectively enrolled. Portal hypertension was evaluated by hepatic venous pressure gradient (HVPG), severity of hepatic dysfunction was evaluated by ALBI score, FIB-4 score, MELD score and Child-Pugh score (CPS). PSS were semiquantiatively categorised as mild, moderate and severe on contrast-enhanced computed tomography (CT) and magnetic resonance imaging (MRI) scans by two experienced radiologists.

Results: N = 51 (47.7%) showed mild PSS, while n = 38 (35.5%) showed moderate and n = 18 (16.8%) severe PSS. The extent of PSS (mild vs. moderate vs. severe) correlated with a higher prevalence of portal vein thrombosis (PVT: 3.9% vs. 26.3% vs. 44.0%; p < 0.001), higher ALBI score (-2.41 vs. -1.96 vs. -1.90: p = 0.002) and FIB-4 score (3.9 vs. 5.2 vs. 8.8: p < 0.001). There was a significant association of PSS severity with HVPG (12 vs. 19 vs. 15 mHg; p = 0.005) and MELD score (10 vs. 13 vs. 14; p = 0.0022). However, there was no significant association between PSS and CPS (p = 0.1024). Also, PIGF levels were not significantly different between patients with mild vs. moderate vs. severe PSS.

Conclusion: The development and extent of portosystemic shunts seems to be determined by severity of portal pressure and hepatic dysfunction. Importantly, the presence of PVT, i.e. prehepatic portal hypertension may be a major trigger for PSS development. Surprisingly, PIGF levels did not correlate with the extent of PSS.

PS-022
Optimal timing of endoscopy is associated with lower 42-day mortality in variceal bleeding
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Oral Presentations

PS-023
Factors predicting survival in patients with high-risk acute variceal bleeding treated with pre-emptive (Early)-TIPS
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