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TYPE : ORAL PRESENTATION

CATEGORY : VASCULAR INTERVENTION

TITLE

The time window for pre-emptive transjugular intrahepatic portosystemic shunt could be extended to 5 days

BACKGROUND

As recommended by Baveno VII consensus, pre-emptive transjugular intrahepatic portosystemic shunt (pTIPS) has been considered as a standard treatment regimen for cirrhosis-related acute variceal bleeding (AVB), but the 72h window for pTIPS is too narrow. This study aimed to compare the clinical outcomes of patients receiving < 72h pTIPS and 72h-5d pTIPS.

METHODS

In this study, a total of 63 cirrhotic patients with AVB who underwent pTIPS between October 2016 and December 2021 were included in this retrospective study. They were divided into < 72h group (n = 32) and 72h-5d group (n = 31) according to the pTIPS procedure inside or outside 72h window.

RESULT

The Kaplan-Meier curves showed that no difference in the cumulative incidence of death ($22.3\% \pm 7.4\%$ vs. $19.9\% \pm 7.3\%$, log-rank $P = 0.849$), variceal rebleeding ($9.7\% \pm 5.3\%$ vs. $17.8\% \pm 7.3\%$, log-rank $P = 0.406$), OHE ($28.5\% \pm 8.0\%$ vs. $23.9\% \pm 8.0\%$, log-rank $P = 0.641$) and shunt dysfunction ($8.6\% \pm 6.0\%$ vs. $17.4\% \pm 8.1\%$, log-rank $P = 0.328$) between < 72h and 72h-5d groups. In the total cohort, sarcopenia was identified as an independent risk factor for mortality (HR = 11.268, 95% CI = 1.435–88.462, $P = 0.021$) and OHE (HR = 12.504, 95% CI = 1.598–97.814, $P = 0.016$).

CONCLUSIONS

In conclusion, the clinical outcomes in cirrhotic patients with AVB treated by pTIPS at 72h-5d window were not worse than those within the 72h window.

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