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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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