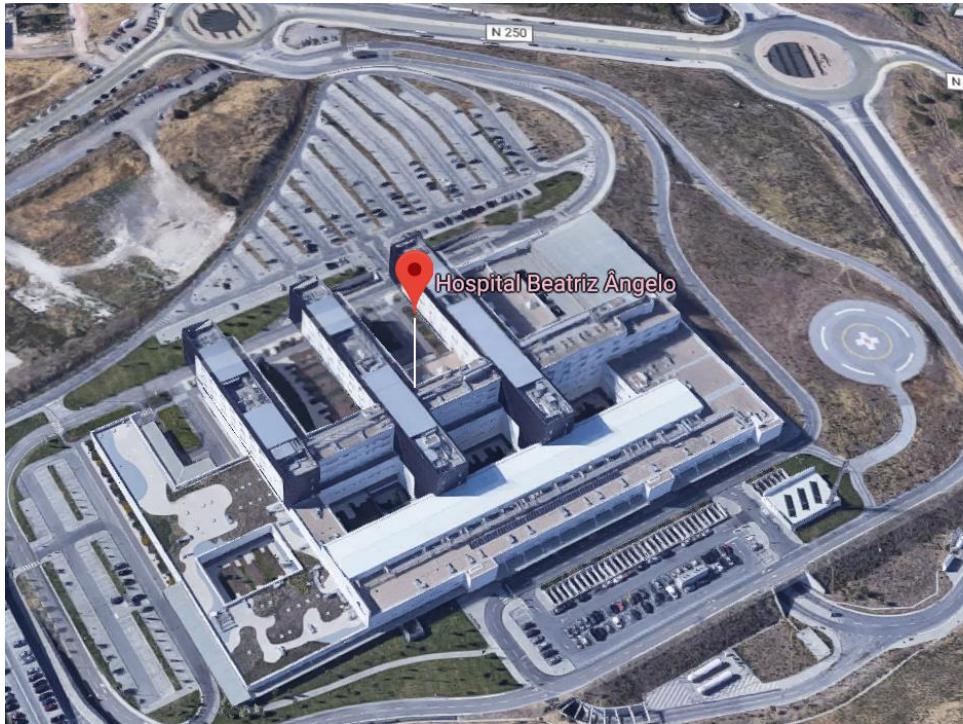
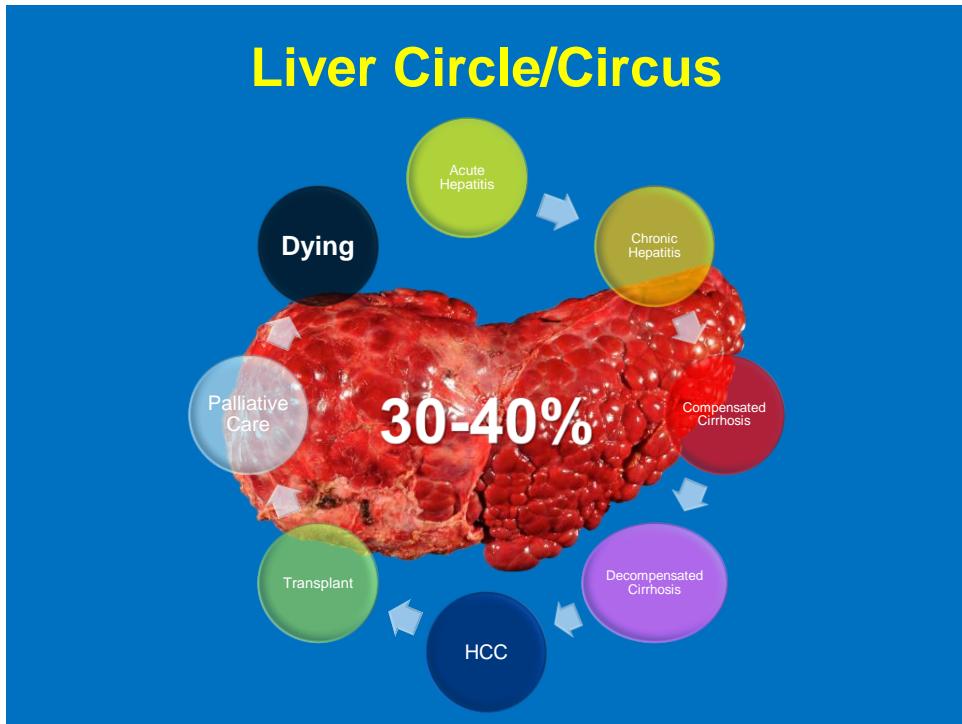
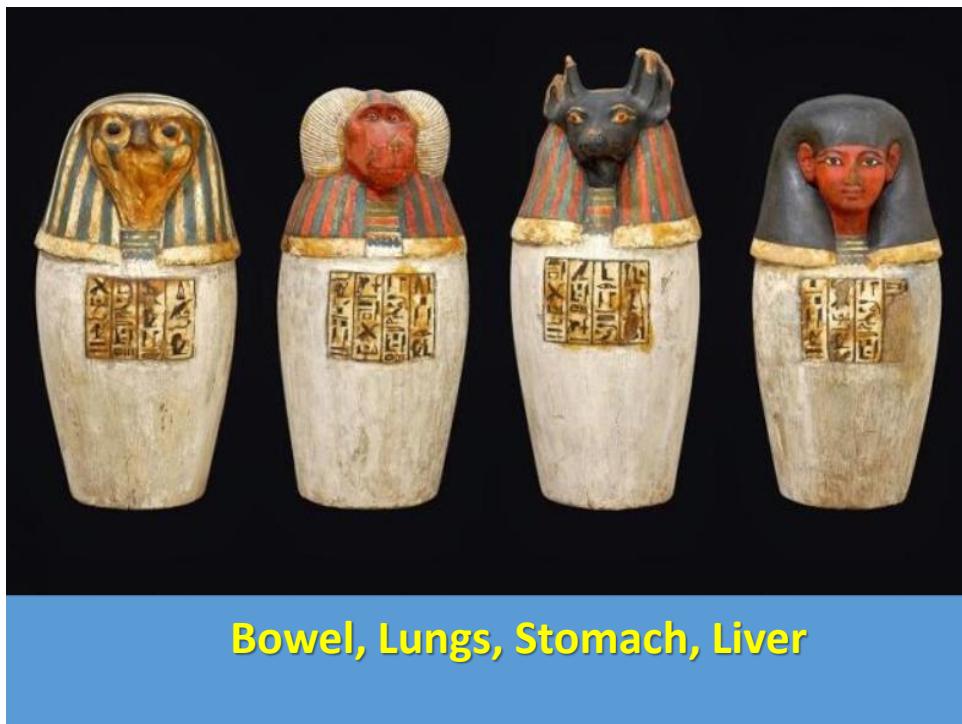


My Friends

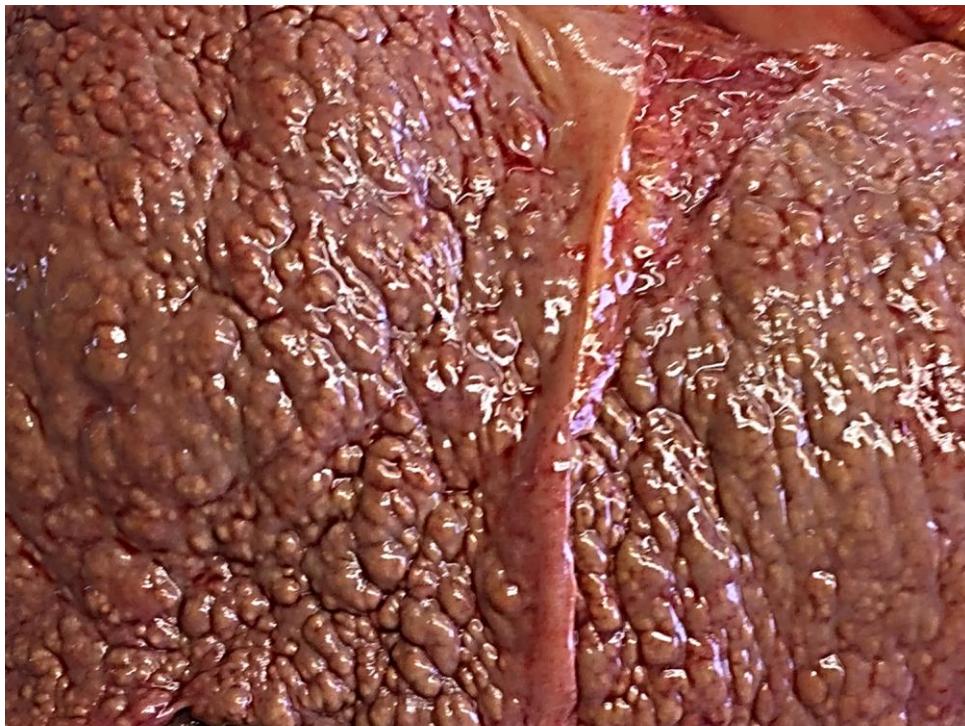
- Mónica Sousa – Internal Medicine
- Joana Nunes – Gastroenterology, Hepatology
 - Hospital de Loures
- Tatjana Reic
- Marko Korenjac

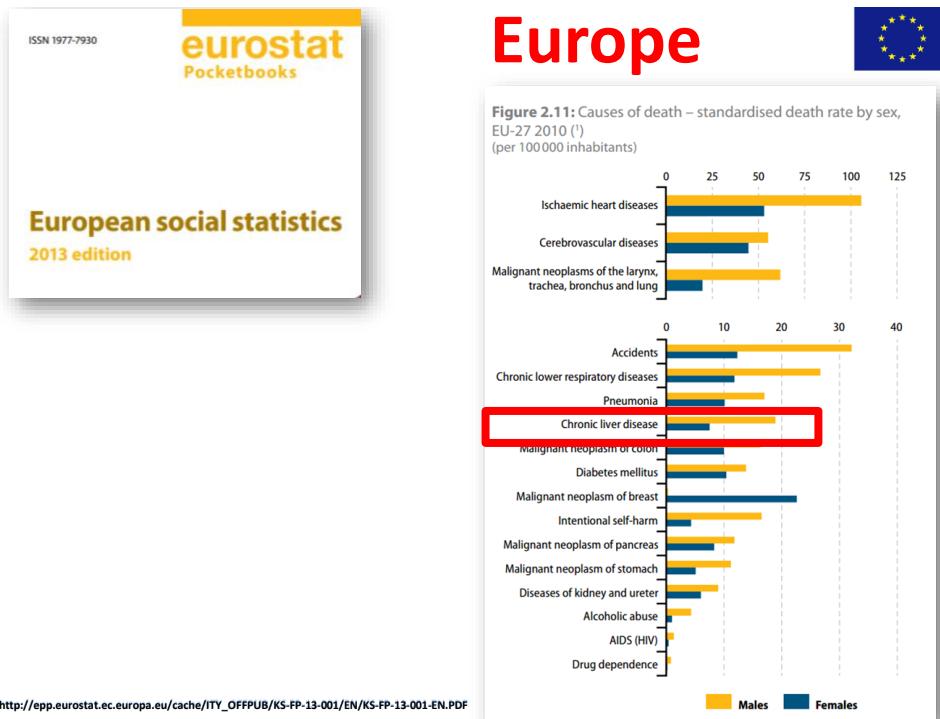
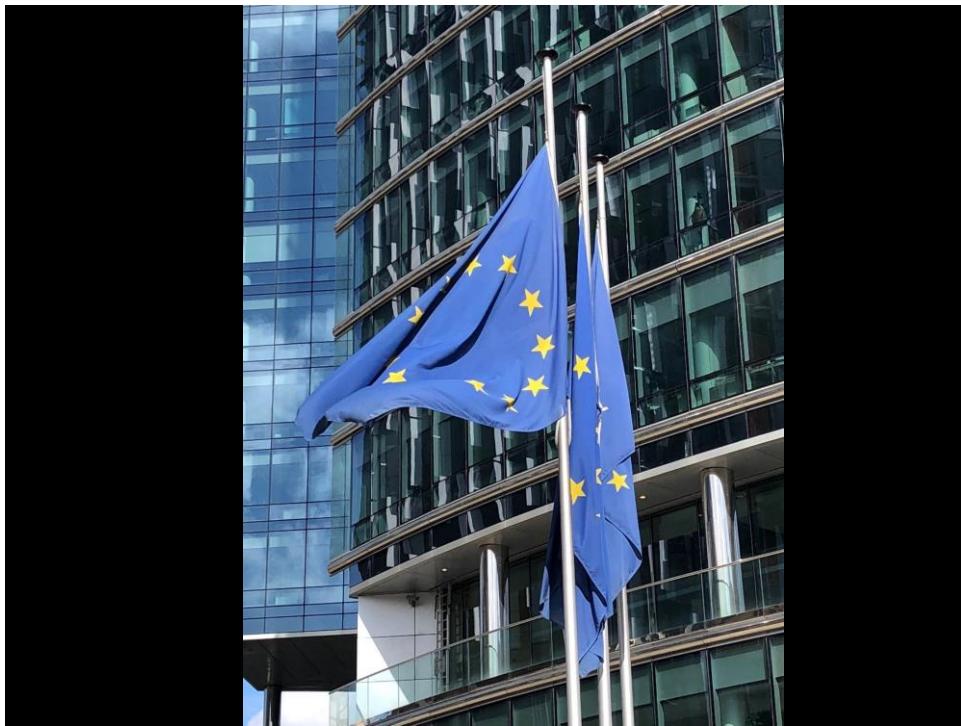




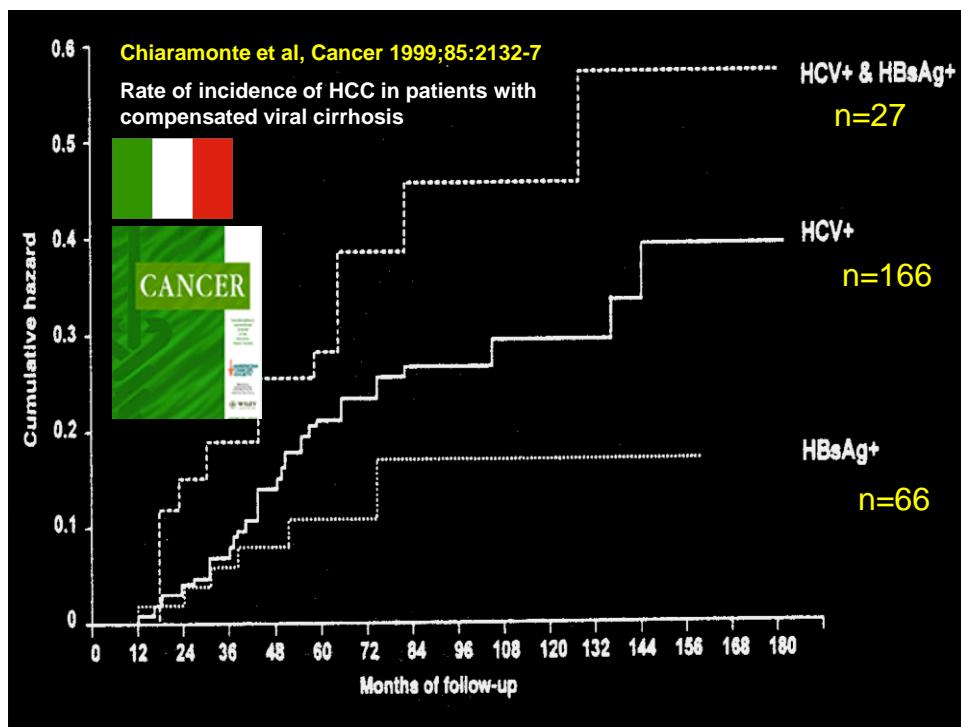
Normal Liver > Cirrhosis

<https://sketchfab.com/models/f5ee0428b2e64286bf491529cb44afa4>



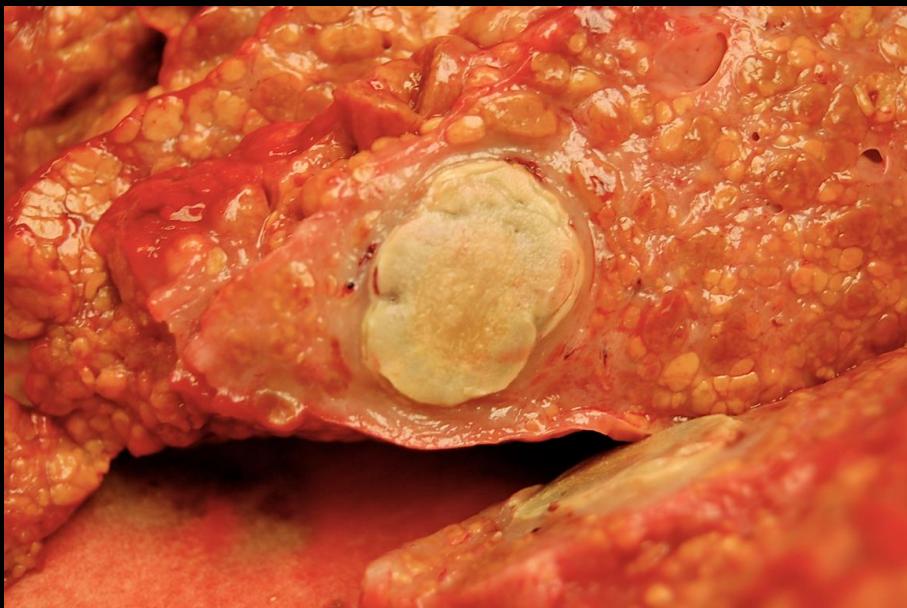


Cirrhosis is Oncogenic (=alcohol, C, B, steatosis)



“The Nodule”

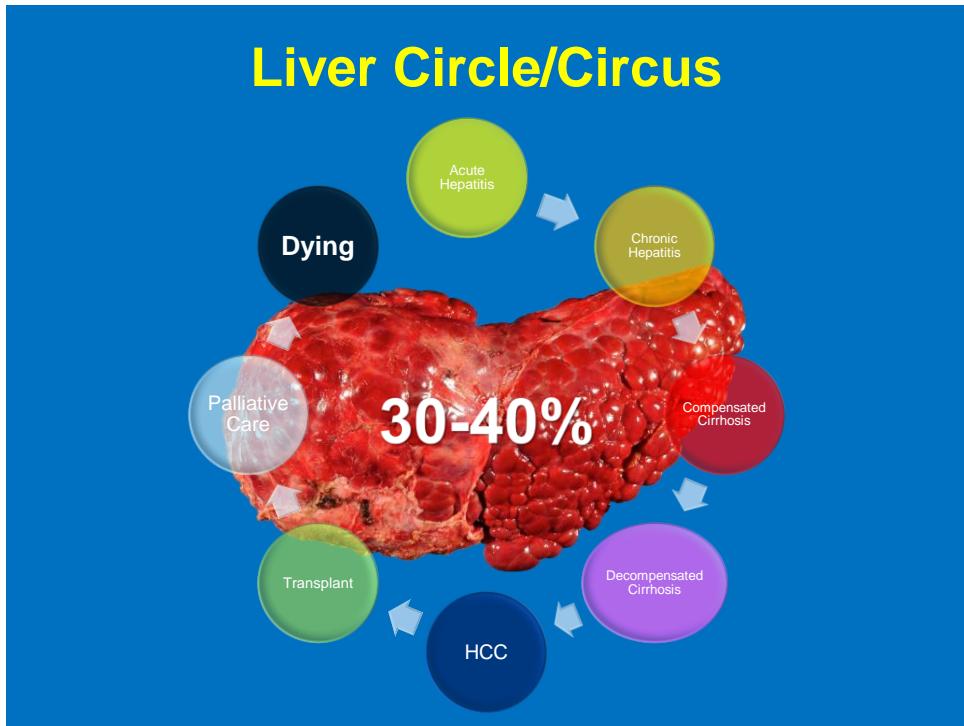
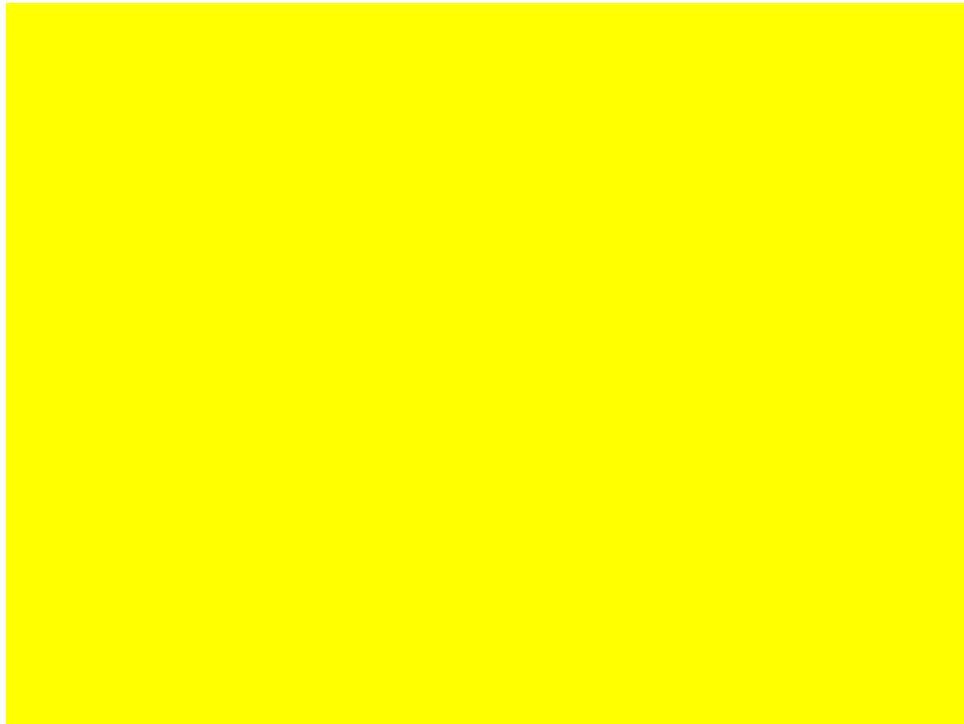
**Hepatocellular Carcinoma
risk 1 – 4% year (10-40% ten years)**



Without Symptoms

**Acute Hepatitis
Chronic Hepatitis
Cirrhosis
Liver Cancer**





Hepatitis C?

Hepatitis C?

- Anti-HCV
- Anti-HCV once in live
- Anti-HCV positive Then Viral Load (PCR RNA)

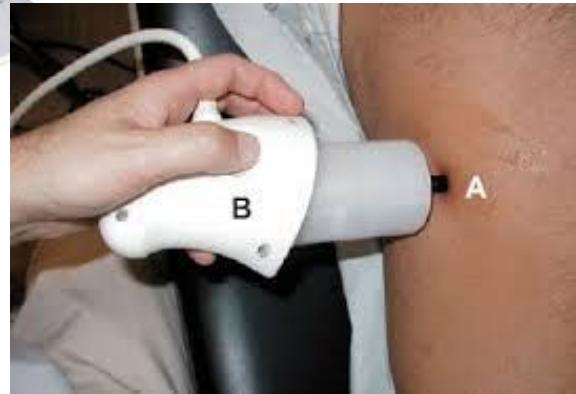
Cirrhosis?



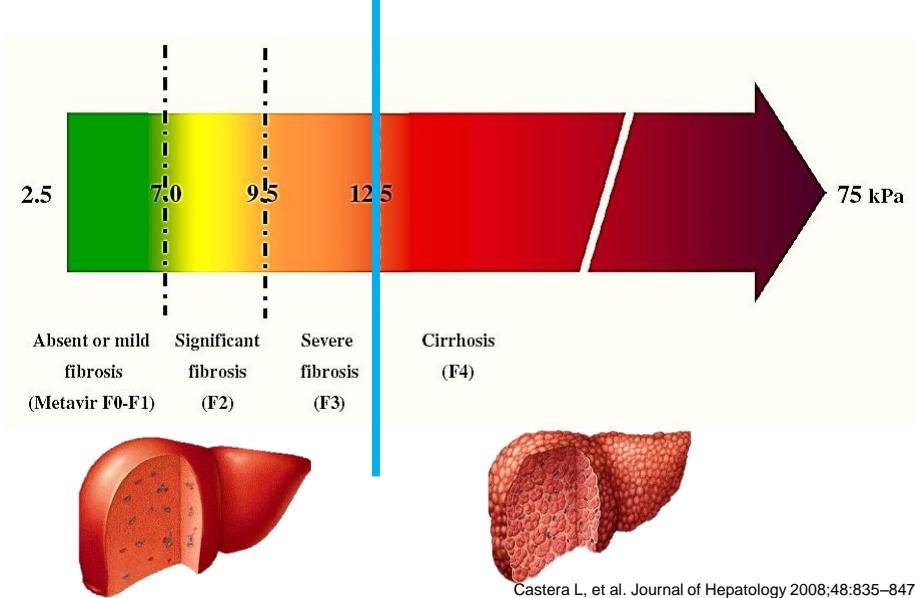
**Liver Biopsy = Fibroscan
80% accuracy**



**Fibroscan®
(elastography)**



Fibroscan®



N 1457

GASTROENTEROLOGY 2011;140:1970–1979

Prognosis

CLINICAL—LIVER, PANCREAS, AND BILIARY TRACT

Noninvasive Tests for Fibrosis and Liver Stiffness Predict 5-Year Outcomes of Patients With Chronic Hepatitis C

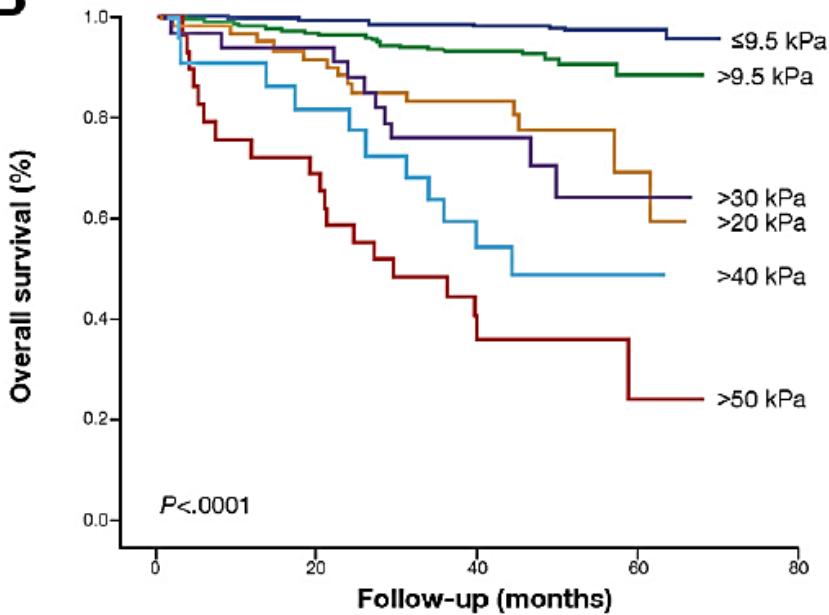
JULIEN VERGNIOL,* JULIETTE FOUCHER,*‡ ERIC TERREBONNE,* PIERRE-HENRI BERNARD,‡ BRIGITTE LE BAIL§,||
WASSIL MERROUCHE,* PATRICE COUZIGOU,* and VICTOR DE LEDINGHEN*,||

*Centre d'Investigation de la Fibrose hépatique, Hôpital Haut-Lévêque, CHU Bordeaux, Pessac, France; †Service d'Hépato-Gastroentérologie, Hôpital Saint-André, CHU Bordeaux, Bordeaux, France; §Service d'Anatomie-Pathologique, Hôpital Pellegrin, CHU Bordeaux, Bordeaux, France; ||INSERM U1053, Université Segalen, Bordeaux, France

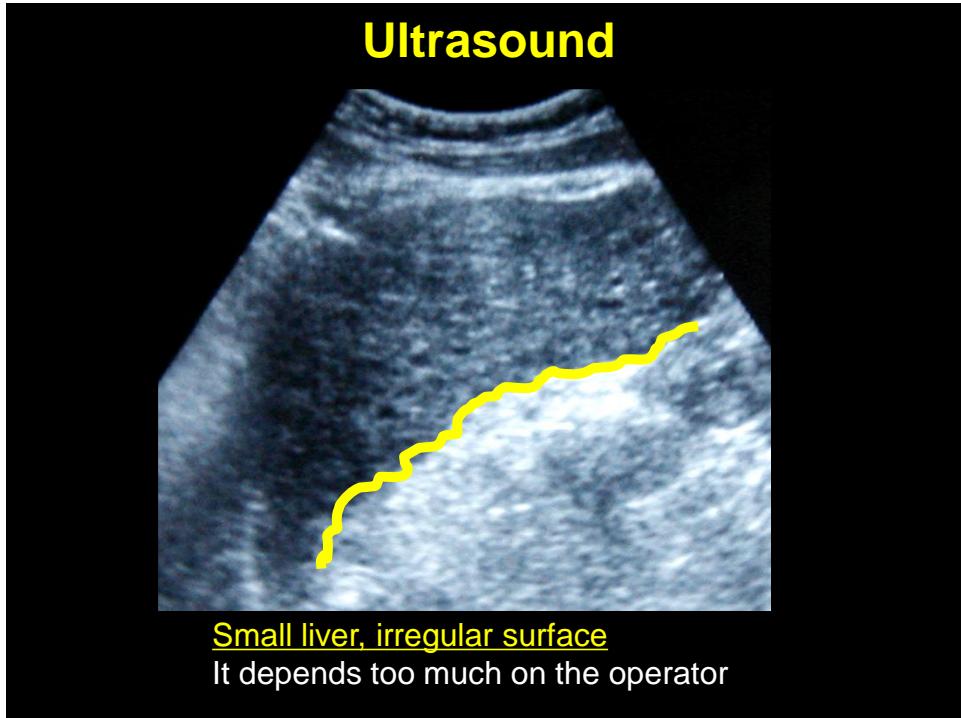
BACKGROUND & AIMS: Liver stiffness can be measured noninvasively to assess liver fibrosis in patients with chronic hepatitis C. In patients with chronic liver diseases, level of fibrosis predicts liver-related complications and survival. We evaluated the abilities of liver stiffness, results from noninvasive tests for fibrosis, and liver biopsy analyses to predict overall survival or survival without liver-related death with a 5-year period. **METHODS:** In a consecutive cohort of 1457 patients with chronic hepatitis C, we assessed fibrosis and, on the same day, liver stiffness, performed noninvasive tests of fibrosis

The evaluation of liver fibrosis is a key step to manage a chronic liver disease and to assess its prognosis, as complications mainly occur in patients with advanced stages. Portal hypertension, ascites, or hepatocellular carcinoma are associated with a shorter survival. Early assessment of the risk of bad prognosis helps the physician to manage patients with cirrhosis and to make decisions about liver transplantation.

Liver biopsy does not satisfy quality criteria as a surrogate end-point marker because of its complication rate, sampling errors, and interobserver variability among and

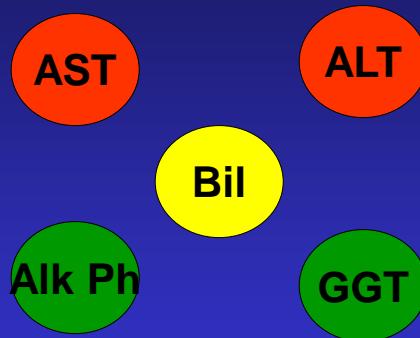
B

Ultrasound

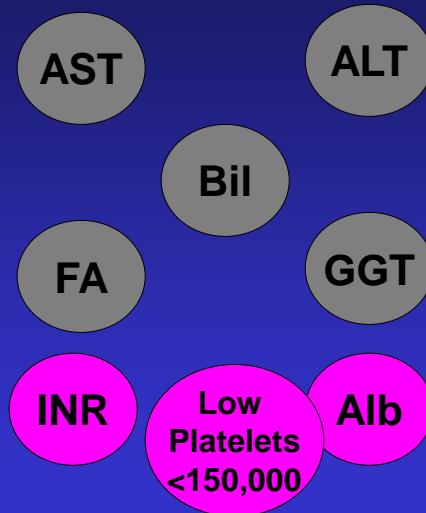




Liver Tests



Liver Function Tests



Liver Cirrhosis



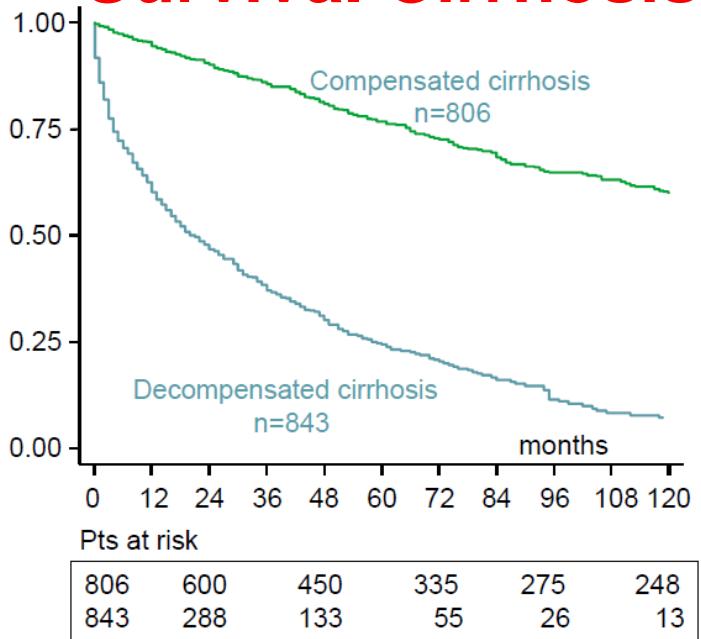
Risk of Dying at 1 year

	Compensated Cirrhosis		Decompensated Cirrhosis	
Stage	Stage 1	Stage 2	Stage 3	Stage 4
Clinical	No Varices No Ascites	Varices No Ascites	Ascites +/- Varices	Bleeding +/- Ascites
Death (at 1 Year)	1%	3%	20%	57%

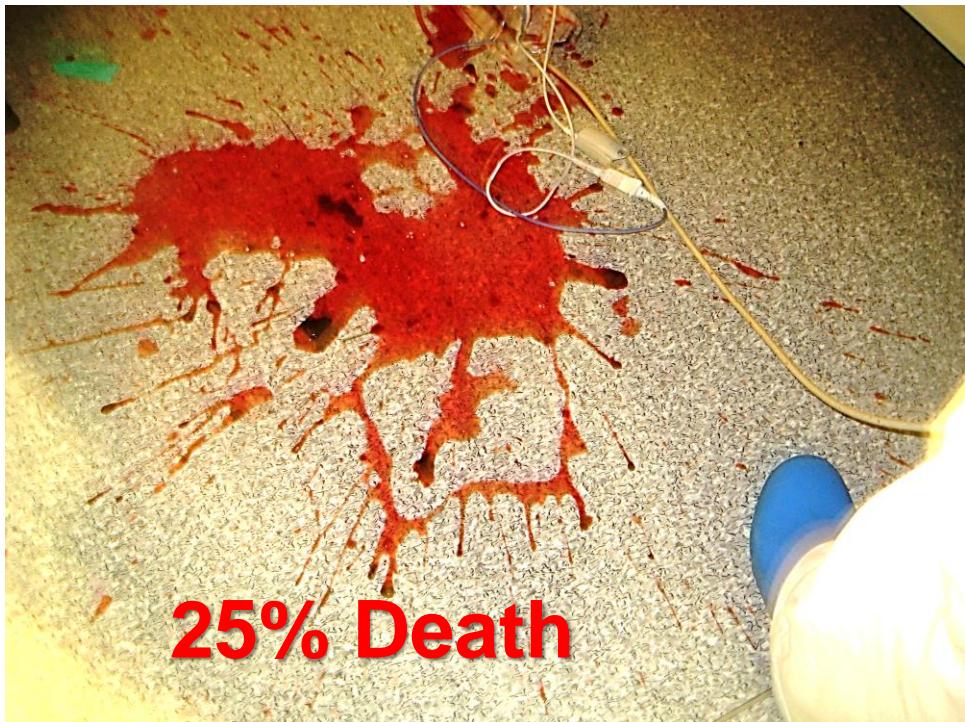
Decompensation

- Ascitis
- Ascitis with infection (spontaneous peritonitis)
- Variceal Bleeding
- Jaundice
- Encephalopathy

Survival Cirrhosis





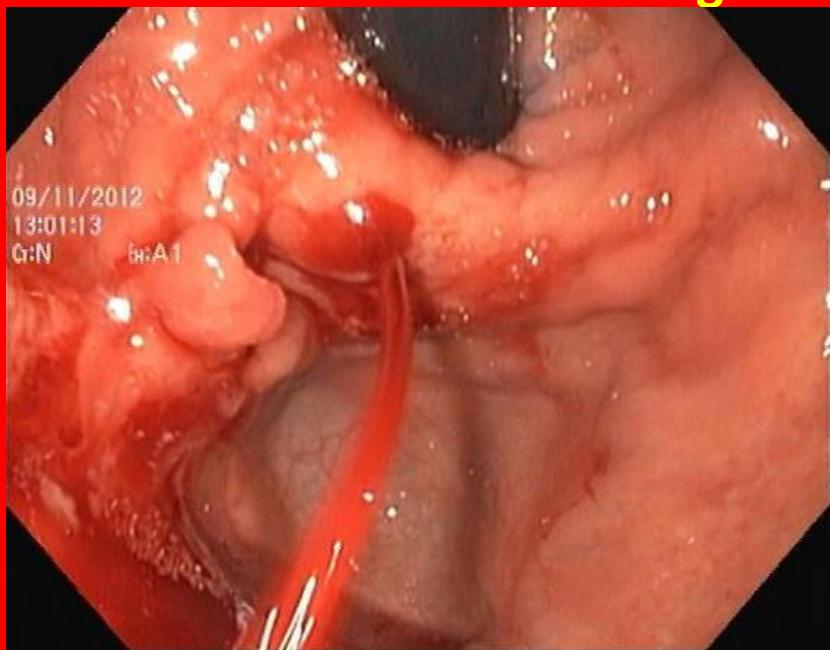




25% mortality



Gastric varizes bleeding



Melena





Encephalopathy



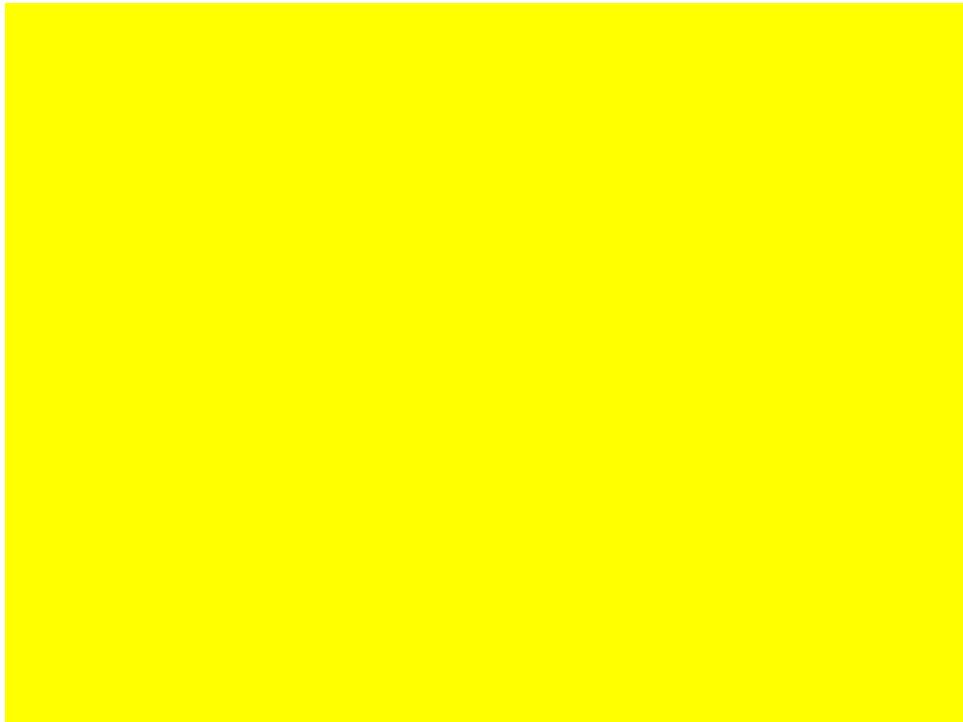
Liver
Transplantation?

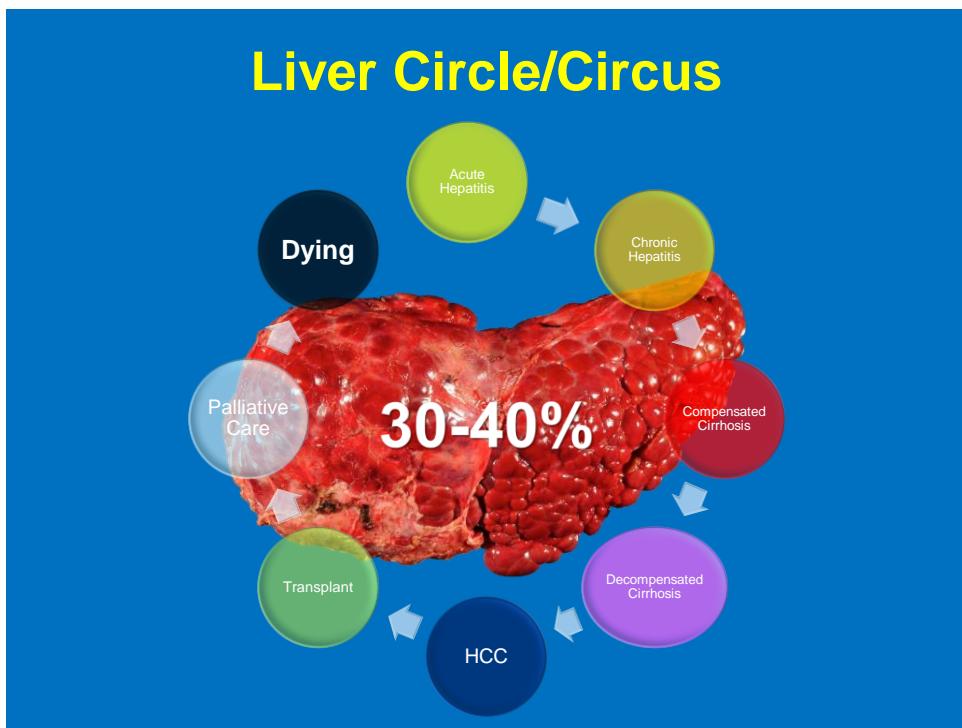
Liver Transplantation

- After first decompensation of liver cirrhosis
- Liver cancer
- Acute Liver Failure



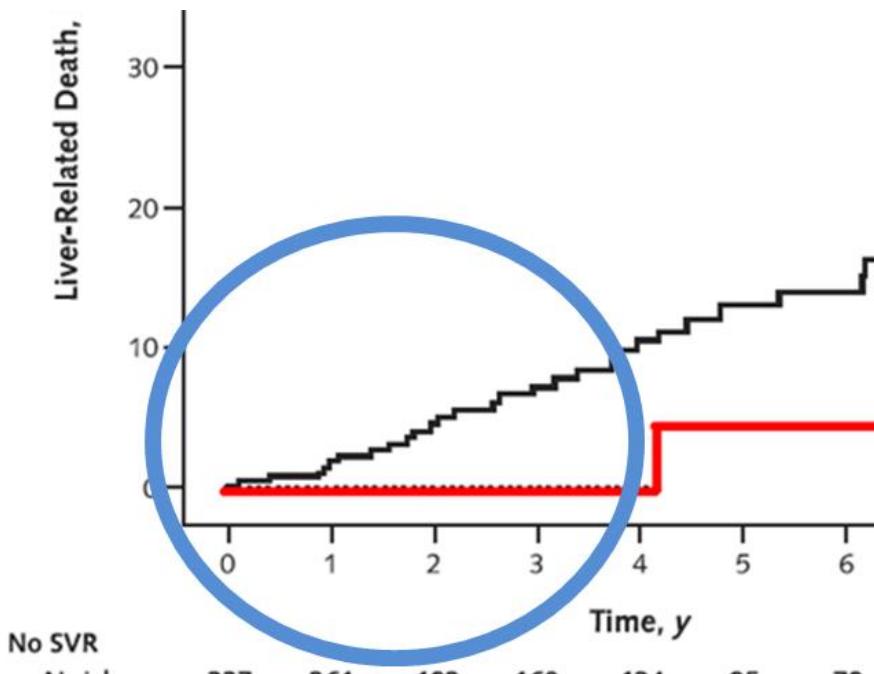
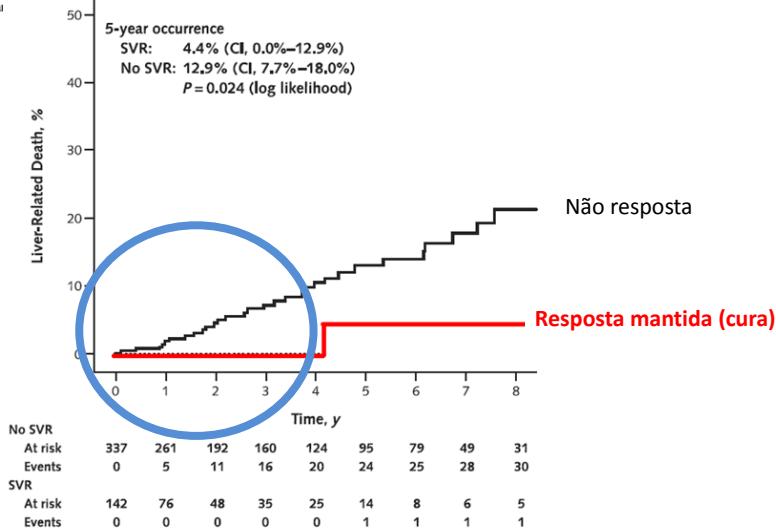
After Liver Transplantation



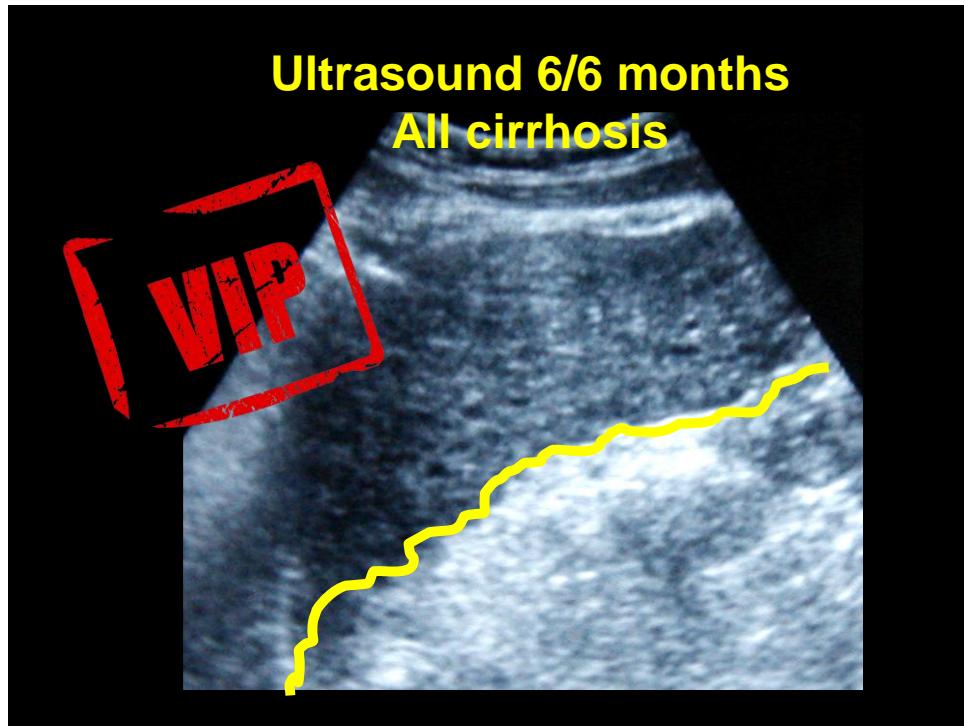


Sustained Virologic Response and Clinical Outcomes in Patients with Chronic Hepatitis C and Advanced Fibrosis

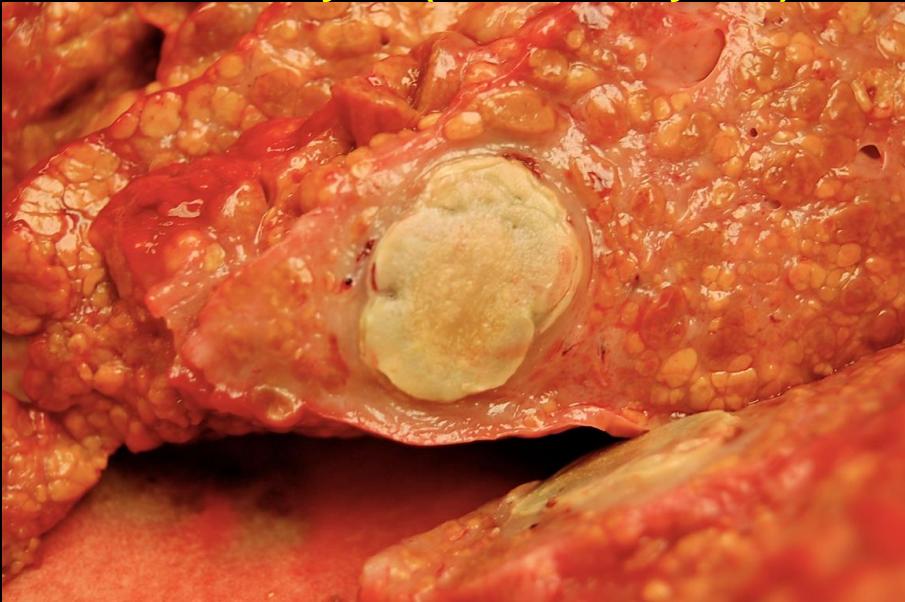
Bart J. Veldt, MD; E. Jenny Heathcote, MD; Helmut Wedemeyer, MD; Juerg Reichen, MD; W. Peter Hofmann, MD; Stefan Zeuzem, MD;
Michael P. Mai



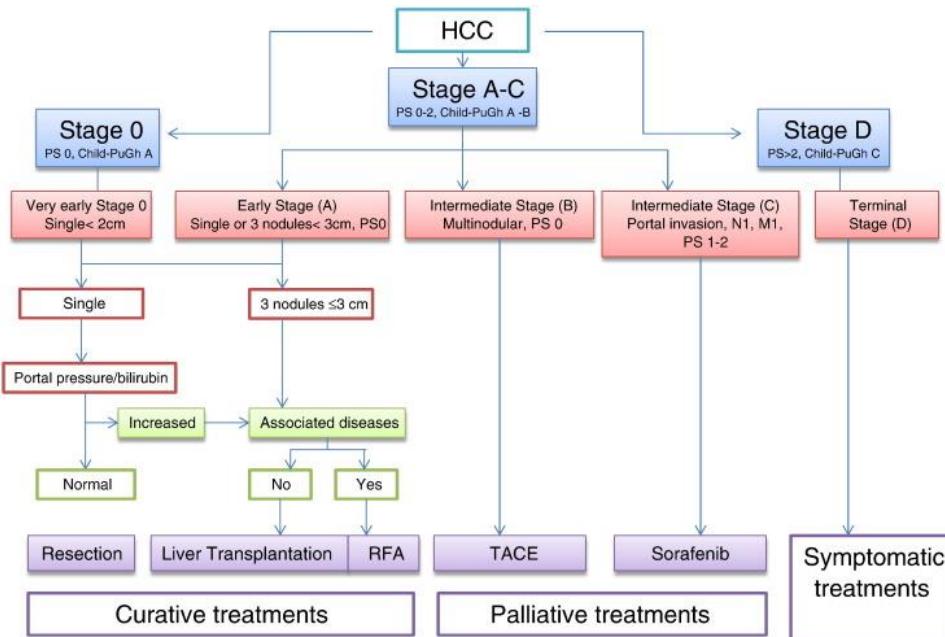
Cancer?



Hepatocellular Carcinoma risk 1 – 4% year (10-40% ten years)



Hepatocellular Carcinoma Treatment



• A A B C D E – Love Liver in Liver Land

- **Alcohol** Men: 2 drink/day
Woman: 1-2 drink/day
- **ALT** (check your liver enzyme)
- **Hepatitis A** (vaccine)

• B

- **Hepatitis B** (save sex and injections, tests, vaccine)

• C

- **Hepatitis C** (save injections, NSP, test and treatment)
- **Cholesterol** (metabolic syndrome)
- **Coffee**
- **Cigarette smoke** (risk of fibrosis)
- **Cancer** (avoid risk factors: alcohol, hepatitis C, hepatitis B, fatty liver)
- **Cirrhosis** (APRI, Fibroscan)

• D

- **Diet** (avoid unhealthy diet, fatty liver)
- **Diabetes** (increases risk of fatty liver and liver cancer)
- **Drugs** (avoid drugs, unnecessary medications including natural products)

• E

- **Excess weight** (avoid)
- **Exercise** (increases average life expectancy, decreases cancer risk, etc. 20 min 3 times a week)



Rui Tato Marinho
Joana Nunes
Mónica Sousa
INHSU 2018

