

#14 - CHARACTERIZATION, PROGNOSTIC FACTORS, AND SURVIVAL IN MODERATE ALCOHOL-ASSOCIATED HEPATITIS: A MULTICENTER STUDY

<https://doi.org/10.46613/congastro2023-14>

Idalsoaga F¹, Díaz L¹, Corsi O¹, Ayares G¹, Arnold J¹, Dunn W², Li Y², Singal A³, Simonetto D⁴, Ayala-Valverde M⁵, Ramirez C⁶, Morales-Arreaez D⁷, Zhang W⁸, Qian S⁸, Ahn J⁴, Buryaska S⁴, Mehta H², Waleed M³, Stefanescu H⁹, Horhat A⁹, Bumbu A⁹, Attar B¹⁰, Agrawal R¹¹, Cabezas J¹², Cuyàs B¹³, Poca M¹³, Soriano Pastor G¹³, Sarin S¹⁴, Maiwall R¹⁴, Jalal P¹⁵, Higuera-De La Tijera M¹⁶, Kulkarni A¹⁷, Rao P N¹⁷, Guerra Salazar P¹⁸, Skladaný L¹⁹, Bystrianska N¹⁹, Prado V²⁰, Clemente-Sanchez A²¹, Rincón D²¹, Haider T²², Chacko K²², Romero G²³, Pollarsky F²³, Restrepo J²⁴, Toro L²⁵, Yaquich P²⁶, Mendizabal M²⁷, Garrido M²⁸, Marciano S²⁹, Dirchwolf M³⁰, Vargas V³¹, Jimenez C³¹, García-Tsao G³², Ortiz G³², Abrales J³³, Kamath P⁴, Arrese M³⁴, Shah V⁴, Batailler R³⁵, Arab J³⁶

¹Departamento de Gastroenterología, Escuela de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile., Santiago, Chile ²University of Kansas Medical Center, KS, USA, Kansas, Estados Unidos (EEUU) ³Division of Gastroenterology and Hepatology, Department of Medicine, University of South Dakota Sanford School of Medicine, Sioux Falls, SD, USA, Sioux Falls, Estados Unidos (EEUU) ⁴Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN, USA, Rochester, Estados Unidos (EEUU) ⁵Hospital el Pino, Santiago, Chile ⁶Department of Anesthesia, Schulich School of Medicine, Western University & London Health Sciences Centre, London, Ontario, Canada., London Ontario, Canadá ⁷Center for Liver Diseases, Division of Gastroenterology, Hepatology and Nutrition, University of Pittsburgh Medical Center, PA, USA., Pittsburgh, Estados Unidos (EEUU) ⁸Division of Gastroenterology and Hepatology, University of Florida, Gainesville, FL, USA, Gainesville, Estados Unidos (EEUU) ⁹Regional Institute of Gastroenterology and Hepatology, Cluj-Napoca, Romania, Cluj-Napoca, Rumania ¹⁰Division of Gastroenterology & Hepatology, Cook County Health and Hospital Systems, Chicago, Illinois, USA, Chicago, Estados Unidos (EEUU) ¹¹Division of Gastroenterology and Hepatology, University of Illinois, Chicago, Illinois, USA, Chicago, Estados Unidos (EEUU) ¹²Gastroenterology and Hepatology Department, University Hospital Marques de Valdecilla. Santander. Spain; Research Institute Valdecilla (IDIVAL). Santander. Spain.; Santander, España ¹³Department of Gastroenterology, Hospital de la Santa Creu i Sant Pau, CIBERehd, Barcelona, Spain., Barcelona, España ¹⁴Institute of Liver and Biliary Sciences, New Delhi, India, New Delhi, India ¹⁵Department of Gastroenterology and Hepatology, Baylor College of Medicine, Houston, TX, USA, Houston, Estados Unidos (EEUU) ¹⁶Servicio de Gastroenterología, Hospital General de México, Universidad Nacional Autónoma de México, México., Mexico DF, México ¹⁷Asian Institute of Gastroenterology, Hyderabad, India, Hyderabad, India ¹⁸Instituto de Gastroenterología Boliviano-Japonés, La Paz, Bolivia, La Paz, Bolivia ¹⁹Division of Hepatology, Gastroenterology and Liver Transplantation, Department of Internal Medicine II, Slovak Medical University, F. D. Roosevelt University Hospital, Banska Bystrica, Slovak Republic, Banska Bystrica, República Checa ²⁰Centre Hospitalier de Luxembourg, Luxembourg, Luxembourg, Luxemburgo ²¹Liver Unit, Department of Digestive Diseases Hospital General Universitario Gregorio Marañón Madrid, Spain, Madrid, España ²²Division of Gastroenterology and Hepatology, Montefiore Medical Center, Bronx, NY, USA, Bronx, Estados Unidos (EEUU) ²³Sección Hepatología, Hospital de Gastroenterología Dr. Carlos Bonorino Udaondo, Buenos Aires, Argentina., Buenos Aires, Argentina ²⁴Hospital Pablo Tobon Uribe, Universidad de Antioquia, Medellín, Colombia, Medellín, Colombia ²⁵Hospitales de San Vicente Fundación, Medellín-Rionegro, Antioquia, Colombia, Antioquia, Colombia ²⁶Departamento de Gastroenterología, Hospital San Juan de Dios, Santiago, Chile, Santiago, Chile ²⁷Hepatology and Liver Transplant Unit, Hospital Universitario Austral, Buenos Aires, Argentina, Buenos Aires, Argentina ²⁸Hospital Central San Luis, San Luis, Argentina, San Luis, Afganistán ²⁹Liver Unit, Hospital Italiano De Buenos Aires, Buenos Aires, Argentina., Buenos Aires, Argentina ³⁰Unidad de Hígado, Hospital Privado de Rosario, Rosario, Argentina., Rosario, Argentina ³¹Liver Unit, Hospital Vall d'Hebron, Universitat Autònoma Barcelona, CIBEREHD, Barcelona, Spain., Barcelona, España ³²Section of Digestive Diseases, Yale University School of Medicine/VA-CT Healthcare System, New Haven/West Haven, USA, New Haven/West Haven, Estados Unidos (EEUU) ³³Division of Gastroenterology, Liver Unit, University of Alberta, Edmonton, Canada, Edmonton, Canadá ³⁴Department of Gastroenterology, Escuela de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile., Santiago, Chile ³⁵Liver Unit, Hospital Clinic, Barcelona, Barcelona, España ³⁶Division Of Gastroenterology, Department Of Medicine, Schulich School Of Medicine, Western University & London Health Sciences Centre, London, Ontario, Canada., London, Ontario, Canadá

BACKGROUND: Alcohol-associated hepatitis (AH) corresponds a entity with high short-term mortality; however, few studies have been published in patients with moderate AH.

AIM: Characterize patients with moderate AH, identifying prognostic factors and survival at 30, 90, and 180 days.

METHODS: Multi-center retrospective cohort-study, which included patients with moderate AH (2009-2019). Moderate AH was defined as MELD \leq 20 at presentation. We used competing-risk models with liver transplantation as a competing risk to assess variables associated with mortality.

RESULTS:We included 564 patients with moderate AH(24 centers,12 countries). Median age was 48 \pm 11.6 years, 29.2% female, and 46.2.5% Caucasian. 51.7% of the cohort had cirrhosis, and 1.4% underwent liver transplantation. MELD score on admission was 17 [6-20] and 37.7% used corticosteroids during hospitalization. Survival rates at 30, 90, and 180 days were 93.7% (0.911–0.955), 89.1% (0.860–0.916), and 87% (0.836–0.898), respectively. The most frequent causes of death were multiple organ failure (30.4%) and infections (11.5%). In the univariate analysis, the variables associated with mortality were age (sHR1.035, 95%CI:1.020–1.049; p<0.001), Maddrey's discriminant function (sHR1.013, 95%CI:1.007–1.020; p<0.001), albumin at admission (sHR0.837, 95%CI:0.682–1.026; p=0.087), INR (sHR1.534; 95%CI: 1.070–2.198, p=0.020), renal replacement therapy (sHR7.066; 95%CI:4.381–11.392; p<0.001) and infections during hospitalization (sHR2.079; 95%CI:1.308–3.306; p=0.002)(Table). However, in the multivariate-adjusted model, only age (sHR 1.042; 95%CI:1.019–1.0656, p<0.001), RRT (sHR7.796; 95%CI:3.993–15.218, p<0.001) and infections during hospitalization (sHR1.666; 95%CI:0.999–2.779; p=0.050) were associated with mortality. The corticosteroids did not demonstrate benefit in moderate AH.

CONCLUSIONS: Patients with moderate AH have a significant mortality at short-term. Infections are associated with higher mortality and are the most important cause of death. Better models are necessary to predict mortality in moderate AH.

Table.- Univariate and multivariate competing risk analyses. Mortality is the primary event, and liver transplant is the competing risk.

Variables	Univariate analysis			Multivariate analysis		
	sHR	95% CI	p-value	sHR	95% CI	p-value
Age (years)	1.035	1.020–1.049	< 0.001	1.042	1.019–1.0656	< 0.001
Sex (Female)	0.918	0.658–1.280	0.616	1.237	0.734–2.084	0.423
MELD	1.00	0.955–1.054	0.885	-	-	-
MELD-Na	1.00	0.997–1.006	0.316	-	-	-
MELD 3.0	1.025	0.988–1.064	0.177	-	-	-
mDF	1.013	1.007–1.020	< 0.001	1.013	0.993–1.033	0.179
Cirrhosis	1.037	0.682–1.577	0.863	-	-	-
Corticosteroids use	1.036	0.730–1.469	0.842	-	-	-
Albumin at admission	0.837	0.682–1.026	0.087	-	-	-
Bilirubin at admission	1.013	0.989–1.038	0.267	-	-	-
Serum creatinine	0.992	0.488–2.015	0.983	-	-	-
INR	1.534	1.070–2.198	0.020	-	-	-
Renal replacement therapy	7.066	4.381–11.392	< 0.001	7.796	3.993–15.218	< 0.001
Infections during hospitalization	2.079	1.308–3.306	0.002	1.666	0.999–2.779	0.050

sHR: Subdistribution Hazard ratio; mDF: Maddrey's discriminant function; INR: International Normalized Ratio.