

New advances in the management of patients with cirrhosis

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New data from clinical studies presented for the first time at the International Liver Congress 2013 provide new rationale for an old and established treatment option for portal hypertension. Additionally, spleen stiffness predicts the occurrence of clinical complications, which is of paramount importance in clinical practice.

In patients with cirrhosis, increasing blood pressure in the abdominal [circulatory system](#) (known as [portal hypertension](#)) leads to potentially lethal complications which might be prevented with simple medical treatment. Patients with cirrhosis and portal hypertension have increased gastrointestinal [permeability](#) which allows the movement of bacteria or bacterial components through the lining of the gut into the [blood stream](#) in a process known as bacterial translocation. Bacterial components such as lipopolysaccharide can be involved in the genesis of complications of cirrhosis.

The first study evaluated the effects of a non-selective beta-blocker (NSBB) on gastrointestinal permeability and bacterial translocation in patients with cirrhosis with high levels of portal hypertension.¹ Patients with severe portal hypertension (HVPG* ≥ 20 mmHg) had increased markers of gastrointestinal permeability and bacterial translocation compared to patients with lower levels of portal hypertension (HVPG

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