Hôtel Marriott
Rive Gauche Paris 14ème

forums
Journée de réflexion & formations
du CREGG

CREGG
Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

Hépatologie

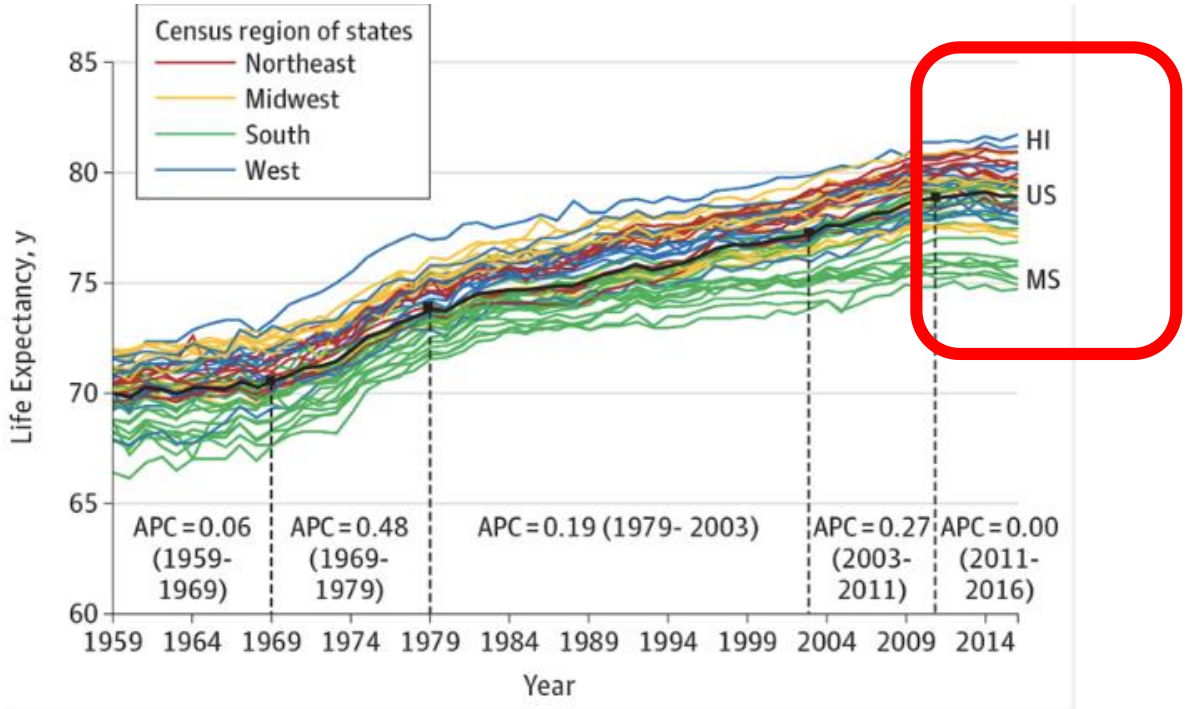
Les grands messages de l'année 2019 en hépatologie

Patrick DELASALLE

Grasse

Baisse de l'espérance de vie américaine

JAMA



Entre 2014 et 2016
baisse de 78,9 ans à 78,6 ans

Principale cause:
crise des opiacés
Overdoses, alcool, suicides

Taux de DC par maladie hépatique augmentation de 40%

S.Woolf et al. JAMA. 322.1996. 2019

VIRUS

Retreatment Options for Patients Who Failed Direct-Acting Antiviral Regimens Containing NS5A Inhibitors: Is Glecaprevir/Pibrentasvir a Valid and Robust Option?

Gastroenterology
OFFICIAL JOURNAL OF THE AGA INSTITUTE

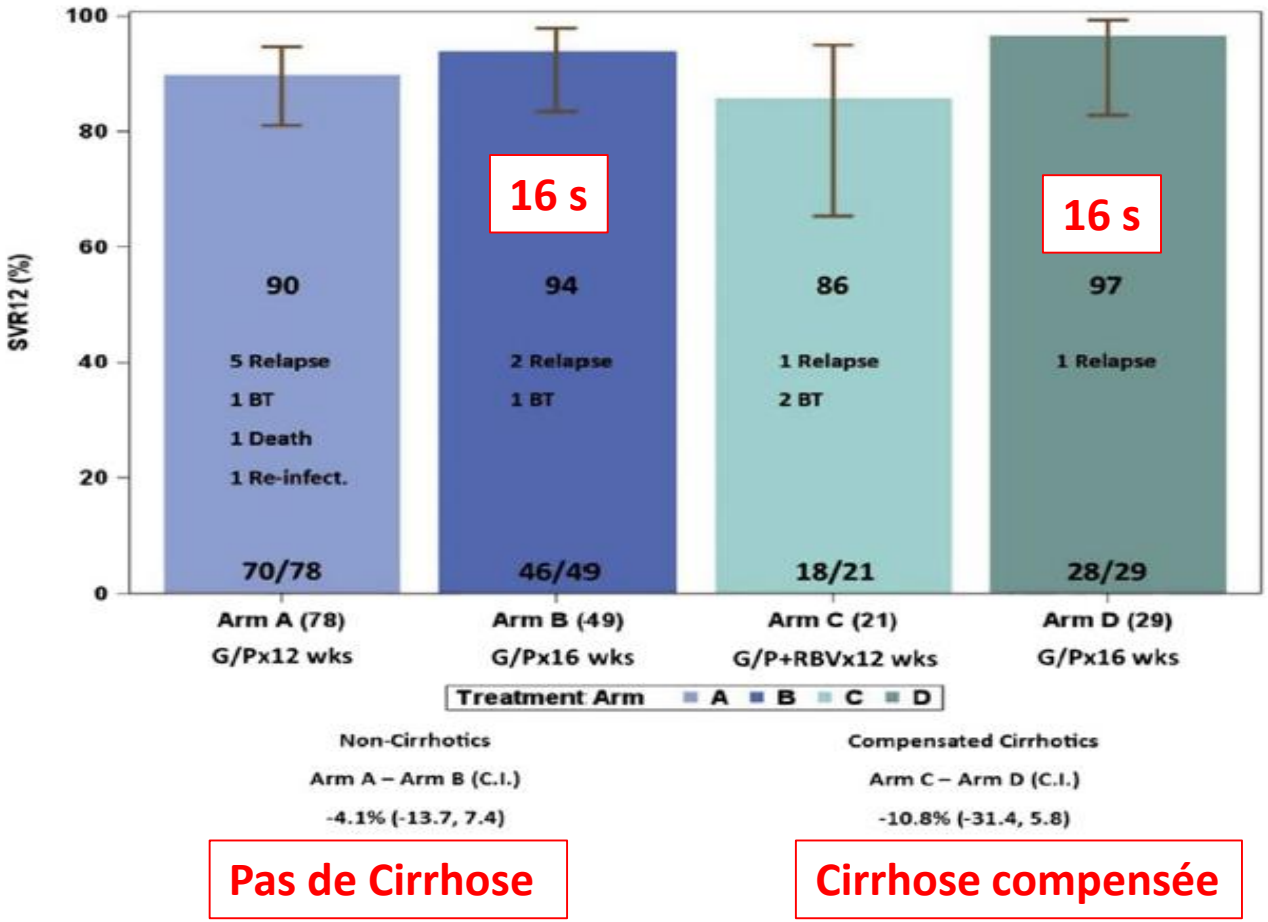
Recommandations EASL

GT	Failed treatment	GZR/ELB	SOF/LDV	SOF/VEL	GLE/PIB	SOF/VEL/VOX
G1	DAAs				12w +SOF	12w
G2	DAAs				12w +SOF	12w
G3	DAAs				12w +SOF	12w
G4	DAAs				12w +SOF	12w
G5/G6	DAAs				12w +SOF	12w

Marc BOURLIERE Gastroenterology 2019;157:1473–1479

G/P (MAVIRET) si échec Sofosbuvir/Inhibiteurs NS5A patients G1 sans cirrhose décompensée

Gastroenterology
OFFICIAL JOURNAL OF THE AGA INSTITUTE



G/P 16 semaines avec ou sans ribavirine

Cirrhoses non décompensées

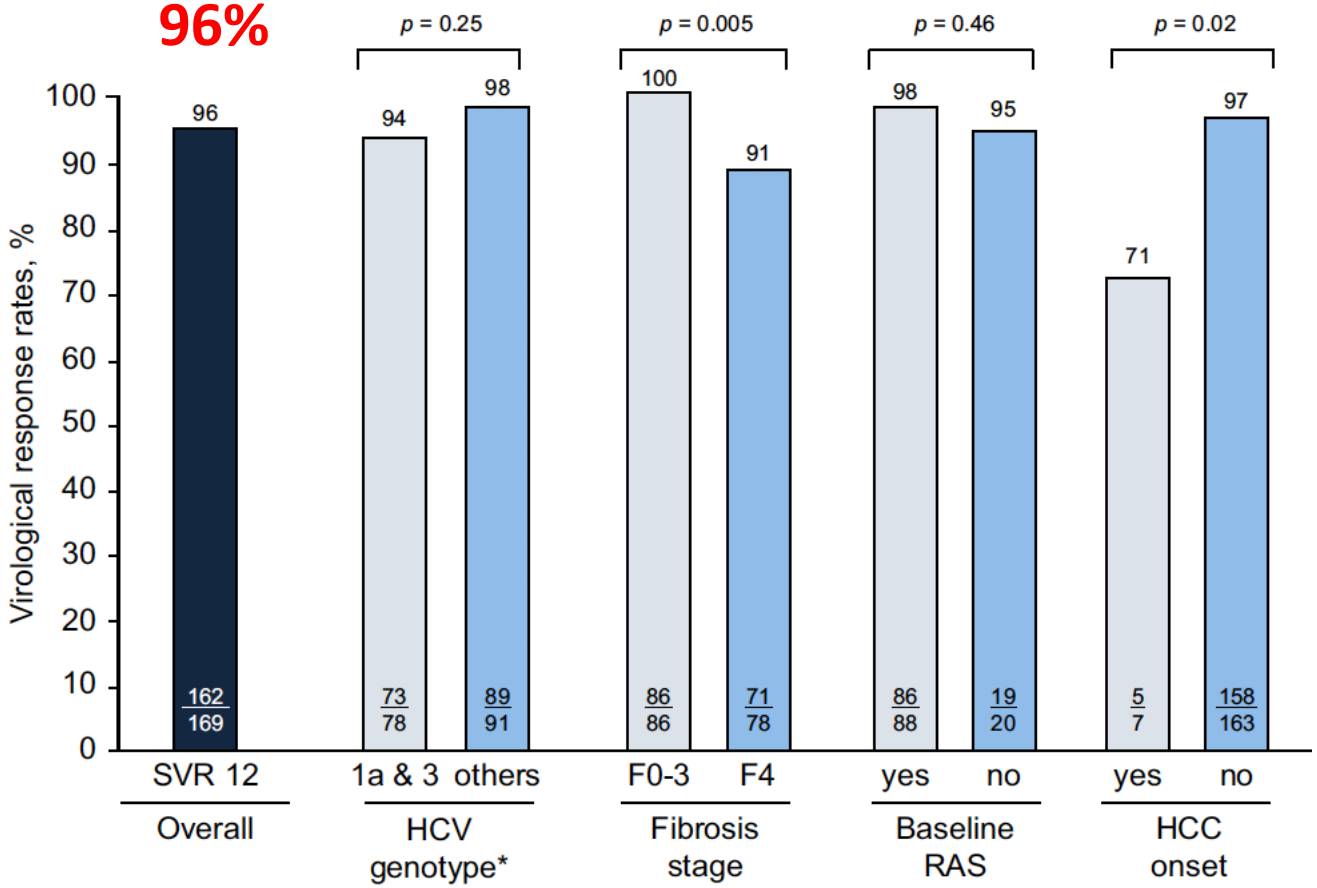
Lok et al Gastroenterology 2019 Vol. 157, No. 6

Real-life effectiveness and safety of sofosbuvir/velpatasvir/voxilaprevir in hepatitis C patients with previous DAA failure

JOURNAL OF HEPATOLOGY

(VOSEVI)

96%



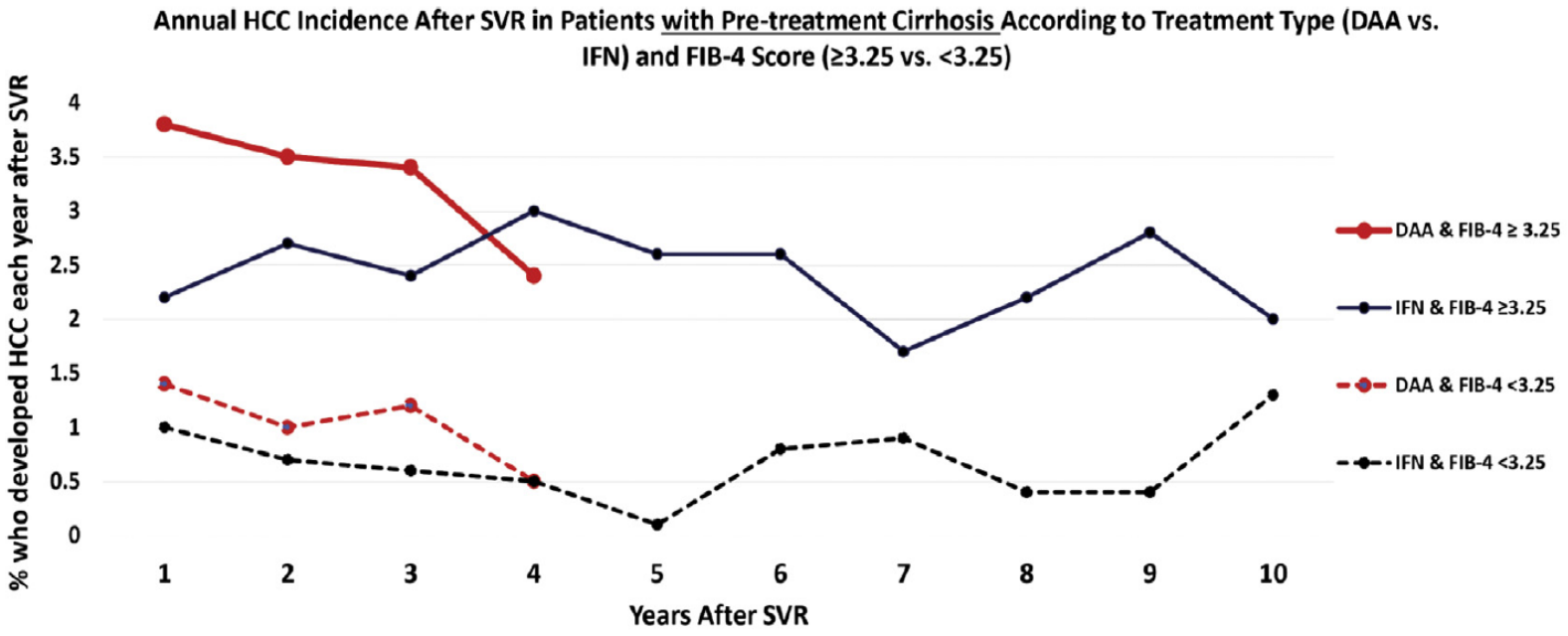
179 Patients

4% Echecs (rares):
Cirrhose
CHC
Génotype 1a et 3

Elisabetta Degasperi Journal of Hepatology 2019 vol. 71 j 1106

Increased Risk for Hepatocellular Carcinoma Persists Up to 10 Years After HCV Eradication in Patients With Baseline Cirrhosis or High FIB-4 Scores

Gastroenterology
OFFICIAL JOURNAL OF THE AGA INSTITUTE



Vétérans analyse > 48 000 patients traités

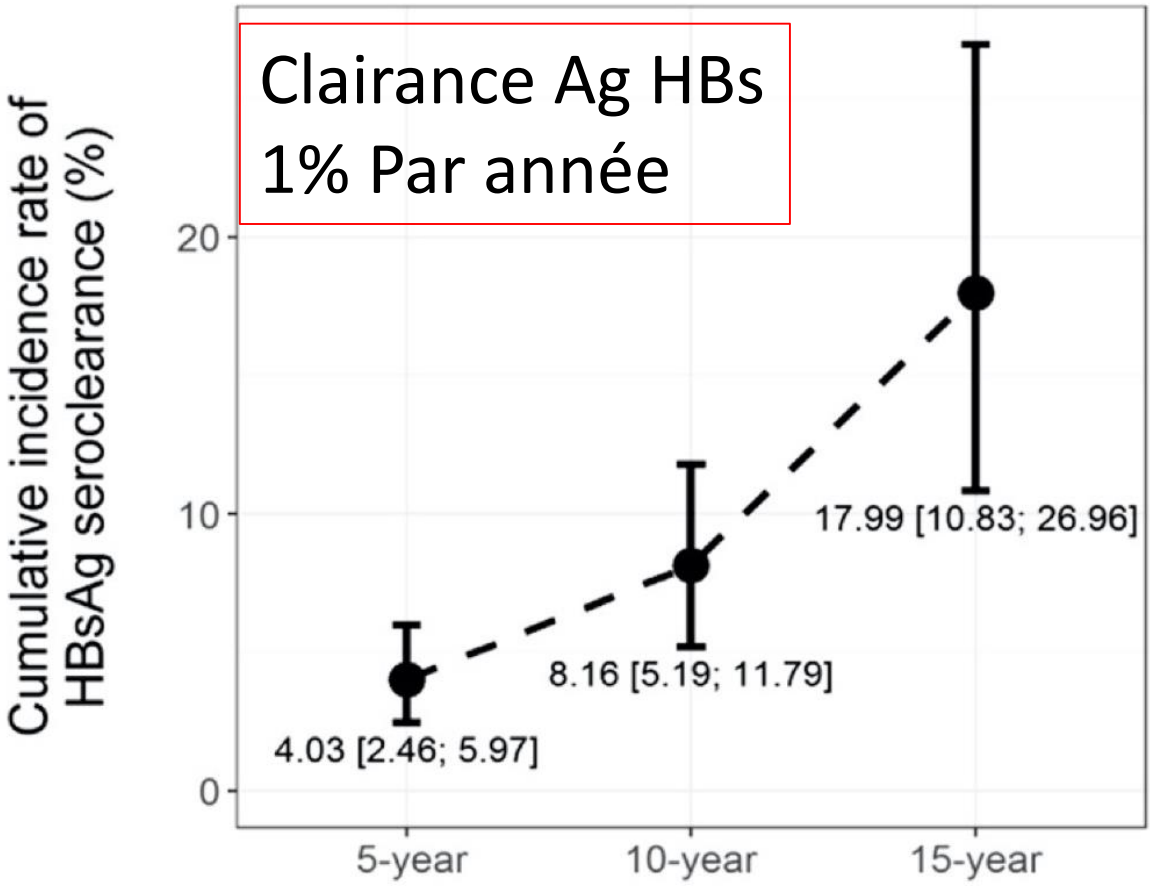
En cas de cirrhose
risque CHC > 2%/an
Persiste dans le temps
Même si amélioration FIB 4

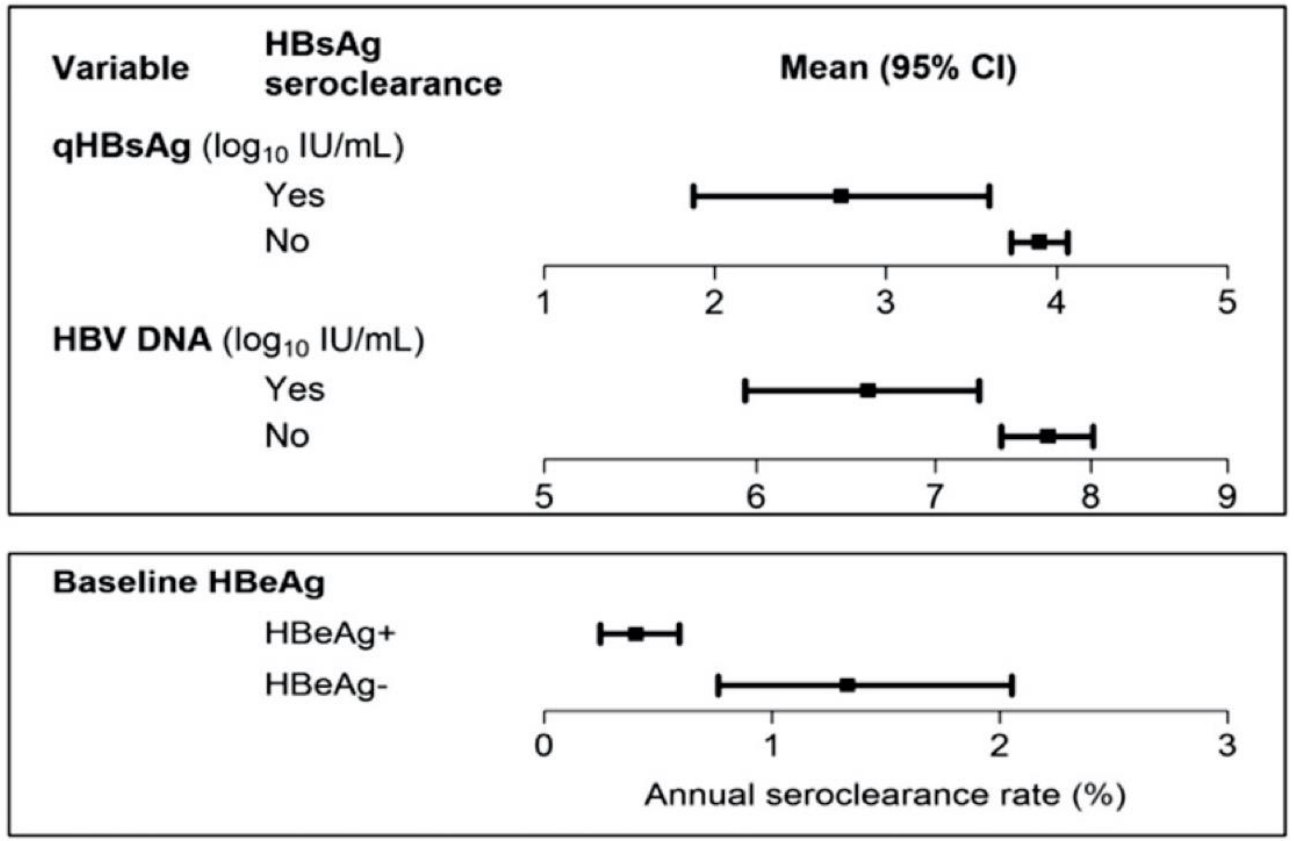
Patient sans cirrhose
Mais FIB 4 > 3,25
Risque de CHC important

Factors Associated With Rates of HBsAg Seroclearance in Adults With Chronic HBV Infection: A Systematic Review and Meta-analysis

Gastroenterology
OFFICIAL JOURNAL OF THE AGA INSTITUTE

Clairance Ag HBs
1% Par année

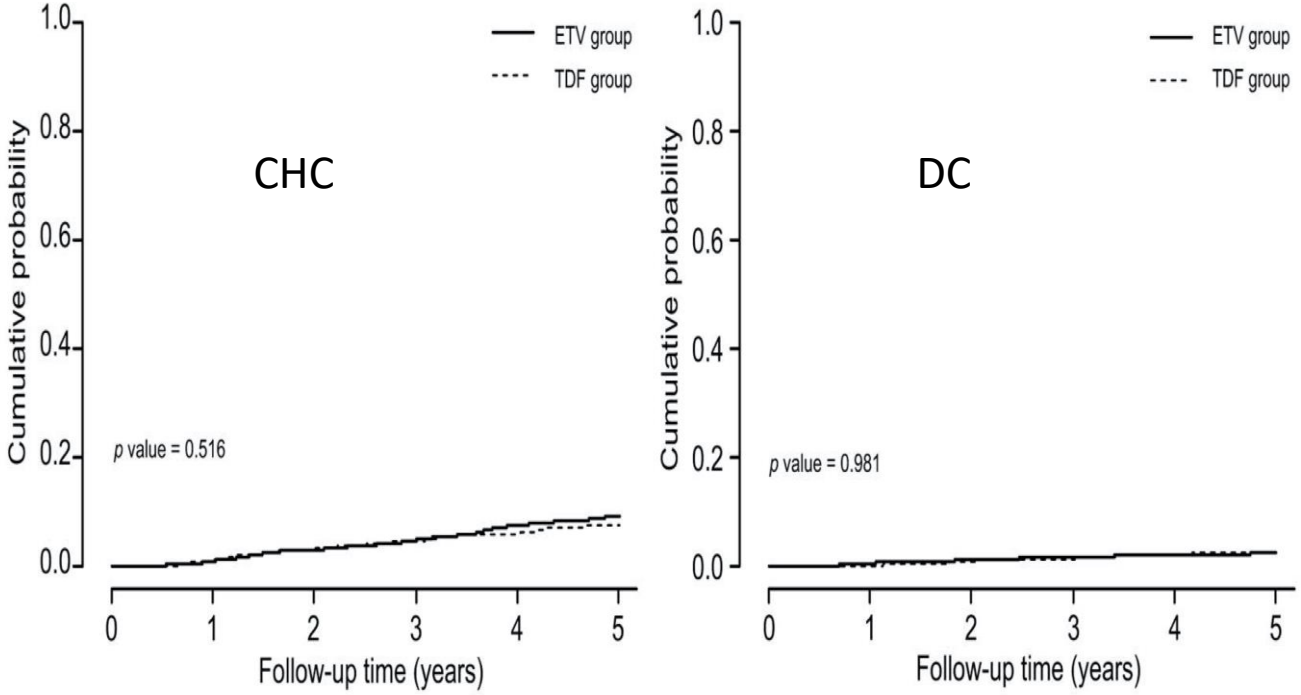




Yee Hui Yeo Gastroenterology 2019;156:635

A multicenter study of entecavir *vs.* tenofovir on prognosis of treatment-naïve chronic hepatitis B in South Korea

JOURNAL OF HEPATOLOGY



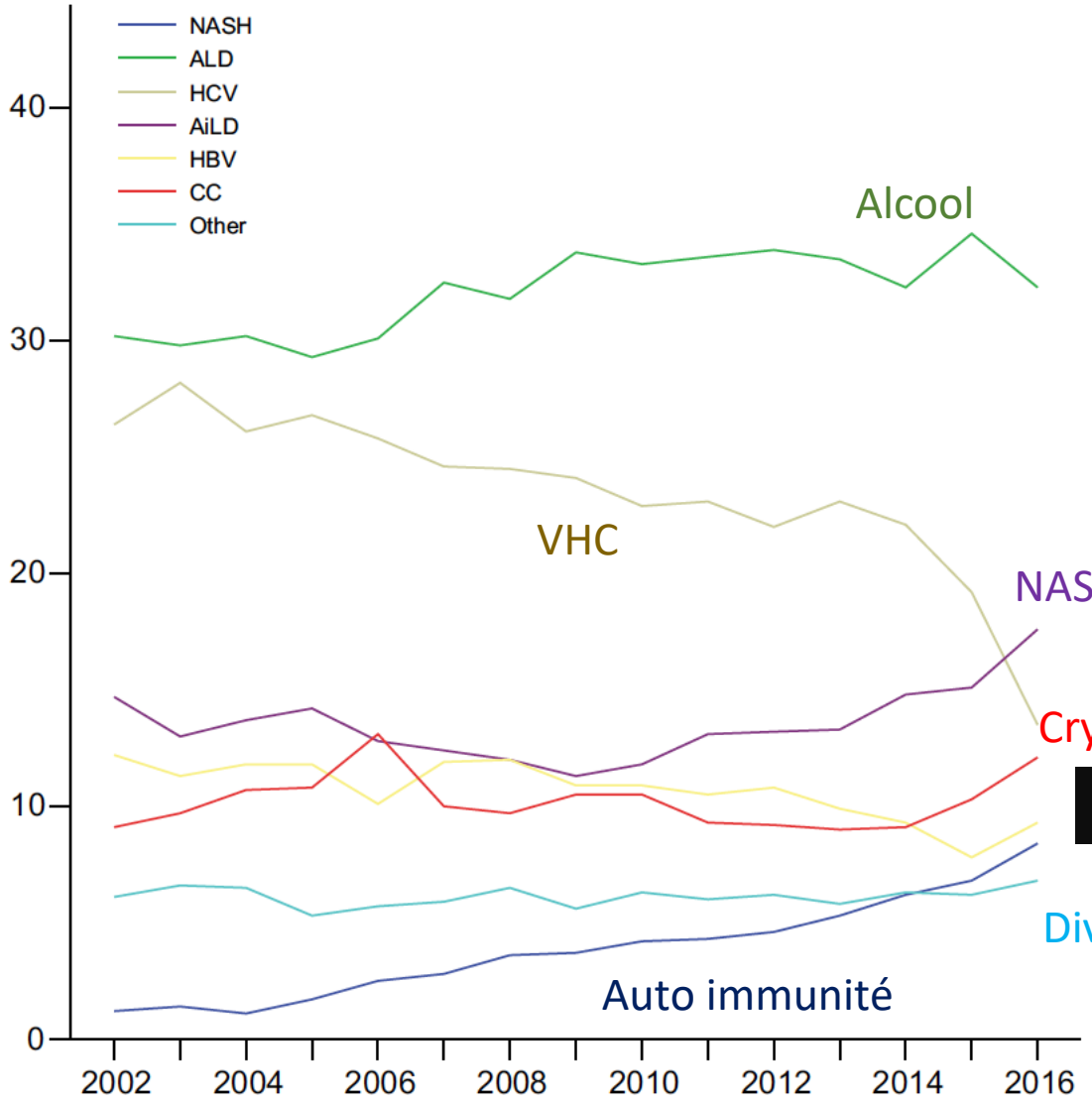
Prés de 3000 patient traités
Soit Entecavir (Baraclude)
Soit Tenofovir (Viread)

Pas de différence significative CHC, DC etc….

Seung Up Kim Journal of Hepatology 2019 vol. 71 j 456

NASH

Outcomes of liver transplantation for non-alcoholic steatohepatitis: A European Liver Transplant Registry study



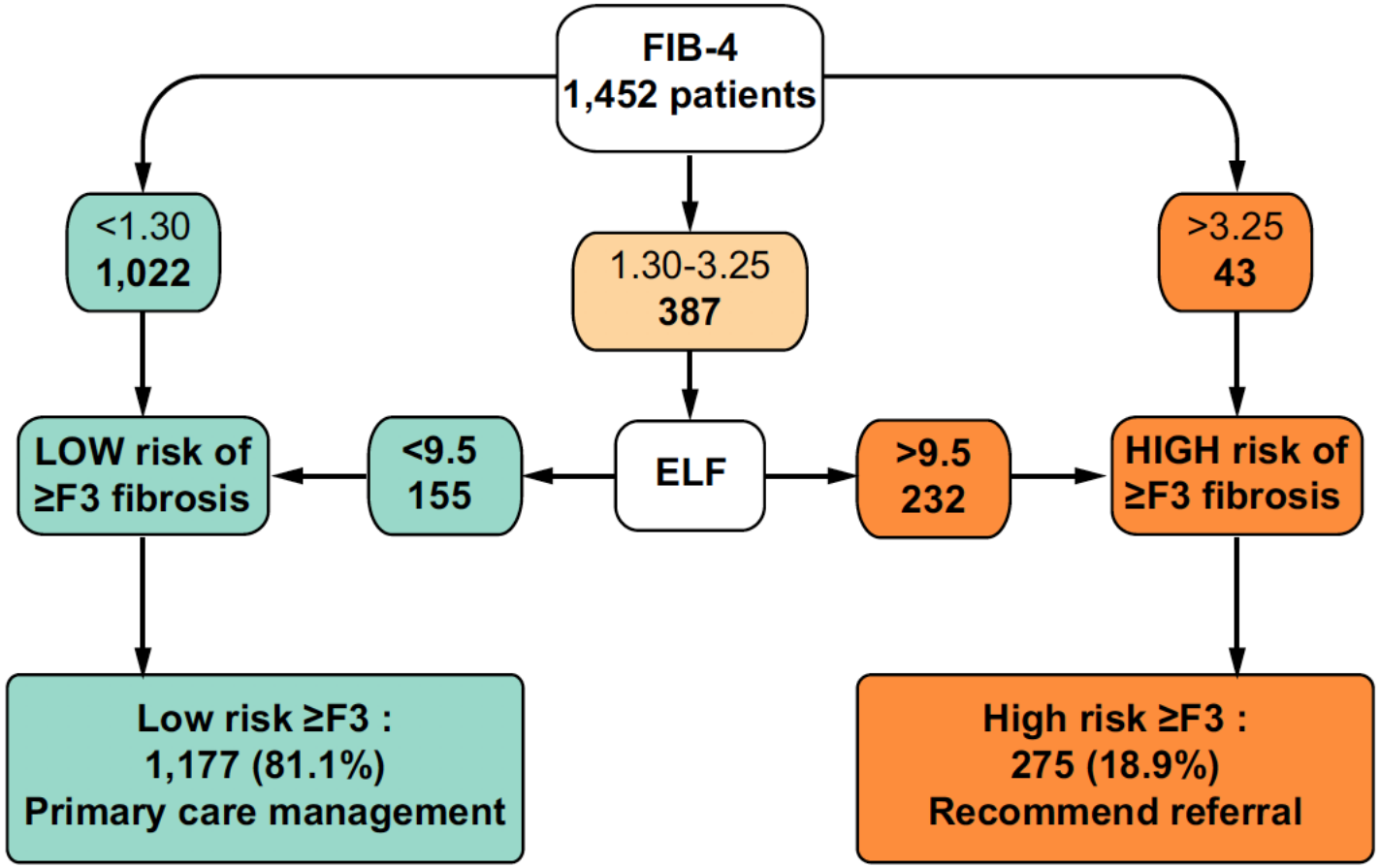
Evolution des étiologies de
la transplantation hépatique en Europe

Augmentation importante de la NASH

Debashis Haldar Journal of Hepatology 2019 vol. 71 j 313

Prospective evaluation of a primary care referral pathway for patients with non-alcoholic fatty liver disease

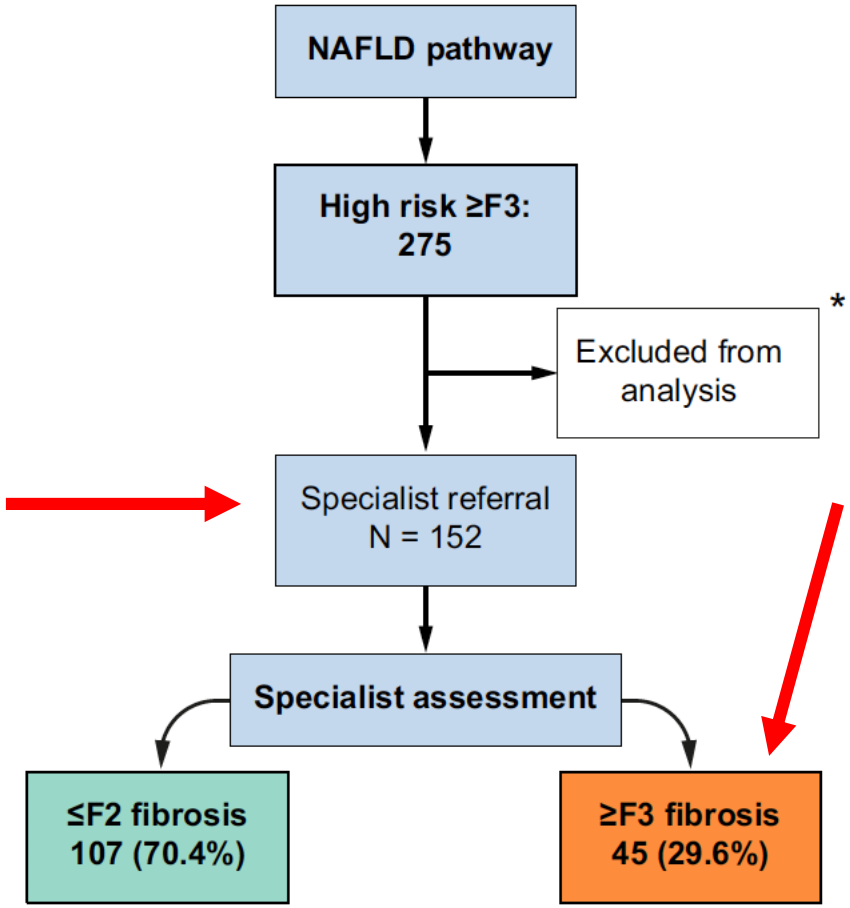
JOURNAL OF HEPATOLOGY



Ankur Srivastava et al. Journal of Hepatology 2019 vol. 71 j 371–378

Prospective evaluation of a primary care referral pathway for patients with non-alcoholic fatty liver disease

JOURNAL OF HEPATOLOGY



Déterminer les seuils français

Calculer le nombre de consultations spécialisées

Ankur Srivastava et al. Journal of Hepatology 2019 vol. 71 j 371–378

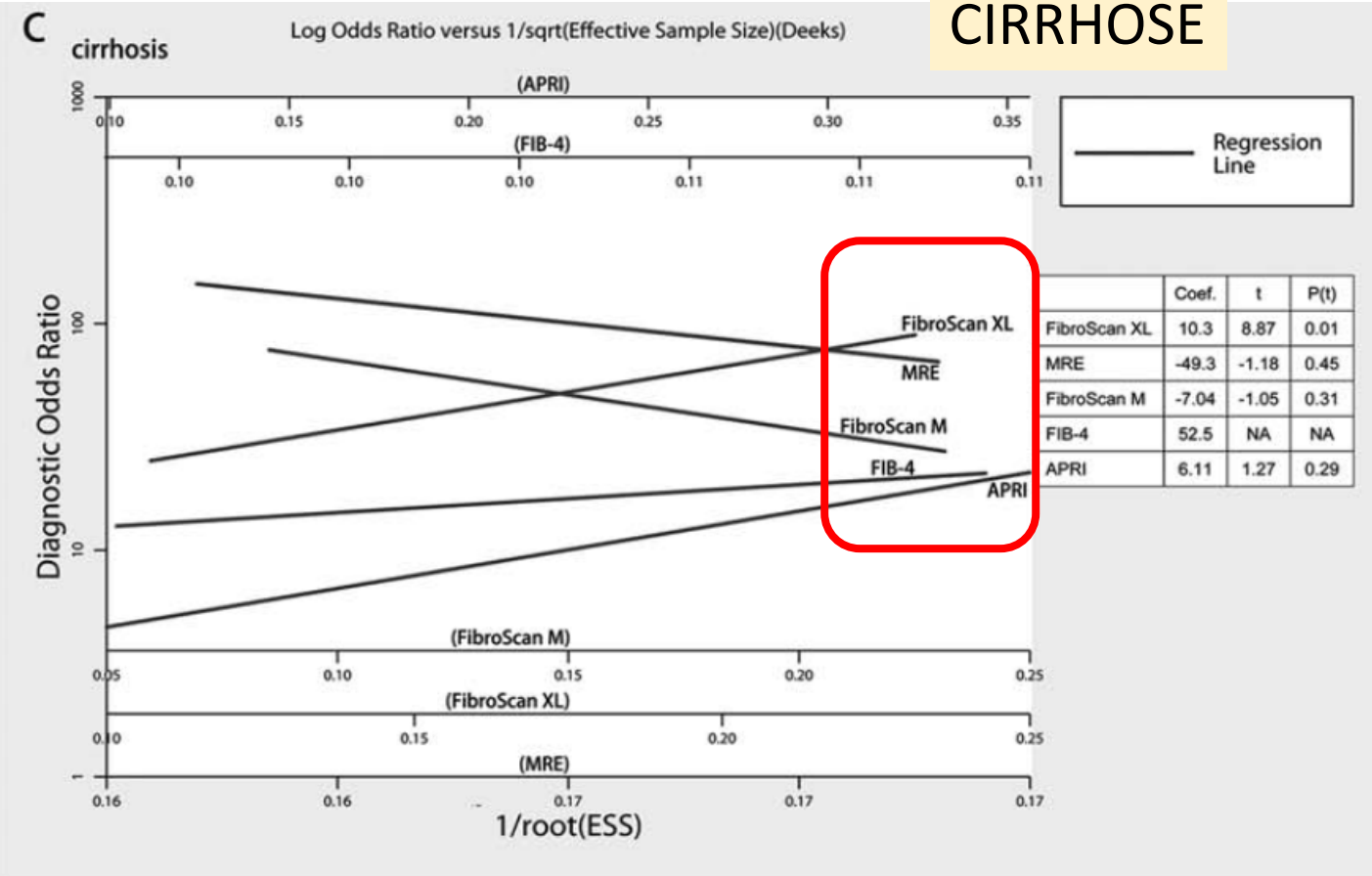
HEPATOLOGY

AASLD AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HEPATOLOGY, VOL. 66, NO. 5, 2017

Comparison of laboratory tests, ultrasound, or magnetic resonance elastography to detect fibrosis in patients with nonalcoholic fatty liver disease: A meta-analysis.

CIRRHOSE



	Coef.	t	P(t)
FibroScan XL	10.3	8.87	0.01
MRE	-49.3	-1.18	0.45
FibroScan M	-7.04	-1.05	0.31
FIB-4	52.5	NA	NA
APRI	6.11	1.27	0.29

Fibroscan XL
Elasto-IRM (MRE)
FibroScan M
Fib-4
Apri

Manque Fibromètre et Fibrotest….

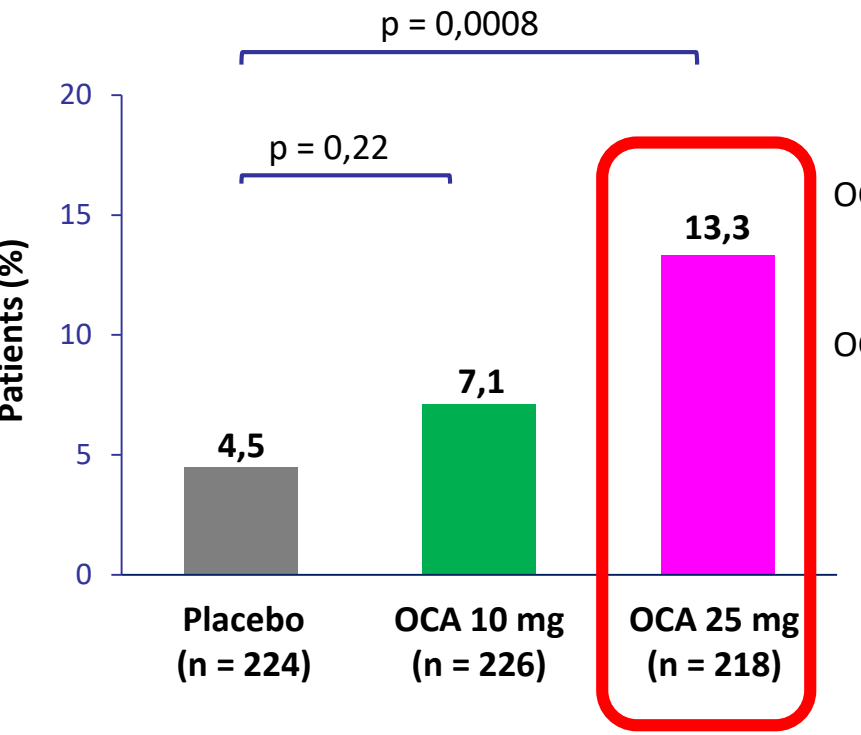
Intercept

FDA Accepts Intercept's NDA for OCA for the Treatment of Liver Fibrosis Due to NASH and Grants Priority Review

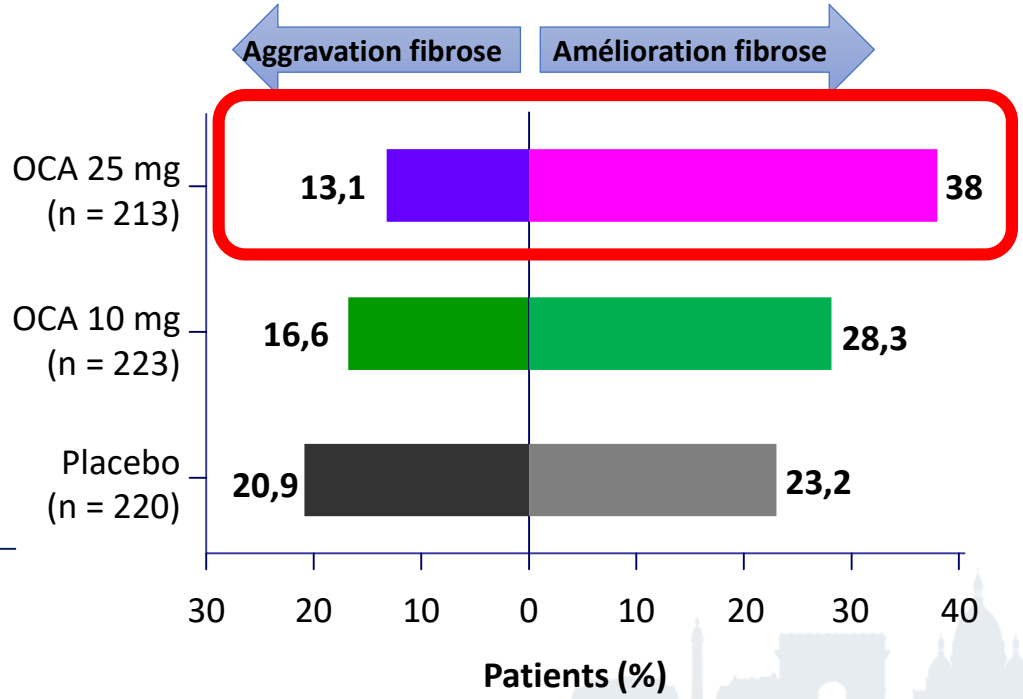
November 25, 2019

NDA supported by positive interim analysis results from the Phase 3 REGENERATE study demonstrating OCA's improvement of liver fibrosis without worsening of NASH

Régression de la fibrose ≥ 2
Analyse en PP



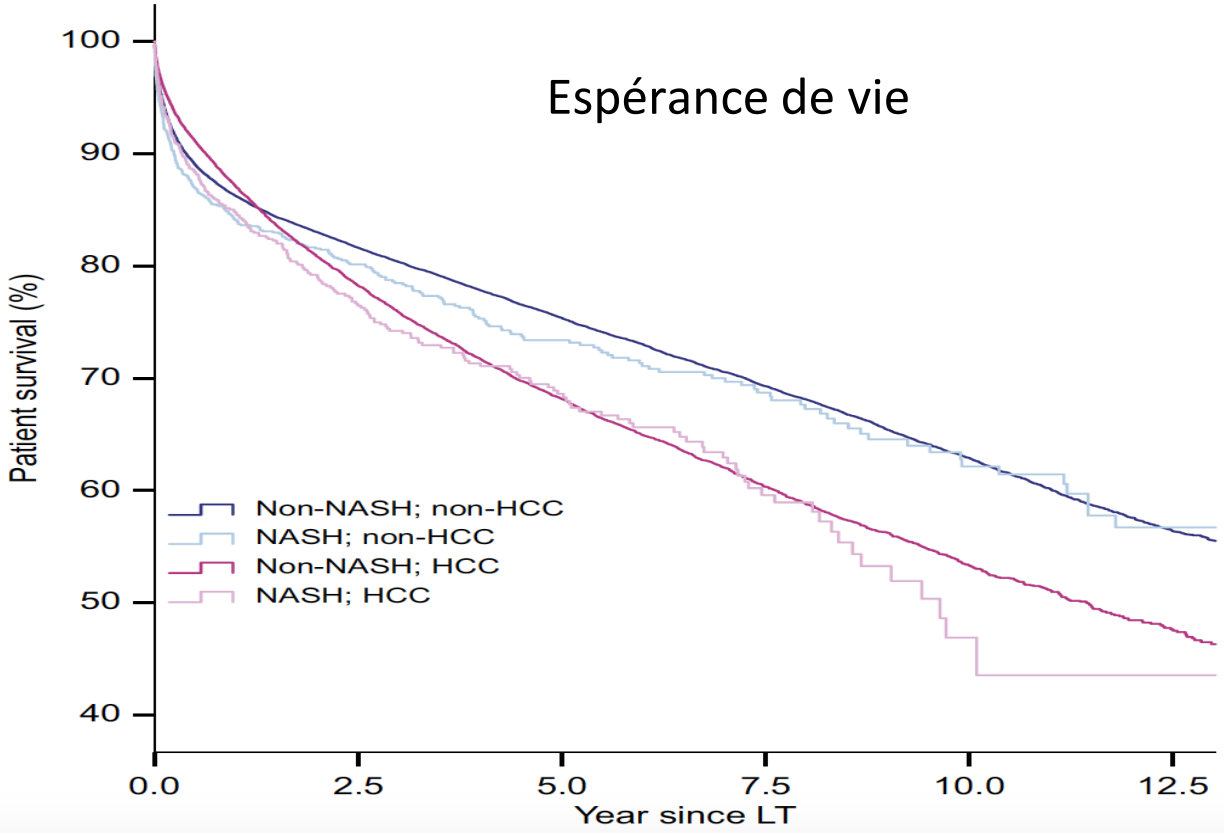
Régression et progression de la fibrose ≥ 1
Analyse en PP



Younossi Z, Etats-Unis, EASL 2019, Abs. GS-06 actualisé

Acide obéticholique : une première étude de phase 3 positive dans la NASH

Outcomes of liver transplantation for non-alcoholic steatohepatitis: A European Liver Transplant Registry study



Espérance de vie

Le poids du CHC associé à la NASH

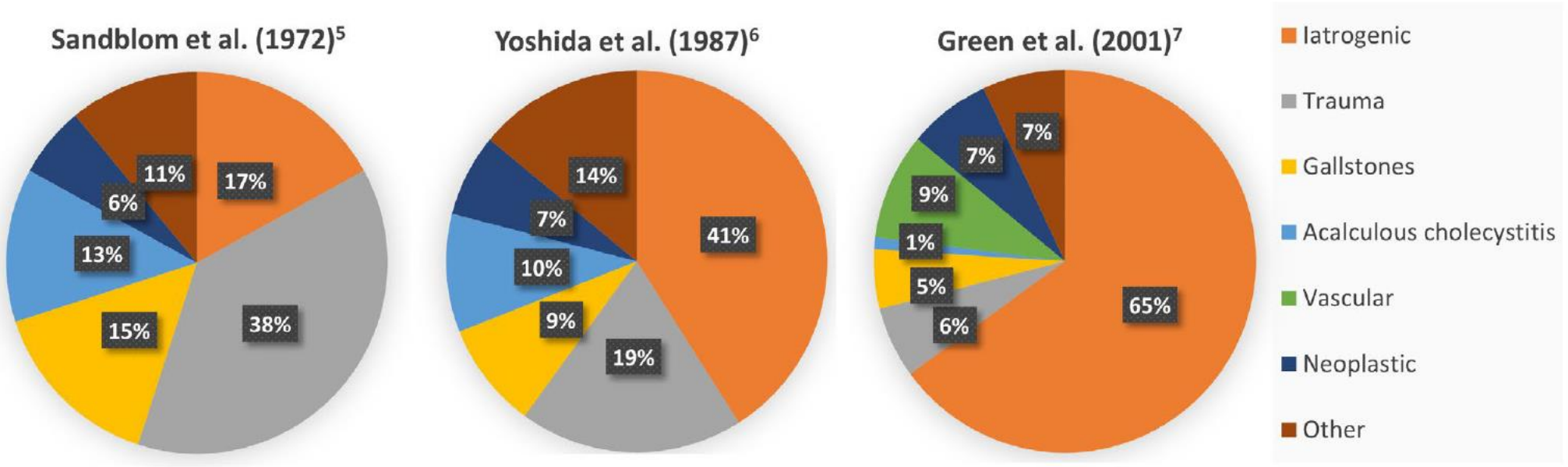
Debashis Haldar Journal of Hepatology 2019 vol. 71 j 313

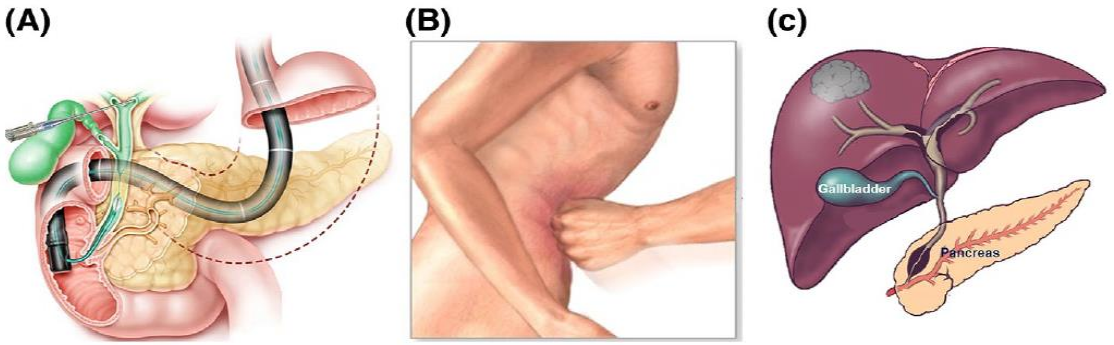
DIVERS

Liver INTERNATIONAL

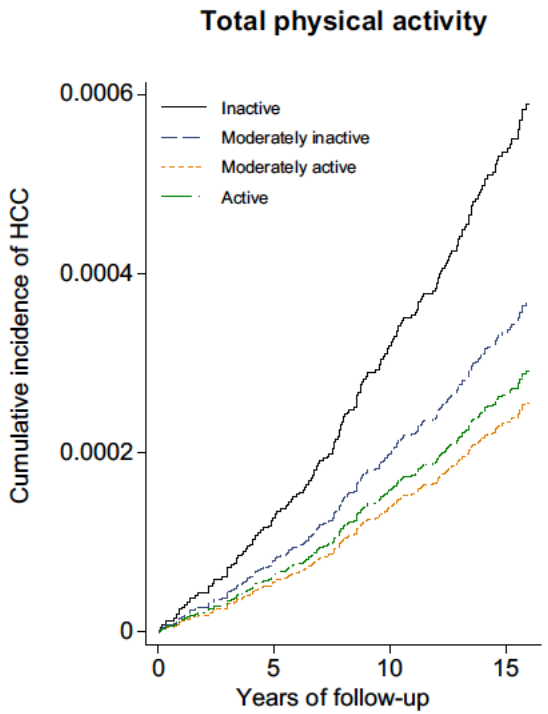
Hemobilia: Historical overview, clinical update, and current practi

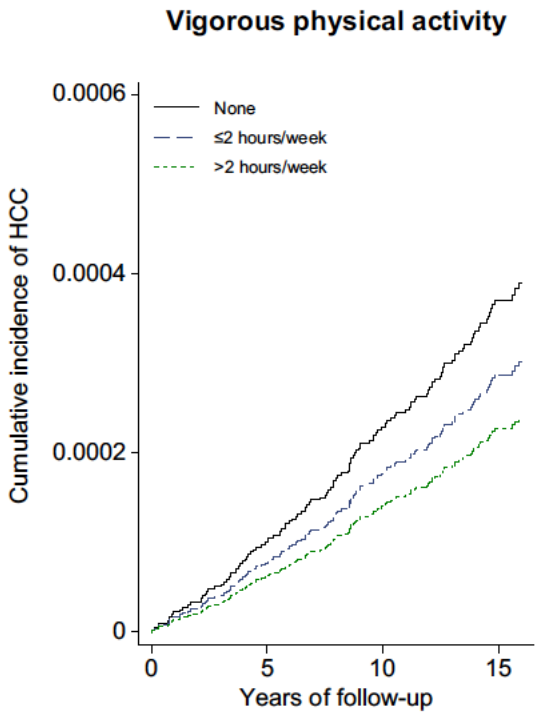
Evolving etiologies of hemobilia





Association between physical activity and risk of hepatobiliary cancers: A multinational cohort study



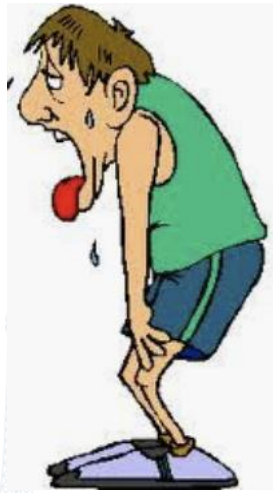


Cohorte prospective Européenne EPIC
Prés de 500 000 personnes!

Recrutement entre 1992 et 2000

CHC: 275
Cholangiocarcinomes:
intra hépatique: 93
Extra hépatiques: 164

Activité physique:
réduction de 45% du risque tumoral

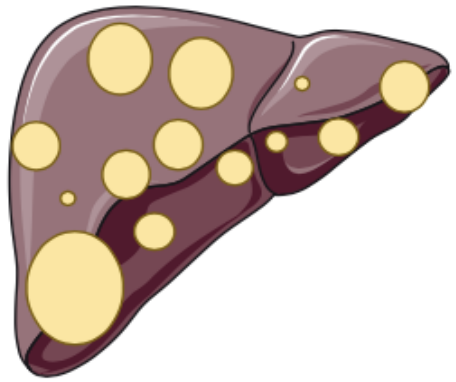


Sebastian E. Baumeister Journal of Hepatology 2019 vol. 70 j 885

Natural history of liver adenomatosis: A long-term observational study

Median follow-up of 10 years

40 patients with liver adenomatosis

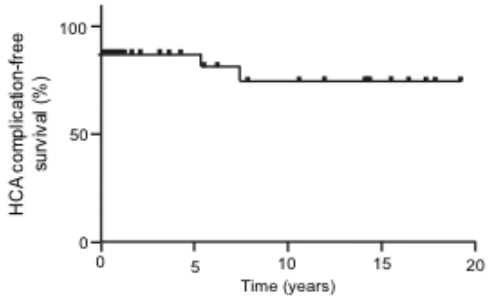


6 patients with familial adenomatosis due to *HNF1A* germline mutations

Malignant transformation
3%

Tumor bleeding
15%

HCA-related complications free survival



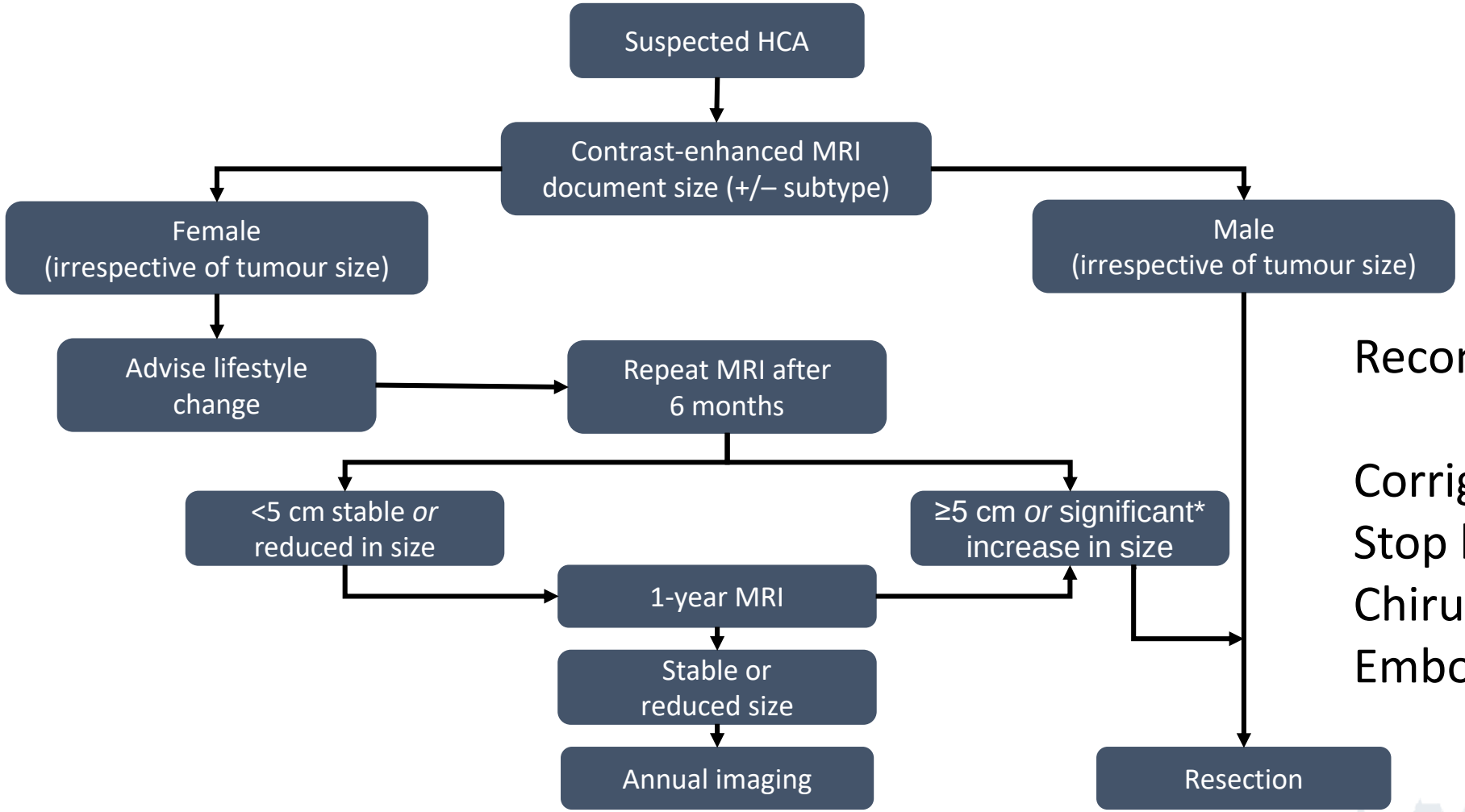
90% femmes

Age médian 39 ans

80% > 5 cm au diagnostic

Louise Barbier Journal of Hepatology 2019 vol. 71 j 1184

HCA(Adénome hépatique): management algorithm



EASL
European Association for the Study of the Liver

Recommandations EASL

Corriger les co-facteurs
Stop hormones
Chirurgie si > 5 cm
Embolisation si hémorragie

*≥20% diameter

EASL CPG benign liver tumours. J Hepatol 2016;65:386–98

EASL Clinical Practice Guideline: Occupational liver diseases☆

Recommandations 2019

JOURNAL OF HEPATOLOGY

Maladie du foie professionnelles

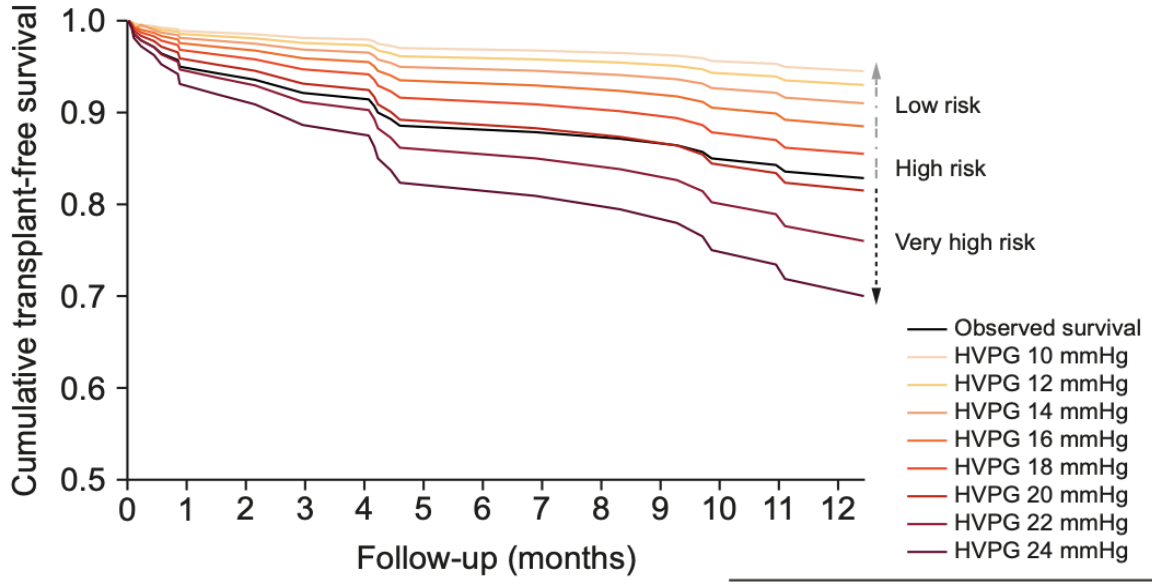
Pathological patterns	Morphological features	Toxicants
Acute damage		
Hepatocellular	Hepatocellular necrosis ± lobular inflammation	CCl_4, chloroform, toluene, TNT, PCBs, chloronaphthalene, DMF, hydrazine, 2-nitropropane, phosphorus, DMA, halothane, TCE, tetrachloroethane, 1,4-dichlorobenzene
	Microvesicular steatosis	DMF
Cholestatic/mixed	Cholestasis, cholangitis	Methylenedianiline
	Combined features	Nitrobenzene, paraquat, methylenedianiline
TAFLD	Steatosis (macro/microvesicular)	Chloroalkenes (PCE, TCE), VCM, chloroform, CCl_4, volatile organic compounds (benzene, toluene, styrene, xylene), dioxins, chlordecone, DMF, hydrazine, arsenic, mercury, POPs, pesticides, and some nitro-organic compounds
	Steato-hepatitis (steatosis + lobular inflammation + hepatocellular ballooning)	
Vascular	Sinusoidal obstruction syndrome	VCM, dioxin, pyrrolizidine alkaloids, arsenic, copper sulfate
	Peliosis	VCM
Chronic damage		
Fibrosis	Periportal fibrosis	VCM, PCBs, chloronaphthalene, Tetrachloroethane
	Extensive fibrosis/cirrhosis	VCM
Vascular	Porto-sinusoidal vascular disease (previously hepatoportal sclerosis)	VCM, sprays containing copper sulfate and lime
Tumors		
Epithelial		
Hepatocellular carcinoma		Arsenic, dimethylnitrosamine
Cholangiocarcinoma		1,2-Dichloropropane, dichloromethane
Vascular		
Angiosarcoma		VCM, Arsenic
Epithelioid hemangioendothelioma		VCM

DMF, dimethylformamide; PCBs, polychlorinated biphenyls; POPs, persistent organic pollutants; TCE, trichloroethylene; VCM, vinyl chloride monomer.

Journal of Hepatology 2019 vol. 71j1022

The prognostic role of hepatic venous pressure gradient in cirrhotic patients undergoing elective extrahepatic surgery

Modifying effects of HVPG on post-surgical mortality (ASA & surgery adjusted)



- Prospective study on elective surgery in cirrhosis
- HVPG measurement prior to surgery, n = 140
- 1-year follow-up → 17% (n = 24) mortality or Tx

Prognostic variables

	HR (95% CI)
ASA class	**III: 2.98** (0.7-13.2)
	IV: 9.97 (2.0-50.4)
High-risk surgery (CV & open Abd)	**3.65** (1.4-9.3)
HPVG (mmHg)	**1.14** (1.05-1.25)

Un gradient de pression hépatique >16 mmHg est indépendemmant associé à une augmentation de la mortalité

Un gradient de pression hépatique > 20 mmHg permet d'identifier les patients à très haut risque

Le rôle protecteur d'un TIPS préopératoire chez les patients à haut risque devrait être étudié

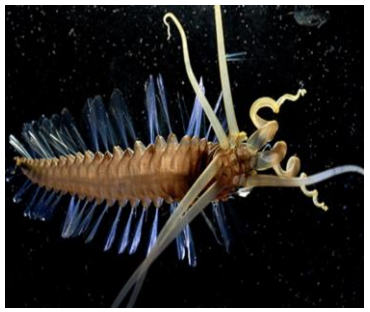
Enric Reverter Journal of Hepatology 2019 vol. 71 j 942

Complications de la cirrhose

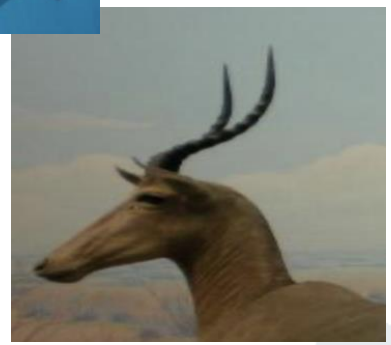
COMMENT RECHERCHER UNE ENCÉPHALOPATHIE HÉPATIQUE MINIME ?

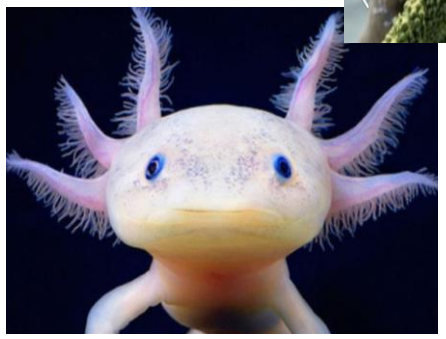
Une encéphalopathie hépatique minime doit être recherchée chez tous les patients atteints de cirrhose.
Parmi les tests disponibles, les experts suggèrent l'utilisation du test d'énumération des animaux.

Avis d'Expert, Accord Fort



La valeur seuil de 20 noms d'animaux en 1 minute semble raisonnable





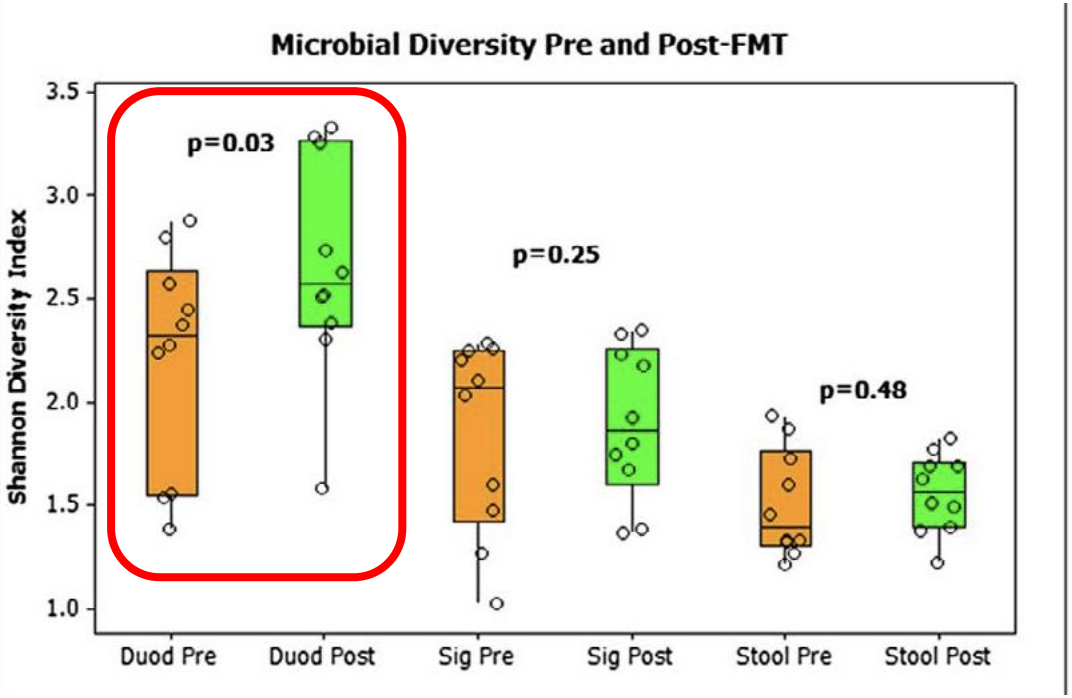
HEPATOLOGY

AASLD AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HEPATOLOGY, VOL. 70, NO. 5, 2019

LIVER FAILURE/CIRRHOSIS/PORTAL HYPERTENSION

Fecal Microbial Transplant Capsules Are Safe in Hepatic Encephalopathy: A Phase 1, Randomized, Placebo-Controlled Trial

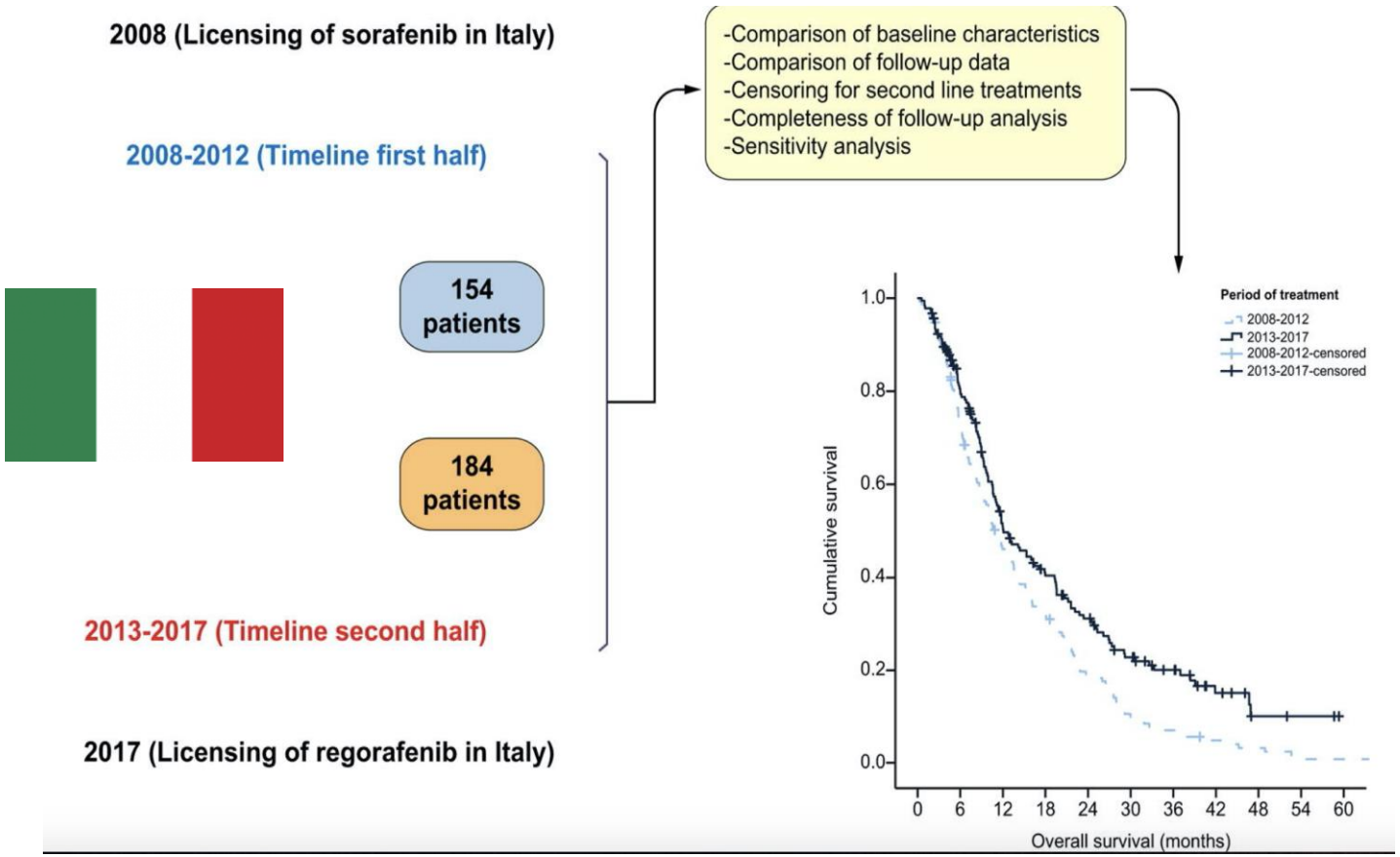


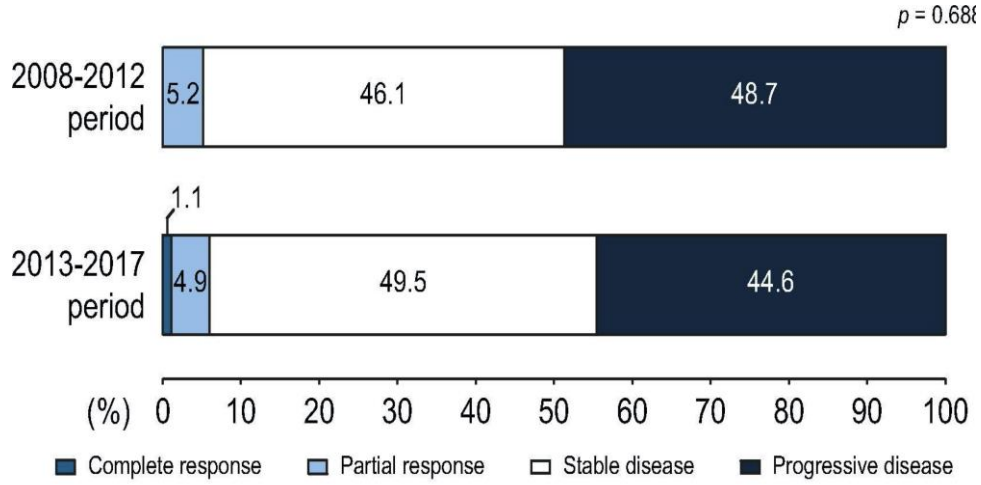
Amélioration significative des scores d'encéphalopathie / placebo

Amélioration significative de la diversité bactérienne

BAJAJ ET AL.HEPATOLOGY, Vol. 70, No. 5, 2019

Management of adverse events with tailored sorafenib dosing prolongs survival of hepatocellular carcinoma patients





Augmentation significative de la survie entre deux périodes

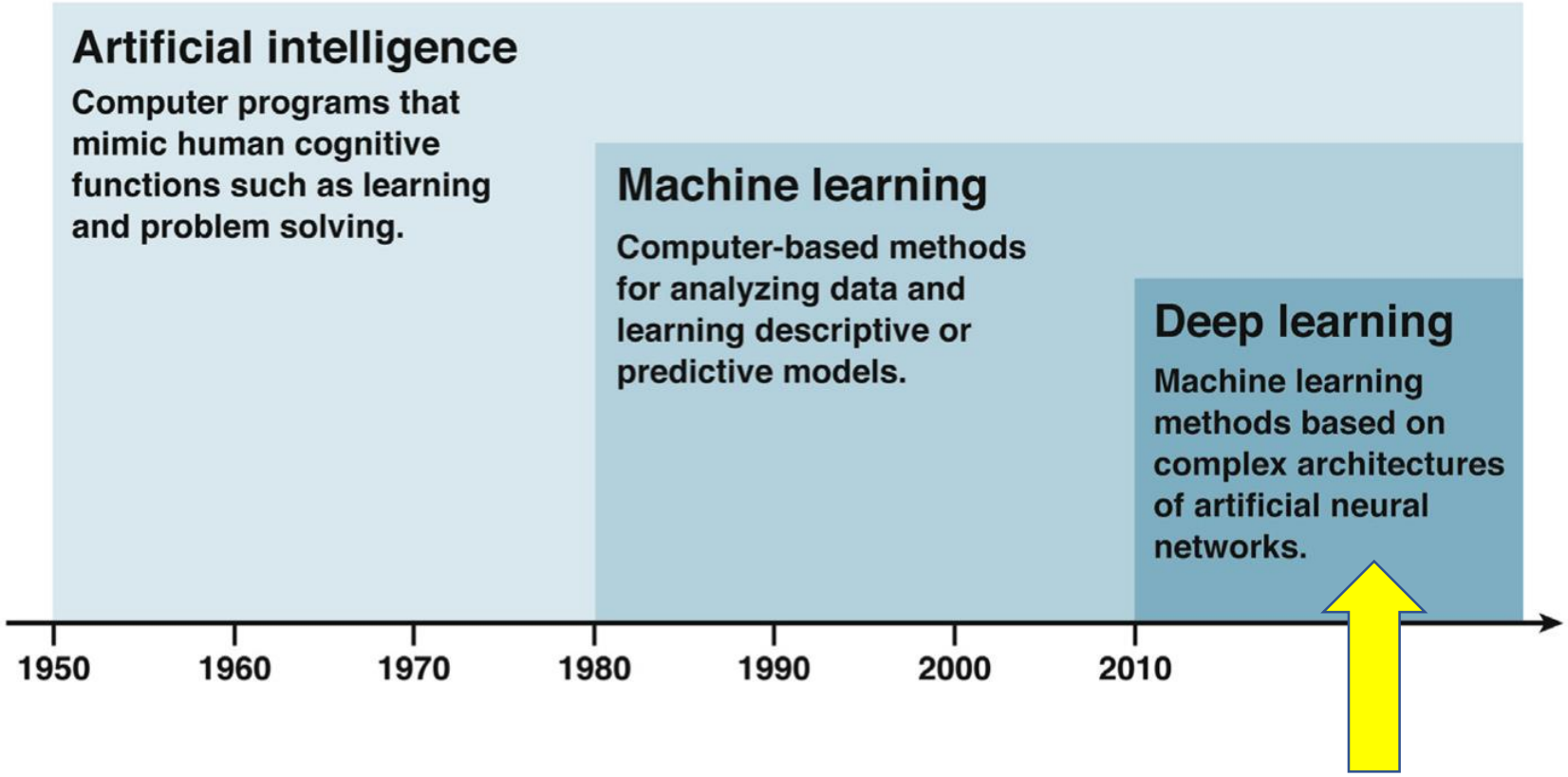
Amélioration de la prise en charge des effets secondaires

Baisse plus fréquente des doses

Francesco Tovoli Journal of Hepatology 2019 vol. 71 j 1175

Application of Artificial Intelligence to Gastroenterology and Hepatology

Catherine Le Berre,[1,2] William J. Sandborn,[3] Sabeur Aridhi,[4] Marie-Dominique Devignes,[4] Laure Fournier,[5] Malika Smaïl-Tabbone,[4] Silvio Danese,[6] and Laurent Peyrin-Biroulet[2]



16 Études publiées
Cibles 80% des cas

Fibrose hépatique

Hypertension portale

Transplantation

Apprentissage profond

Catherine Le Berre Gastroenterology 2019 In press

Merci