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Letter to the editor: Impact of transjugular intrahepatic portosystemic shunt on cirrhosis recompensation

Zhang W *et al.* Impact of TIPS on cirrhosis recompensation

Ya-Ni Jin, Wei Zhang

Abstract

This is a retrospective study focused on recompensation after TIPS procedure. The authors confirmed TIPS could be a treatment for recompensation of patients with cirrhosis according to Baveno VII. The paper identified age and post-TIPS portal pressure gradient as independent predictors of recompensation in patients with decompensated cirrhosis after TIPS. These results need to be validated in a larger prospective cohort.

Key Words: Cirrhosis recompensation; Transjugular intrahepatic portosystemic shunt; Portal pressure gradient; Predictor factor; Baveno VII

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Core Tip: Approximately one-third of the patients experienced cirrhosis recompensation following TIPS and post-TIPS portal pressure gradient reduction below 12 mmHg contributes to the occurrence of recompensation. The selection of a smaller

diameter (6 mm) stent may be an effective measure to reduce portal vein pressure while decreasing the incidence of postoperative hepatic encephalopathy.

TO THE EDITOR

Cirrhosis recompensation, as defined by the Baveno VII consensus, refers to a condition in which patients with decompensated cirrhosis exhibit stable improvement in liver function without any episodes of decompensation over an extended period, following effective etiological therapy(1). Effective etiological treatment is paramount for recompensation and involves sustained alcohol abstinence in cases of alcohol-induced cirrhosis, sustained viral suppression in hepatitis B-related cirrhosis, and viral elimination in hepatitis C-related cirrhosis. However, research on the recompensation of cirrhosis due to other causes remains scarce.

The transjugular intrahepatic portosystemic shunt (TIPS) procedure reduces the portal pressure gradient (PPG) and is primarily utilized to manage various complications of portal hypertension in cirrhotic patients, such as esophagogastric variceal bleeding and refractory ascites. Thus, TIPS may promote recompensation in patients with decompensated cirrhosis. The study by Feng *et al* was pioneering in investigating the impact of TIPS on recompensation across different etiologies of decompensated cirrhosis(2). Their findings indicated that approximately one-third of the patients achieved cirrhosis recompensation following TIPS and identified a postoperative PPG of less than 12 mmHg as an independent predictor of cirrhosis recompensation. Although a reduction in PPG is associated with a decreased risk of variceal rebleeding, the risk of hepatic encephalopathy post-TIPS escalates with the magnitude of PPG reduction(3), potentially impeding recompensation. Consequently, employing small-diameter (6-mm) stents may be an effective strategy to mitigate portal hypertension and minimize the risk of postoperative hepatic encephalopathy, warranting further investigation. Additionally, the findings of this study necessitate validation in a larger, prospective cohort due to its limited sample size and retrospective nature. Furthermore, including only TIPS patients limits the study; comparing the recompensation frequency

between TIPS and non-TIPS groups could elucidate the procedure's facilitative role in cirrhosis recompensation. Future research should elucidate how TIPS influences recompensation across various cirrhosis etiologies, with a focus on developing tailored treatment strategies to enhance patient outcomes.

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