

Acute-on Chronic Liver Failure- A Lot Done, a Lot More to do!

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Acute-on chronic liver failure (ACLF) is an entity which has gathered a lot of attention recently from the hepatology and critical care community. It is associated with high short term mortality and treating the acute event has been linked to improved survival in these patients. It thus becomes imperative to study the clinical features and outcomes of patients with ACLF in every region of the world so that the treating physician in the region becomes more aware regarding the clinical profile of his patient presenting with ACLF.

The data from the Chronic Liver Failure Acute-on Chronic Liver Failure in Cirrhosis (CANONIC) study clearly highlighted the importance of organ failures (OFs) in patients presenting with ACLF. Patients with higher number of OFs had higher 28 day and 90 day mortality [1]. The data from the Indian National Association for Study of the Liver (INASL) group also demonstrated the importance of OFs in their subset of patients with ACLF. The mortality increased progressively with increasing number of OFs (12.3% with no OF, 83.3% with five OFs) [2].

In a recent study by Nakayama N., *et al.* [3] the clinical profile of patients with ACLF in Japan was analysed. There are few points which however demand additional emphasis:

- i) The authors have defined ACLF as per the Asian-Pacific Association for the Study of the Liver (APASL) criteria; however patients with upper gastrointestinal (GI) bleed have been excluded. It has been clearly mentioned by the APASL group that upper GI bleed leading onto jaundice and coagulopathy defining ACLF can be considered as an acute event [4]. The CANONIC study also includes patients with GI hemorrhage as a precipitating event. Future studies from Japan should probably include patients with upper GI bleed as the precipitating event for ACLF as it could potentially influence the results of studies conducted on ACLF.
- ii) The authors have used the European Association for the Study of the Liver (EASL)-Chronic Liver Failure (Clif) criteria to categorize the patients based on organ failures and noted patient age, serum creatinine level, model for end stage liver disease (MELD) score and grading according to the EASL-Clif criteria to be significant factors associated with patient outcome. However, future studies aimed to discern prognosis should probably use the new APASL-ACLF Research Consortium (AARC) score and CLIF consortium ACLF (CLIF-C ACLF) score to prognosticate patients with ACLF as both these scores have been demonstrated to be superior to the MELD score [5,6].
- iii) The predominant cause for both underlying chronic liver disease (CLD) and acute worsening was noted to be alcohol in this study. Similar data has been reported by the INASL group, where in alcohol was the predominant etiology of underlying CLD (56.7%) and acute worsening (35.7%) in patients presenting with ACLF [2]. The CANONIC study also reports alcohol to be the major contributor of underlying CLD (56.9%) in patients with ACLF [1]. This data clearly shows the impact of alcohol on causation of ACLF across various regions of the world.

ACLF is indeed an entity where in a lot has been done, however it awaits a lot more research to be done in future.

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