

## ABSTRACT #1652

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### A response-guided therapy for a better management of patients severe alcoholic hepatitis treated with corticosteroids

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The recent American guidelines recommend corticosteroids in severe alcoholic hepatitis (AH). Therapeutic response drastically impacts short-term outcome of patients and response-guided therapy using prognostic models such as the Lille model is a key issue. However, the use of a single 0.45 cut-off of Lille model is too restrictive and does not permit identification of patients with an intermediate risk of death. **Aims:** To define 3 patterns of responses, complete, partial and null, with significant differences in risk of deaths using the percentile distribution of the Lille model. **Results:** Patients suffering from severe AH were collected from an important data base from several centers. A total of 641 patients were included in this study. At first day of treatment, patients had the following characteristics: male gender 56.9%, age 50.3 years (95%CI: 49.2-51), alcohol consumption 100g/day (80-100), leukocytes 10,100/mm<sup>3</sup> (9490-10920), prothrombin time 19.5 sec (19-19.9), INR 1.92 (1.87-2), AST 109 IU/l (102-117), albumin 26 g/l (26-26.7), bilirubin 15.6 mg/dl (14-17.3), creatinine 0.9 mg/dl (0.9-1). On overall patients, the median Lille score was 0.29 (0.24-0.33). On the global cohort, survival was 82±1.5% at 28 days and 59.2±1.9% at 6 months. We divided therapeutic response according to the percentile distribution of the Lille model: complete responders (Lille <0.16, <35th percentile), partial responders (Lille between 0.16-0.56, 35th-70th percentiles) and null responders (Lille >0.56, >70th percentile). There were no significant differences between the 3 groups for gender (p=0.76), AST (p=0.26), ethanol consumption (p=0.12), ascites (p=0.93), encephalopathy (p=0.25) and natremia (p=0.76). Using this approach, these 3 groups have the respective 6-month survival: 87.7±2.3% vs. 69.5±3.3% vs. 20.8±3.1%, p<0.00001. 25, 61 and 133 patients died in the complete, partial and null responders, respectively (p<0.0001 for all comparisons). Death occurred significantly earlier in the null responders: 26 vs 46 vs. 45 days (p=0.001). **Conclusion:** The present data support the use of a response-guided therapy. Full responders (Lille<0.16) with low risk of death do not require additional therapy. Partial responders (Lille between 0.16 and 0.56) with an intermediate risk of death might benefit from new molecules. In null responders (Lille>0.56) with very high risk of death, only therapies that drastically improve hepatic function, such as transplantation, are suitable.