

ROMA

ISTITUTO SUPERIORE DI SANITÀ AULA ROSSI

Viale Giano della Bella, 34

10 DICEMBRE 2019

LA REALTÀ ITALIANA DELLA CIRROSI EPATICA TRA TERAPIE E IMPATTO SOCIO ECONOMICO





12,00 TAVOLA ROTONDA

VERSO UNA PRESA IN CARICO OTTIMALE DEL PAZIENTE CIRROTICO E DELLE SUE COMPLICANZE

Franco Maria Buonaguro, Direttore SC Biologia Molecolare e Oncogenesi Virale, Istituto Nazionale Tumori IRCCS Fondazione "G. Pascale" Napoli

Ernesto Claar, Responsabile UO Epatologia Ospedale Evangelico Betania ASL NA 1 Centro, Componente Tavolo Tecnico Epatologia Regione Campania, Coordinatore Network Epatologico ASL NA 1 Centro

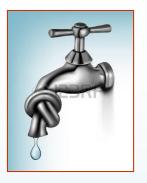
Marcello Giannico, Direzione Salute e Integrazione Sociosanitaria, Area Risorse finanziarie del SSR Regione Lazio

Claudio Puoti, Responsabile Centro di Epatologia Istituto INI -Grottaferrata (RM) - Componente Network Epatologico FADOI

Emanuele Scafato, Direttore Osservatorio Nazionale Alcol, CNESPS - Istituto Superiore di Sanità

Simona Serao Creazzola, Responsabile SIFO Nazionale

Maurizio Zega, Consigliere FNOPI Roma



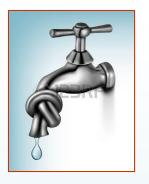
The present (past?)



Prevalence Incidence



- HBV vaccination and NAs
- HCV new treatments
- Disposable medical tools
- Decreased PT HBV/HCV infection
- Non hepatic deaths (elderly inactive carriers)



The present (past?)

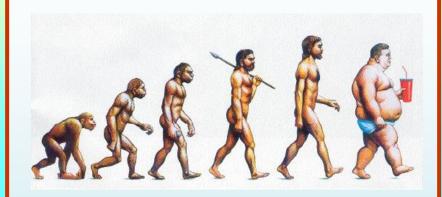


Prevalence Incidence



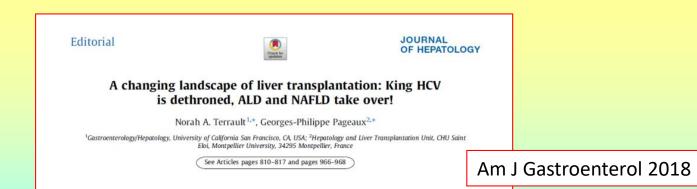
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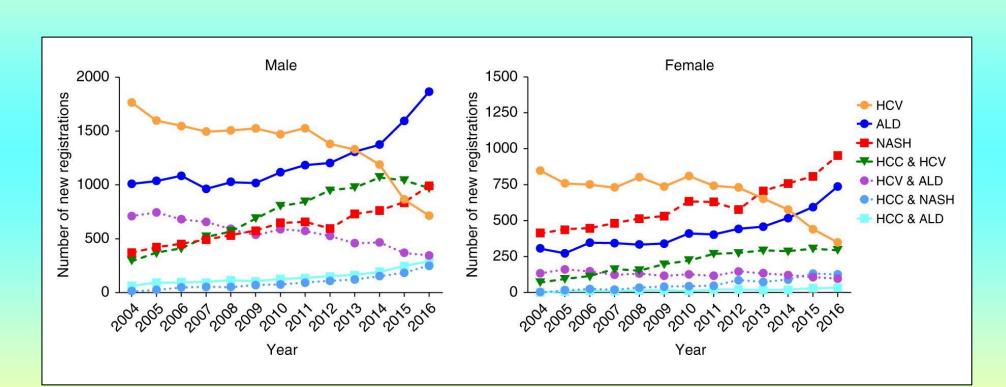
The future (present?)





Metabolic
Syndrome:
the new
epidemic
of the 3rd
Millennium





Who?
What?
Where?
When?
Why?



Who?

What?

Where?

When?

Why?

Gastroenterologists
Hepatologists
Internists
Surgeons



Who?

What?

Where?

When?

Why?

AIH

PBC/PSC

PH

Bleeding

Ascites

AKI/HRS

HE

SPB

HCC



Who?

What?

Where?

When?

Why?

Day Hospital, unless:

Bleeding

AKI/HRS type 1

Overt HE (grade 3-4)

SBP

HCC

EBL

OLT



Who?

What?

Where?

When?

Why?

The earlier the diagnosis, the better the course of the disease will be, i.e.:

don't forget GPs



Who?
What?
Where?
When?
Why?

Overall management of DC



- Management should aim to prevent progression, not treat complications
- · No treatment exists that can act on cirrhosis progression directly
- · Two alternative approaches can be taken:
 - Suppress aetiological factor(s) that cause liver inflammation and cirrhosis development
 - Target key factors in the pathogenesis of cirrhosis decompensation and progression

Liver does not mean virus, my friend





EASL CPG decompensated cirrhosis. J Hepatol 2018;doi: 10.1016/j.jhep.2018.03.024



New Therapeutic Paradigm for Patients With Cirrhosis

Emmanuel A. Tsochatzis, 1 Jaime Bosch, 2 and Andrew K. Burroughs 1



In the 21st century, liver cirrhosis should be regarded as a treatable disease with currently available therapy and not an irreversible disease that leads inevitably to liver transplantation.