

## PROGRESS, PITFALLS AND CHALLENGES IN THE MANAGEMENT OF PORTAL HYPERTENSION

19 - 20 November 2021, Barcelona, Spain

### Course directors:

Joan Carles Garcia-Pagan  
Virginia Hernández-Gea

### Hepatology:

Anna Baiges  
Andres Cardenas  
Joan Carles Garcia-Pagan  
Virginia Hernández-Gea  
Enric Reverter  
Ian Rowe  
Fanny Turon

### Faculty:

### Other disciplines:

Alberto Alvarez  
Marta Barrufet  
Ernesto Belmonte  
Patricia Bermudez  
Marta Burrell  
Anna Darnell  
Alba Diaz  
Constantino Fondevila  
Yliam Fundora  
Angeles Garcia-Criado  
Carla Montironi  
Enric Ripoll

### LEARNING OBJECTIVES:

1. Establishing the differential etiological diagnosis in a patient with clinical signs of portal hypertension and evaluate the different diagnostic tools available.
2. Better knowledge of the new therapeutic armamentarium available to treat the complications of portal hypertension including drugs, endovascular and non-invasive techniques.
3. Evidence based and individualized treatment of PHT.
4. Knowing how to interpret and criticize the methodology used in clinical studies.

### PROGRAMME:

#### Day 1 – Morning

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| 08.00               | Everybody at Hotel Lobby. Accompanied to Hospital Clinic.  |
| 08.30<br>-<br>09.00 | <u>Welcome</u> by Course Directors (JCGP and VHG) at Conference Room "Farreras Valenti" at third floor close to stair 9.<br>Coffee, Water and Juices |

Short summary talks (20 min + 10 min discussion each):

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| 09.00<br>-<br>09.30 | Epidemiology and etiology of Portal Hypertension. Is there a world beyond cirrhosis? (Juan Carlos Garcia-Pagán)                           |
| 09.30<br>-<br>10.00 | HVPG measurement: How and when? (Fanny Turon)   |
| 10.00<br>-<br>10.30 | Non-invasive evaluation of Portal Hypertension: does it help? (Anna Darnell)  |
| 10.30<br>-<br>11.00 | Update in the pharmacologic & endoscopic management of Portal Hypertension (Andrés Cárdenas)  |
| 11.00<br>-<br>11.30 | Novel endovascular techniques: always the last step? (Marta Barrufet)   |
| 11.30<br>-<br>12.00 | Precision medicine in Portal Hypertension: are we there yet? (Virginia Hernández-Gea)   |
| 12.00<br>-<br>13.00 | Group Tours: Hepatic Hemodynamic lab, ICU, Endoscopy rooms, Angioradiology rooms. (Every group will have a 10 minutes visit in each area) |
| 13.00<br>-<br>14.00 | Lunch Break   |

Day 1 – Afternoon

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| 14.00<br>-<br>17.00 | Clinical Cases Discussion groups |
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Participants are divided into groups of 5 and each group is assigned a complex clinical case with five questions and a tutor. Groups will be lead to different working-rooms. Participants must address the five questions (one per student) using PowerPoint slides, according to a strict format. Each will present as a teacher to the other groups.

Clinical cases:

**Case I: Patient with splenomegaly and low platelet count. Differential diagnosis and follow up.** (This case will serve to lead students through the differential diagnosis of patients with portal hypertension. Discussing the value of clinical signs, imaging studies, biochemical parameters, elastography measurements (and its different techniques), HVPG and findings at liver biopsy. This patient will finally not have a cirrhosis and we will discuss with students treatments strategies of the disease and required follow-up.)

**Case II: Patient with acute variceal bleeding. Management according to individual risk.** (With this case, we will promote discussion with students about etiology of upper bleeding in a patient with portal hypertension, management of bleeding episode and strategies to treat (balloon/esophageal stent) or to prevent treatment failures. In that sense we will reinforce the idea of identifying patients at high risk of bad outcome early during admission in whom preemptive TIPS may improve survival. Complications on the use of TIPS and its potential treatments will also be forced to be discussed.)

**Case III: Patient with HCV cirrhosis and previous variceal bleeding achieving SVR after antiviral treatment.** (Here, we will challenge students in how patients with previous PH decompensations must to be managed after eradicating HCV. Potential changes in the natural history of the disease, need of manage gastroesophageal varices, HCC screening etc. In addition, we will discuss with students how changes in portal hypertension are produced after SVR and how non-invasive methods can sense these changes. We will also revise the clinical meaning of disease regression)

**Case IV: Patient with decompensated liver disease and splanchnic vein thrombosis requiring liver transplantation.** (with this case we will revise the need and how to stage thrombosis extension, the significance of thrombosis in relation to liver transplantation feasibility and prognosis, how management may differ in LT candidates, role of anticoagulants and of the “new” invasive techniques available to achieve recanalization)

**Case V: A 30-year-old patient with grey hair preserved liver function and large esophageal varices.** (Here we will reinforce the need of an accurate etiological diagnosis of patients with portal hypertension. We will promote discussion to introduce the concept that liver diseases may be part of rare syndromes such as telomerase disorders, with a challenging management and need of familiar screening and multidisciplinary management).

**Case VI: A Young woman with acute onset ascites.** (With this case, we pretend to analyze diagnostic, prognostic and therapeutic issues in relation to Budd-Chiari syndrome)

Tutors for the cases: Juan Carles Garcia-Pagan; Virginia Hernández-Gea; Fanny Turón; Anna Baiges; Maria Angeles Garcia-Criado; Anna Darnell; Ernest Belmonte; Enric Ripoll; Enric Reverter; Marta Barrufet; Marta Burrell; Patricia Bermudez; Alba Diaz; Carla Montironi; Constantino Fondevila; Yiliam Fundora; Alberto Alvarez

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| 19.00<br>-<br>23.30 | Recreational-cultural activity and Dinner |
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### Day 2 – Morning:

Cases are presented (30 minutes each) and post quiz completed.

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| 08.30<br>-<br>09.00 | Arrival to Conference Room “Farreras Valenti”. Coffee, water and juices.  |
| 09.00<br>-<br>10.30 | Presentation cases 1 to 3   |
| 10.30<br>-<br>10.45 | Coffee break  |
| 10.45<br>-<br>11.30 | State of the art lecture: Making Sense of Statistics in Clinical Trial. Lights and shadows of clinical studies generating evidence-based medicine (Dr. Ian Rowe). |
| 11.30<br>-<br>13.00 | Presentation cases 4 to 6   |
| 13.00<br>-<br>13.30 | Prizes announced  |
| 13.30<br>-<br>14.30 | Farewell and Lunch  |