

# **Role of Nutritional intervention for the treatment of sarcopenia in in cirrhotic patients with refractory ascites candidate to Transjugular Intrahepatic Portosystemic Shunt placement and identification of prognostic factors related to clinical outcome**

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## **Background**

Refractory ascites (RA) is one of the most frequent complication in liver cirrhosis. Transjugular intrahepatic portosystemic shunt (TIPS) creation is a potential treatment and among the various conditions that correlate with clinical outcome sarcopenia contributes significantly to morbidity and mortality. Results of a retrospective study carried out in our center on a population of 115 cirrhotic patients with RA submitted to TIPS clearly demonstrated a correlation between sarcopenia and mortality within the first 6 months after TIPS (29% mortality in sarcopenic patients and 9% in patients without sarcopenia). Whether recovery of sarcopenia with nutritional intervention as well as how an improvement in muscle mass might be associated with improvement in clinical outcomes is not clear.

## **Innovazione e impatto**

We believe that proving a prognostic value of modern imaging markers of nutritional status in patients with refractory ascites would have two major consequences: a) providing objective and easily obtainable data to refine the selection of patients to be treated with TIPS in this clinical scenario; b) providing the rationale to attempt an interventional study addressing nutritional supplementation before TIPS to improve the prognosis of patients potential candidates but with markers of poor prognosis.

## **Obiettivi dello studio**

The aim of the study is to highlight the importance of sarcopenia as a risk factor in this population and to demonstrate that it may be included in the selection process for TIPS candidate patients.

## **Pubblicazioni/Risultati raggiunti**

N/A