

American College of Gastroenterology issues guidelines for managing acute-on-chronic liver failure

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(HealthDay)—In clinical guidelines issued by the American College of Gastroenterology and published online Jan. 10 in the *American Journal of Gastroenterology*, recommendations are presented for the management of acute-on-chronic liver failure (ACLF).

Jasmohan S. Bajaj, M.D., from Virginia Commonwealth University in Richmond, and colleagues examined the preferred approach to management of patients with ACLF, defined as a potentially reversible condition in patients with chronic liver disease with or without cirrhosis that is associated with the potential for multiple organ failure and mortality within three months.

The authors note that prognostic markers that predict ACLF outcome should be differentiated from diagnostic markers that confirm the presence of ACLF. With further validation, microbial composition and microbial-origin metabolites can be used as biomarkers for development and prognosis of ACLF. The diagnosis of ACLF is supported by the presence of kidney, lung, circulatory, or brain failure. Albumin is recommended in addition to antibiotics to prevent AKI and subsequent organ failure in patients with cirrhosis and spontaneous bacterial peritonitis. Assessment for infection is recommended in hospitalized decompensated cirrhotic patients because infection is associated with development of ACLF and increased mortality. Management strategies include a recommendation against daily albumin infusion to maintain serum albumin levels in hospitalized patients with cirrhosis as a means to improve mortality or to prevent renal dysfunction or infection.

"When exercising clinical judgment, particularly when treatments pose significant risks, [health care providers](#) should incorporate this guideline in addition to patient-specific medical comorbidities, [health status](#), and preferences to arrive at a patient-centered care approach," the authors write.

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