Revision and update on clinical practice guideline for liver cirrhosis

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Abbreviations: CHB, chronic hepatitis B; CHC, chronic hepatitis C; EVL, endoscopic variceal ligation; EVO, endoscopic variceal obturation; GOV, gastroesophageal varices; IGV, isolated gastric varices; LC, liver cirrhosis; LOLA, L-ornithine-L-aspartate; PMN, polymorphonuclear leukocyte; SBP, spontaneous bacterial peritonitis; TIPS, transjugular intrahepatic portosystemic shunt

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INTRODUCTION

Liver cirrhosis (LC) is a disease with a high rate of prevalence and one of the most common causes of mortality in the Republic of Korea (hereafter "Korea"). In Korea, the main etiologies of LC have been found to be chronic hepatitis B (CHB), alcohol, and chronic hepatitis C (CHC). In patients with complications such as ascites, variceal bleeding, and encephalopathy, the 5-year survival rates were 32%, 21%, and 40%, respectively, reflecting the poor prognosis of patients with LC. Consequently, a clinical practice guideline appropriate for the medical milieu of Korea is important for both patients and clinicians.

In 2005, the Korean Association for the Study of the Liver established a guideline for the treatment of LC that is now widely used. However, it is currently necessary to revise and update the clinical practice guideline based on new evidence over the past 6 years regarding the diagnosis, treatment, and prevention of LC. Therefore, the Korean Association for the Study of the Liver undertook a revision and update of the clinical practice guideline co-organized by the Liver Cirrhosis Clinical Research Center. This guideline was based on an interdisciplinary (hepatology, radiology, pathology, and preventive medicine) approach. A panel of experts selected by the Korean Association for the Study of the Liver and Liver Cirrhosis Clinical Research Center met several times to discuss and write this guideline during 2005-2011. This guideline was written in light of published studies retrieved from MEDLINE, EMBASE, and Cochrane Library. The panel aimed to address 5 subjects: diagnosis of LC, anti-fibrotic therapy for LC, variceal bleeding, ascites, and hepatic encephalopathy.

The evidence and recommendations made in this guideline have been graded according to the GRADE (Grading of Recommendations Assessment Development and Evaluation) system. The strength of evidence has been classified into 3 levels: A (high-quality evidence), B (moderate-quality evidence), and C (low-quality evidence). The strength of recommendation has been classified into 2 categories: strong and weak (Table 1). Where there was no clear evidence, the recommendations were based on the consensus expert opinion(s) in literature and that of the writing committee.

1. Diagnosis of LC

LC is a pathologically defined disease, and is clinically classified as compensated and decompensated LC. Decompensated LC includes cases with ascites, variceal bleeding, hepatic encephalopathy, or jaundice. Image studies for diagnosing LC are CT, abdominal ultrasound, and MRI. Typical findings of these images are nodular liver surface, splenomegaly, and the presence of intra-abdominal collateral vessels, which mean increasing portal venous pressure. Although there are not established criteria for the diagnosis of compensated LC, imaging studies may be helpful for the diagnosis of LC by integrating laboratory findings such as albumin, bilirubin, or prothrombin time and platelet values.

1-1. Diagnostic approach—patient history, physical examination, and laboratory tests

When dealing with patients with LC, evaluation of the cause, severity, and stage is the first step. In patients with chronic liver disease, history taking (drug use, blood transfusion, or alcohol use), physical examination (jaundice, ascites,