Pro

Alexandre LOUVET

Hepatology in the gastroenterology, University of Lille, France

Lecture : In patients with severe alcoholic hepatitis, about 40% of patients will be nonresponders to medical treatment (i.e. prednisolone 40 mg/day, given for 28 days). Those nonresponders have a 6-month survival close to 25-30%. In this clinical situation, no pharmaceutical option has proven its efficacy in improving survival. For this reason, it was suggested to evaluate liver transplantation as an option for a subgroup of patients carefully selected. Such strategy might appear questionable as it challenges the classical 6-month rule (i.e. waiting period of abstinence of at least 6 months), proposed in some countries to qualify patients for liver transplantation. When considering the fact that most deaths observed in severe alcoholic hepatitis occur within the two months following the onset of the disease, waiting 6 months can be viewed as unfair. In a pilot study conducted in France and in Belgium, patients early transplanted for severe alcoholic hepatitis had an improved 6-month and 2-year survival as compared to matched subjects, also suffering from severe alcoholic hepatitis not responding to medical treatment but not having undergone liver transplantation. In this study, only 3 patients out of 26 developed alcohol recurrence. To be qualified for the program, patients should have not undergone prior liver decompensation and should fulfill a number of prerequisites based on family support, willingness to quit alcohol and addictologist evaluation. Those very encouraging results must be confirmed by other teams, even if some retrospective studies have shown that patients transplanted for alcoholic hepatitis in the USA seem to have a similar outcome in terms of survival and of alcohol relapse as compared to patients transplanted with blank cirrhosis and with a "sufficient" time of alcohol cessation (mostly 6 months or more). More recently, some prospective series coming from the USA have arisen, confirming the good results of liver transplantation for severe alcoholic hepatitis in terms of survival and of alcohol relapse. A prospective study is being conducted in France, based on a systematic addiction evaluation and on an algorithm to qualify patients for transplantation. Those patients will be compared to patients with blank cirrhosis and results should be available in late 2019. Not all patients with severe alcoholic hepatitis not responding to medical treatment are candidates to liver transplantation and additional data are required to select patients for such a program. Future studies will need to focus on drivers of mortality and of alcohol relapse to evaluate if criteria for transplantation should be broadened or be restricted to those currently applied.