

MASH

#P05 - Management of severe acute alcoholic hepatitis in France: results of a national survey

J.F.D. CADRANEL¹, T. THEVENOT², T. DAO³, J.B. NOUSBAUM⁴, M. RUDLER⁵, N. CARBONELL⁶, A. ABERGEL⁷, H. ZOUGMORE⁸, P. PULVERMACHER⁸, T. LEMAGOAROU⁸

(1) Ghps Creil - Creil (France)

(2) Chu Besancon - Besancon (France)

(3) Chu Caen - Caen (France)

(4) Chu Brest - Brest (France)

(5) Pitie Salpetriere - Paris (France)

(6) St Antoine - Paris (France)

(7) St Antoine - Clermont Ferrand (France)

(8) Ghps Creil - Clermont Ferrand (France)

Background & Aims

Since 2010 (1), little data has been available in France on the management of severe acute alcoholic hepatitis (SAH). In order to obtain a current «map» of the management of severe HAS in France, a practice survey was conducted from 04/2022 to 07/2023.

Methods

A Google questionnaire was sent to all the hepatogastroenterology departments of general hospitals (CHG), the hepatology departments of university hospitals. The results are expressed as means \pm SD. Data analysed: demographics, type of practice (university hospital, general hospital), number of HAAs treated per centre with corticosteroids (C) or N-acetylcysteine corticosteroids (NAC). Existence of an AAH treatment protocol. Systematic use of transjugular liver biopsy (TGL), on-site TGL, time taken to obtain results. Treatment: use of C alone or C-NAC. Screening for bacterial infections, use of antibiotic therapy (ATB) in the event of infection, time taken to start treatment for HAA.

Results

465 respondents (R): 40 years (12.5); 50% M, 50% F, CHU 53.3%, CHG 46.7%, hepatologists 57%, gastroenterologists 39%, juniors 21%. Number of HAA treated with corticosteroids or corticosteroids NAC 25 (0 to 300); the number of HAA treated in CHU was higher than in CHG: 34 (29), CHG 15.4 (13.4), $p < 0.001$. Treatment protocol for severe HAA, 62% (University Hospital) vs 42% (General Hospital), $p < 0.001$. liver biopsy systematically performed: 98% CHU vs 50% other, $p < 0.001$. Time taken to obtain PBH (days): 3.4 (CHU) vs 4.9 (CHG), $p < 0.001$. in the event of suspected pulmonary infection (CHU versus CHG ns); 83% of patients waited 4 days (2-6) before starting C treatment in the event of documented infection. Treatment: C alone 70% of patients (CHU vs CHG ns), NAC use: CHU 40% vs CHG 47.3% (ns). Treatment protocol for alcohol withdrawal syndrome: 86.3% CHG vs 76.3% CHU ($p < 0.01$). Cs stopped in the event of an intermediate Lille score at D7: 80% CHG vs 77% CHU; ns.

Conclusions

The results of this study of national practice carried out in a large sample of doctors practising in or outside university hospitals show a disparity in management and use of liver biopsy and n acety cysteine.