

Risk stratification in cirrhosis and acute-on-chronic liver failure : exploration of invasive and non-invasive prognostic markers Kerbert, A.J.C.

Citation

Kerbert, A. J. C. (2017, March 15). Risk stratification in cirrhosis and acute-on-chronic liver failure: exploration of invasive and non-invasive prognostic markers. Retrieved from https://hdl.handle.net/1887/46804

Version: Not Applicable (or Unknown)

License: License agreement concerning inclusion of doctoral thesis in the

Institutional Repository of the University of Leiden

Downloaded from: https://hdl.handle.net/1887/46804

Note: To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle # $\underline{\text{http://hdl.handle.net/1887/46804}}$ holds various files of this Leiden University dissertation.

Author: Kerbert, A.J.C.

Title: Risk stratification in cirrhosis and acute-on-chronic liver failure: exploration of

invasive and non-invasive prognostic markers

Issue Date: 2017-03-15

STELLINGEN

behorende bij het proefschrift

RISK STRATIFICATION IN CIRRHOSIS AND ACUTE-ON-CHRONIC LIVER FAILURE Exploration of invasive and non-invasive prognostic markers

- 1) Serum copeptin, a surrogate marker of arginine vasopressin, increases along with the severity of liver disease, as defined by the Child-Pugh class. (this thesis)
- 2) Serological copeptin levels provide prognostic information in cirrhotic patients, independently of widely implemented prognostic scoring systems. (this thesis)
- 3) Although biomarkers reflecting hemodynamic dysfunction are increased in the setting of acute-on-chronic liver failure (ACLF), the degree of hemodynamic dysfunction seems not to be associated with the severity of ACLF. (this thesis)
- 4) A hemodynamic response to primary prophylaxis with non-selective beta-blockers is associated with a reduction of first variceal bleeding risk in liver cirrhosis. (this thesis)
- 5) Objective and clinically applicable techniques are needed to diagnose the presence and severity of hepatic encephalopathy and to confirm its independent negative impact on prognosis in cirrhotic patients at the liver transplant waiting list. (this thesis)
- 6) The new concept in management of patients with cirrhosis should be prevention and early intervention to stabilise disease progression and to avoid or delay clinical decompensation and the need for liver transplantation. (*Tsochatzis EA. Lancet 2014;383:1749-1761*)
- 7) The expansion of our knowledge on the mechanisms regulating vascular tone, inflammation and the host-microbiota interaction require a broader approach to advanced cirrhosis encompassing the whole spectrum of its manifestations. (Bernardi M. J Hepatol 2015;63:1272-1284)
- 8) In ACLF, the need for selection criteria for liver transplantation and the definition for prioritization rules for patients on the transplant list, represent the most urgent unresolved issues. (Putignano A. Liver Transpl 2016; in press)
- 9) Hepatic venous pressure gradient is close to the best surrogate marker in chronic liver diseases: it reflects disease severity and has strong prognostic value with regard to survival and decompensation in patients with compensated cirrhosis, during acute bleeding and before liver resection. (*Abraldes JG. Clin Liver Dis 2014;18:779-792*)
- 10) In the context of negative research data, we should realize: 'Even if a new theory should meet an early death, it should not be forgotten; rather its beauty should be remembered, and history should record our gratitude to it.' (Karl Popper, 1902-1994)
- 11) 'If everything seems under control, you are not going fast enough.' (Mario Andretti, 1940-present), describing the ultimate challenge of being always one step ahead and in search of something new.
- 12) No hour of life is wasted that is spent in the saddle. (Winston Churchill, 1874-1965)