



17th ANNUAL MEETING

Pakistan Society for the Study of Liver Diseases

PSSLD 2023



"Upcoming Challenges in Hepatology"

December 8 - 10, 2023 Serena Hotel, Islamabad



Organizers

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17th Annual Conference PSSLD, Islamabad

Theme: Upcoming Challenges in Hepatology

The 17th Annual Conference of the Pakistan Society for the Study of Liver Diseases (PSSLD) was held at Serena Hotels Islamabad from December 8th to December 10th, 2023, under the theme of "Upcoming Challenges In Hepatology." The conference brought together a distinguished gathering of national and international speakers who shared their latest research findings and insights into the evolving landscape of hepatology. The conference provided a comprehensive platform for hepatologists, researchers, and healthcare professionals to exchange knowledge, discuss emerging challenges, and explore innovative solutions in the field of liver diseases. Through a series of symposia, presentations, and interactive sessions, attendees gained valuable insights into various aspects of hepatology, including liver cancers, liver transplantation, liver diseases in pregnancy, pediatric hepatology, and NAFLD/NASH.

The sessions featured presentations from esteemed speakers, both national and international, who shared their research findings, clinical experiences, and best practices in addressing the challenges posed by liver diseases. Furthermore, the conference featured a poster presentation session and parallel sessions on various topics, providing a platform for researchers to showcase their work and engage in discussions with peers and experts in the field. Additionally, the conference included an inauguration session, steering committee meetings, and opportunities for networking and collaboration among participants.



Day 1 - Friday, December 8th, 2023

The 1st day of Conference was meticulously structured, covering various aspects of liver diseases and their management. The event was chaired by eminent figures in the field including Javed A Butt, Gen Tassar Hussain, Matiullah Khan, and Mashood Ali. The Symposium 1 with Topic "Cirrhosis and its Complications" delved into the complexities of cirrhosis and its associated complications. Dr. Saad Ali Khan initiated the discussions with a presentation on a middle-aged man presenting with HCV cirrhosis and low urine output. The symposium continued with presentations highlighting diverse cases such as extreme fatigability in a 62-year-old with HCV-related cirrhosis discussed by Matthew Armstrog, acute cholecystitis in a middle-aged lady with compensated cirrhosis shared by David Patch, and various other cases shedding light on the challenges in managing cirrhosis and its complications. Second symposium explored additional cases of cirrhosis and its complications presented by Salman Ahmed Saleem, Adil Naseer, Sher Rehman, Nadeem Teehami and Ghayasun Nabi Tayyab. Noteworthy presentation topics included cases of cryptogenic cirrhosis, lymphocytic ascites, and hematemesis among others. Each presentation provided valuable insights into the diagnosis and management of these complex conditions. Symposium III: Chronic Hepatitis was chaired by prominent figures such as Wasim Jafri and Masood Siddiq, and Habib Jadoon. This symposium focused on issues such as chronic hepatitis and the efforts towards its elimination presented by Asad Chaudhry. Speakers such as Saeed Hamid, Ashwani Singal, and Sajid Jalil discussed various aspects including the progress towards eliminating hepatitis, management strategies for HBV and HCV, and the impact of these efforts on reducing new cases of liver cancer. The symposium concluded with a comprehensive overview of the diagnostic and management approaches for HDV by Zaigham Abbas.

Symposium IV: "Autoimmune and Cholestatic Liver Disease" was majorly Led by Chairperson Ejaz Mohammad Khan, Ali Arshad Abbasi, Bakht Biland, and Shamail Zafar. Speaker person Altaf Alam, Marek Czajkoski and Raiya Sarwar, symposium addressed autoimmune and cholestatic liver diseases. Topics ranged from drug-induced liver injury to primary sclerosing cholangitis and autoimmune hepatitis. Each presentation provided a thorough examination of diagnostic approaches and treatment modalities for these challenging conditions. The day culminated in the Inauguration Session held at the prestigious Sheesh Mahal Hall,



Serena Hotel Islamabad. The session commenced with the recitation from The Holy Quran followed by the National Anthem. Distinguished guests were welcomed, and addresses were delivered by the Chair Organizing Committee, President PSSLD, and other esteemed speakers. The Chief Guest presented insights into the future of hepatology in Pakistan. The session concluded with a Souvenir Distribution Ceremony and an Inaugural Dinner, providing an opportunity for networking and camaraderie among participants. Overall, Day 1 of the 17th Annual Conference provided a rich platform for knowledge exchange, professional development, and collaboration among experts in the field of Hepatology. The insightful presentations and discussions underscored the commitment towards advancing research and improving patient care in liver diseases.



Day 2 - Saturday, December 9th, 2023

The 17th Annual Conference continued its momentum into Day 2, featuring an engaging program focused on liver cancers, transplantation, and the presentation of free papers. Continuing with symposium V with topic "Liver Cancers", Speakers covered topics ranging from radiological diagnosis of HCC to evolving systemic therapies in advanced cases. Discussions also explored the role of TARE and SBRT in HCC management, national guidelines for diagnosis and treatment of Hillar cholangiocarcinoma, and strategies for downstaging HCC. The session concluded with a dynamic Q&A session, facilitating interaction and knowledge exchange among participants. The next symposium was related to Liver Transplantation – I that occurred under the guidance of Chairs Nusrat Yar Khan, Shahid Majid, and others. This symposium provided insights into liver transplantation. Topics included ACLF management presented by Ghulam Freed, immunosuppression modification in the setting of HCC and CKD by Speaker Kahlid Mumtaz, and peri-transplant management of CMV and HBV by Kailash Makhejani. Speakers addressed challenges such as post-LT intrahepatic cholestasis and rare situations in the immediate post-liver transplant period. The session concluded with a Q&A session, allowing attendees to further explore transplantation-related topics.



After Lunch, Symposium VII: Liver Transplantation – II started, where the chairpersons invited Haseeb Haider Zia, Asmatullah, and others. In this symposium, Yasir Khan continued the exploration of liver transplantation with his topic of intra and peri-operative management of small-for-size grafts. Jehanzaib Haider discussed LDLT in challenging scenarios like portal vein thrombosis and variant portal vein Anatomy. Speakers highlighted the complexities and advancements in liver transplantation, paving the way for discussions on optimizing transplant outcomes and overcoming existing challenges. Symposium VIII included Free Papers Presentations, that featured presentations on a diverse range of topics including survival after living donor liver transplantation, long-term outcomes among voluntary donors, and epidemiological trends in hepatitis A. Participants also presented research on liver fibrosis assessment, hepatitis E exposure in cirrhosis patients, and correlations in acute pancreatitis severity. The session provided a platform for researchers to share their findings and contribute to the scientific discourse. The day also included poster presentations and discussions on the future of hepatology led by young hepatologists. These sessions provided opportunities for networking,

knowledge sharing, and professional development among attendees. Overall, Day 2 of the 17th Annual Conference at Serena Hotel Islamabad was marked by insightful presentations, engaging discussions, and collaborative exchanges, reaffirming the commitment of the hepatology community to advancing research and improving patient care in liver diseases.



Day 3 - Sunday, December 10th, 2023

The 17th Annual Conference entered its final day with a focus on liver diseases in pregnancy, pediatric hepatology, and NAFLD/NASH, bringing together experts to discuss advancements, challenges, and best practices in these specialized fields. Chaired by Kashif Malik, Rizwana Chaudry, and others, Symposium IX started with topic: "Liver Diseases in Pregnancy" which addressed the unique challenges of managing liver diseases during pregnancy. Presentations covered topics such as HBV management in pregnancy by Amna Subhan Butt, diagnosis and management of liver diseases specific to pregnancy by Nashiz Inayat, and managing pregnancy in patients with cirrhosis by Zahid Azam. Additionally, the session explored the complexities of post-liver transplant pregnancy, including timing and management strategies presented by Sajid Jalil. The Q&A session provided an opportunity for attendees to seek clarification and engage with the speakers. Symposium X: Pediatric Hepatology, specifically focused on hepatological issues affecting pediatric patients. Presentations included an approach to cholestatic liver diseases in children, diagnosis and management of Wilson's disease, and the management of metabolic liver diseases in pediatric patients. Additionally, speakers discussed biliary diseases management in the pediatric age group and provided insights into the evolution of pediatric liver transplantation. The session concluded with a Q&A session, allowing participants to further explore topics of interest.



Symposium XI: NAFLD/NASH explored the growing concern of NAFLD/NASH. Presentations covered the nomenclature and pathophysiology of these conditions, as well as medical and surgical management strategies in 2023. Speakers discussed the global and local perspectives on NAFLD/NASH nomenclature, provided insights into the pathophysiology of MASLD/MASH, and highlighted current approaches to medical and surgical management. The session concluded with a dynamic Q&A session, facilitating discussion and knowledge exchange among attendees. The conference concluded with a closing ceremony, providing an opportunity to reflect on the insights gained over the past three days. Attendees enjoyed a final networking opportunity over lunch, fostering collaboration and camaraderie within the Hepatology community. Overall, Day 3 of the 17th Annual Conference at Serena Hotel Islamabad provided a platform for in-depth discussions, exchange of expertise, and networking opportunities, furthering the collective understanding and management of liver diseases in diverse patient populations.

Overall, the 17th Annual Conference of PSSLD was a resounding success, facilitating knowledge exchange, collaboration, and innovation in Hepatology. The conference not only highlighted the current and upcoming challenges in the field but also provided valuable insights into addressing these challenges and advancing liver health in Pakistan and beyond.



Award Winners

Paper Presentation Winners



1st prize:
Hafsa sareen
Rai PKLI



2nd Prize:
Anum Shakeel Holy
Family Hospital



3rd Prize:
Fifa Qasim
Shifa International
Hospital

E- Posters Winners



1st Prize:
Dr. M. K. Aslam



2nd Prize:
Munir Ahmed
Shifa Int Hospital



3rd Prize:
Dr Shamim Zia uddin
Hosp. Karachil

Hepatology Champion



Ist Prize:
Sabir Khan and
Muhammad Yasir
Lady reading
Hospital Karachi



2nd Prize:
Dr Farhan and
Uzair Ali
Madina Teaching
Hospital Faisalabad



International Speakers



Matthew Armstrog
University Hospitals
Birmingham, UK



David Patch
London,
United Kingdom



Nadeem A. Tehami
NHS Foundation Trust,
United Kingdom



Ashwani Singal
Physicians Outpatient
Center, KY, USA



Raiya Sarwar
Clinical Assistant
Professor, NYU, USA



Bilal Hameed
University of California,
SF, USA



Marek Czajkowski
Hepatologist and
Gastroenterologist, USA



Saul J. Karpen
Emory University
Of Medicine, GA USA



Ammar Sarwar
MBBS, DABR, USA



Peter R. Galle
University Medical
Center Mainz, Germany



Khalid Mumtaz
Transplant - Hepatology,
OH, USA



Kailash Raj Makhijani
Hepatologist •
Gastroenterologist UAE





Fakhar Ali Qazi Arisar
Hepatologist UAE



Adeel Khan
USA



Sajid Jalil
Gastroenterology,
Hepatology, TX, USA



Srisha Hebbar
Gastroenterology,
United Kingdom



Nigel Heaton
Liver Transplantation,
London UK



Nashiz Inayat
Liver Transplantation,
London UK



Zohair Ahmed
Pakistan



National Speakers



Wasim Jafri
Patron



Zaigham Abbas
Advisory Committee



Saeed Sadiq Hamid
Advisory Committee



Masood Siddiq
Advisory Committee



Amjad Salamat
Chair Organizing
Committee



Amna Subhan Butt
Organizing Committee



Junaid Saleem
Organizing Committee



Mohammad Salih
Chair Scientific Committee



Ghias Un Nabi Tayyab
Scientific Committee



Zahid Azam
Scientific Committee



Adil Naseer Khan
Scientific Committee



Altaf Alam
Pakistan





Nasir Hassan Luck
Pakistan



Sher Rehman
Pakistan



Abu Bakar Hafeez Bhatti
Pakistan



Ghulam Fareed
Pakistan



Asad Ali Chaudhry
Pakistan



Ammarah Naveed
Pakistan



Najmul Hassan Shah
Pakistan



Shahid Sarwar
Pakistan



Muslim Atiq
Pakistan



Kamran Sadiq
Pakistan



Javed Iqbal Farooqi
Pakistan



Jehanzaib Haider
Pakistan





Maaz Bin Badshah
Pakistan



Aqdas Kazi
Pakistan



Salman Ahmed Saleem
Pakistan



Aman Nawaz Khan
Pakistan



Ihsan ul Haq
Pakistan



Zahid Amin Khan
Pakistan



Faisal Saud Dar
Pakistan



Saad Ali Khan
Pakistan



Yasir Khan
Pakistan



AWARD WINNING PAPERS

THE FREQUENCY OF HEPATITIS E EXPOSURE IN PATIENTS SUFFERING FROM LIVER CIRRHOSIS

Hafsa Sareen Rai, Hafiz Muhammad Wasif Khan, Ayesha Ayub ; Muhammad Rizwan Tariq, Arif Mahmood Siddiqui, Osama Tariq Butt, Ammara Naveed

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Background: Hepatitis E virus (HEV) infection is transferred through feco-oral route and generally presents as an acute self-limiting infection. However, in cirrhotic patients, it is frequently challenging being a potential cause of acute on chronic liver failure resulting in high mortality

Objective: This study aimed to determine the frequency of HEV exposure in cirrhotic patients presenting to a tertiary care center in Lahore.

Methods: We conducted a cross-sectional study at Pakistan Kidney and Liver Institute, Lahore. Random convenient sampling technique was used. Cirrhotic patients with Child Pugh Turcotte A and B were enrolled. A total of 110 patients were approached for sampling. After informed consent, information was gathered on demographic data. Blood samples were collected and serum was used to assess Anti-HEV IgG antibody levels. We analyzed data using SPSS version 23.

Results: Among the 110 patients, mean age was 52.92 years, with an age range of 19 -73 years. There were 55.5%(n=61) males, 44.5%(n=49) female. Etiology of cirrhosis was viral hepatitis in 93%(n=103), 2% had NASH. Cryptogenic, Bud Chiari and AIH comprised the remaining 5 %. A total of 83%(n=91) were Child A, 15% (n=16) were Child B, 24 % (n=26) were decompensated with ascites. 29%(n=32) had HCC. Diabetes was the most common comorbidity 22%(n=25), followed by HTN 17%(n=19) and IHD 3.7% (n=4). HEV exposure was present in a majority (64%, n=71) patients while it was absent in only 28.8% (n=32) patients. Six percent patients had borderline values that could not be repeated with fresh sera.

By using the chi-square test it was observed that there was no significant association between HEV exposure and older age (p-value = 0.72), gender (p-value of 0.721), HCC (p-value = 0.201), or duration of cirrhotic illness (p-value = 0.522).

Conclusion: HEV exposure was found in an alarming 64.2% of patients with cirrhosis presenting for care to a tertiary center. Our findings suggest that HEV infection is becoming increasingly endemic in cirrhotic patients. More studies, with larger sample sizes are needed to determine the risk factors of increased HEV infection rate among cirrhotic.

Acknowledgement: We would like to acknowledge Ferozsons for providing us with HEV IgG testing kit to conduct this study.

Keywords: Cirrhosis, HEV Exposure, IgG antibody levels.



CORRELATION OF NEUTROPHIL LYMPHOCYTE COUNT RATIO WITH THE SEVERITY OF ACUTE PANCREATITIS

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Background: Acute pancreatitis is a pancreatic inflammatory condition, with the involvement of underlying tissues and remote organ systems. Early diagnosis of severe acute pancreatitis is crucial to detect complications. The purpose of this study was to correlate the NLR values with the severity of acute pancreatitis.

Materials and Methods: This study was conducted at Department of Gastroenterology, Holy Family Hospital from 30 October 2020 to 30 April 2021. It was a cross-sectional study. 95 patients with diagnosis of acute pancreatitis were included. Ranson's score was calculated. Severity of acute pancreatitis was confirmed on completing Ranson's score. The NLR values were calculated on first day of admission and repeated after 72 hours of admission. Data were entered and analyzed using SPSS v25.0. Independent t-test was used to determine if mean score was significantly different between two categories of severe pancreatitis as per Ranson's scale.

Results: The mean age of the patients in our study was 64.66 ± 5.84 year. Out of 95 patients, 40 (42.1%) were males and 55 (57.9%) were females. The frequency of severe acute pancreatitis was 22.1%. In patients with mild and moderate acute pancreatitis with Ranson's score <3 , the mean NLR at day-1 was 5.45 ± 2.50 . In severe AP with Ranson's score >3 , the mean NLR was 14.90 ± 4.70 . The results of NLR at admission and at 72 hours of admission were significantly different in patients regarding severity of acute pancreatitis.

Conclusion: NLR significantly correlated with severity of acute pancreatitis. NLR can be used as a prognostic biomarker in patients admitted to the emergency department with acute pancreatitis.

Keywords: Acute Pancreatitis, Ranson's score, Neutrophil-Lymphocyte Ratio



Factors associated with survival after living donor liver transplantation for acute-on-chronic liver failure

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INTRODUCTION:

Factors associated with poor outcomes after living donor liver transplantation in acute-on-chronic liver failure have not been well described. The current study aimed to determine the pre-transplant factors associated with transplant futility in acute-on-chronic liver failure.

Acute-on-chronic liver failure (ACLF) is an urgent clinical condition with a 30-day mortality reported between 22 to 76%. While liver transplantation (LT) is considered the definitive treatment, high post-transplant mortality rates are reported in a subset of patients. In order to improve outcomes after transplantation, the International Liver Transplant Society (ILTS) has proposed guidelines for patient selection. These guidelines are exclusively based on deceased donor liver transplantation (DDLT) and warrant validation in the setting of living donor liver transplantation (LDLT).

OBJECTIVE: The objective of the current study was to identify the factors associated with post-transplant outcomes, thereby determining futility in patients undergoing LDLT for ACLF.

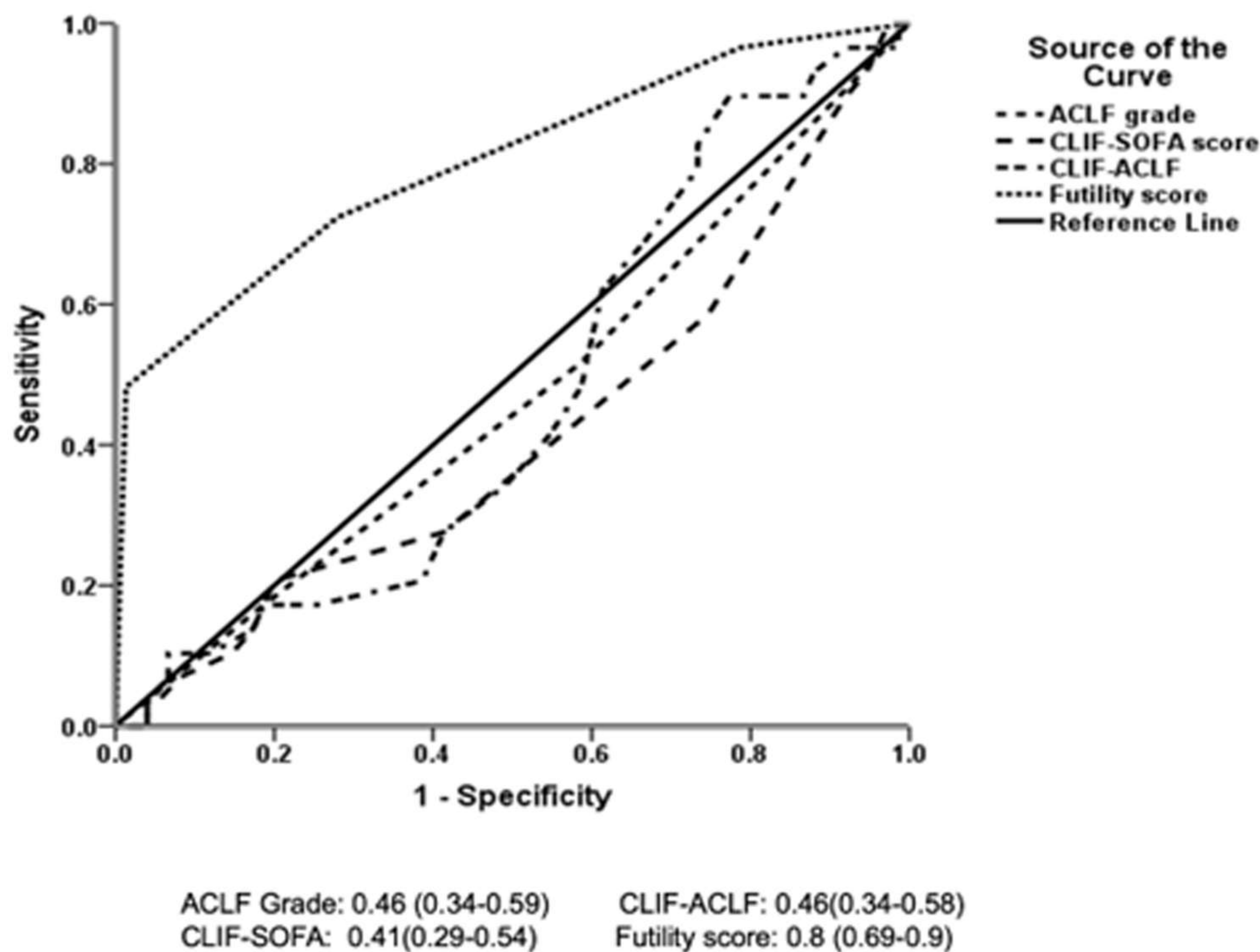
MATERIAL AND METHODS: This was a retrospective review of 1093 patients who underwent liver transplantation. Out of these, 104 had acute-on-chronic liver failure. We looked at factors associated with 1-year survival in this group.

RESULTS: The median MELD score for grade 1, 2, and 3 acute-on-chronic liver failure was 31(27-33), 37(34-39) and 39(33-40) ($P < 0.001$) and 1-year post-transplant survival was 68.9%, 75%, and 73.7% ($P=0.838$). On multivariate analysis, six risk factors were independent predictors of poor post-transplant survival: Body mass index >30 Kg/m² ($P=0.001$, hazard ratio, HR 4.4), platelet count <66000 /ul [$P=0.011$, hazard ratio, HR 2.91], poor response to medical treatment [$P=0.017$, hazard ratio, HR 2.6], drug-resistant bacterial or fungal cultures [$P=0.009$, HR 4.2], serum creatinine >2.5 mg/dl [$P=0.002$, hazard ratio, HR 3.4], and graft-to-recipient weight ratio < 0.7 [$P=0.011$, hazard ratio, HR 4.8). The 1-year post-transplant survival based on the presence of 0, 1, 2, and ≥ 3 risk factors were 94.1%, 84.4%, 74.1%, and 6.7%, respectively ($P < 0.001$). A futility score of 9 distinguished low risk group (score < 9) ($n=87$) from the high-risk group (score ≥ 9) ($n=17$), with 1-year post-transplant survival of 85.1% and 5.9%, respectively ($P<0.001$).

CONCLUSION: Pretransplant factors can be used to stratify outcomes and determine futility of living donor liver transplantation in acute-on-chronic liver failure.



TABLES & FIGURES:



GALL BLADDER WALL THICKNESS AS A NON-INVASIVE ASSESSMENT TOOL IN PREDICTION OF ESOPHAGEAL VARICES IN PATIENTS WITH HEPATITIS C RELATED CHRONIC LIVER DISEASE

Munir Ahmed, Dr Muslim Atiq, Dr Muhammad saleh, Maaz bin Badushah, maliha aziz, Sadaf Yousaf, Fazal Manan

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BACKGROUND AND AIM: Endoscopy (EGD) is gold strand test for diagnosis of esophageal varices (EVs), yet it is invasive procedure with many complications. Therefore a need has risen to find noninvasive predictors of EVs. Our study evaluated the role of Gallbladder wall thickness (GBWT) measurement in predicting EVs in patients with HCV- related liver cirrhosis.



METHOD: In this cross sectional study all patients with HCV- related liver cirrhosis who presented to Hepato-gastroenterology clinic and emergency department Shifa international hospital Islamabad while strictly following the inclusion and exclusion criteria. After detailed history taking and full examination, laboratory tests, ultrasound abdomen and EGD were performed and GBWT was measured. Results were presented as means \pm SD for quantitative data or as numbers with percentages for qualitative data. Continuous variables were analyzed using the Student's t-test, while categorical variables were analyzed using the Chi-square test. A p-value of <0.05 was considered statistically significant.

RESULTS: A total of 79 patients with HCV related liver cirrhosis were included; Mean age 54.88 \pm 10 years, 49 were males (62%), 23 patients had CTP class A (29.1%), 43 had CTP-B (54.4%), 13 had CTP-C (16.5%). 5 (6.33%) patients had no EVs, 74 (93.67%) patients with EVs. They were divided into low risk group (No or grade-I EVs) and high risk group (Grade II and III EVs). GBWT was significantly associated with advanced grades of EVs. GBWT predicted the presence of esophageal varices with sensitivity of 59.46% and specificity of 100% (AUC: 0.83, P value: <0.001) at cut off value of >4.2 and advanced grades of esophageal varices with sensitivity of 66.67% and specificity of 100% (AUC: 0.865, P value: <0.001) at cut off value of 4.6 mm

CONCLUSION: GBWT was significantly associated with advanced grades of EVs in patients with HCV-related liver cirrhosis.





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