Question 2:

In this patient, a transjugular liver biopsy was performed for histologic confirmation of the clinical suspicion of AH. Histologic assessment showed severe fibrosis compatible with liver cirrhosis, presence of abundant Malloy-Denk bodies, and hepatocyte ballooning with only mild polymorphonuclear (PMN) infiltration. Moreover, mild steatosis, ductular plus hepatocanalicular bilirubinostasis, and no megamitochondria were observed. The patient was given corticosteroid treatment (PO prednisolone 40 mg/d). Regarding the finding of PMN infiltration in the liver biopsy, the following statements are correct, *except*:

a. Mild (as oppose to severe) PMN infiltration is a good prognostic factor in patients with severe AH.
b. PMN could participate in liver regeneration during severe AH releasing cytokines involved in the liver regeneration process.
c. The finding of PMN infiltration indicates the presence of a bacterial infection.
d. The calculation of the Alcoholic Hepatitis Histological Score (AHHS) can help in predicting survival in patients with AH.

Question 3:

During the hospitalization, the patient developed fever, hypotension, and progressive dyspnea. A chest x-ray revealed left lower lobe pneumonia. The arterial pressure was controlled with low-dose vasopressors and broad spectrum antibiotics were initiated. Which of the following histologic parameters that was described in the liver biopsy is useful to predict sepsis in patients with AH ?

a. Mild PMN infiltration.
b. Hepatocellular bilirubinostasis.
c. Ductular and canalicular bilirubinostasis.
d. Marked Mallory-Denk bodies.

Question 4:

Seven days after the initiation of prednisolone therapy, the patient had a Lille Score of 0.79, owing to a further increase in serum bilirubin levels. Moreover, he showed a rise in creatinine serum levels to 2.1 mg/dL (>50% from baseline). What is the next step in his treatment?

a. Switch to IV pentoxifylline 400 mg tid for 4 weeks.
b. Discontinue prednisolone treatment.
c. Initiate rescue treatment with liver supporting systems devices (MARS/Prometheus).
d. Listing for salvage liver transplantation.
e. Continue with prednisolone treatment for ≤4 weeks.

Exam 2: Impact of the Hepatopulmonary Syndrome MELD Exception Policy on Outcomes of Patients After Liver Transplantation: An Analysis of the UNOS Database

Test ID No.: gastro00201 *Contact hours*: 1.0 *Expiration Date:* May 31, 2015

Question 1:

The 3-year post-transplant patient survival of transplant recipients with HPS Model for End-Stage Liver Disease (MELD) exception points is:

a. 31%.
b. 46%.
c. 61%.
d. 81%.
e. 95%.

Question 2:

Which pretransplant room-air oxygenation level is associated with the lowest posttransplant survival in transplant recipient with HPS MELD exception points?

a. ≤44.0 mm Hg.
b. 44.1−54.0 mm Hg.
c. 54.1−61.0 mm Hg.
d. ≥61.1 mm Hg.

Question 3:

From 2002 to 2012, based on the multistate Cox regression models, how does the overall survival of waitlist candidates with HPS, including pre- and post-transplant time, compare with that of all other nonexception patients on the liver transplant waitlist?

a. Higher.
b. Similar.
c. Lower.

Question 4:

From 2002 to 2012, how does the post-transplant survival of transplant recipients with HPS, compare with that of all other nonexception transplant recipients during this time period?

a. Higher.
b. Similar.
c. Lower.

Question 5:

Based on the data presented by Goldberg et al on pre- and post-transplant outcomes of patients with HPS, the authors make the contention that the current exception point system for waitlist candidates with hepatopulmonary syndrome:

a. Underprioritizes patients with HPS.
b. Overprioritizes patients with HPS.
c. Correctly prioritizes patients with HPS.