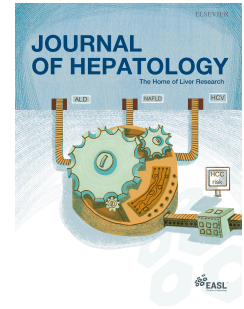


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Reply to: Failure to control variceal bleeding: definition matters.

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Title Page

Reply to: Failure to control variceal bleeding: definition matters.

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Conflict of interest statement: Rajiv Jalan has research collaborations with Yaqrit and Takeda. Rajiv Jalan is the inventor of OPA, which has been patented by UCL and licensed to Mallinckrodt Pharma. He is also the founder of Yaqrit Ltd, a spin out company from University College London. He is also a Founder of Thoeiris Ltd.

Author's Contribution: RK drafted the letter, RJ did the critical review

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Dear Editor,

We thank Baiges et al. [1] for their keen interest and observations regarding our study [2]. We completely agree that the definition of 'failure to control bleeding' is difficult to apply in individual clinical cases and in general its interpretation is dependent upon many factors including how sick the patients is, whether they have ongoing bleeding during an endoscopy session or its severity where the patient has a catastrophic bleed necessitating urgent TIPSS. In our study [2], we defined 'failure to control bleeding' strictly as failure to achieve haemostasis despite 2 endoscopies or need for adjuncts such as Sengstaken-Blakemore tube (SBT) or a stent within 5-days of the first bleed in combination with vasoactive drugs.

They raise several important questions.

1. What is the role of TIPSS in non-ACLF patients with 'failure to control bleeding'?

We believe that our paper is underpowered to make any new conclusions about the role of TIPSS rescue in patients with failure to control bleeding but without ACLF. As is the current clinical practice, these patients should be offered TIPSS.

2. How was 'failure to control of bleeding' controlled without TIPSS?

As a large proportion of our patients were referred from other centres, we found that many still had endoscopic options. Out of the total 174 patients in our study, in 82 (47.1%), further therapeutic endoscopy was successful in achieving satisfactory haemostasis.

3. Whether there is a sub-group in whom TIPSS is futile?

As reported in the paper [2] and correctly observed by the Baiges [1] et al., none of the patients who had grade 2 -3 ACLF “prior to the acute episode of variceal bleeding” survived, irrespective of their TIPSS status. Of the patients who developed ACLF following an episode of variceal bleeding, all the survivors had CLIF-C ACLF score of 62 or below. This confirms the previous cut-off for futility of ACLF patients for ongoing ICU care in the absence of liver transplantation. A CLIF-C ACLF score of > 64 at 48 hrs of ICU care are at high risk of death and those with a score of >70, almost invariably die irrespective of the aetiology or precipitant [3]. Although these criteria provide a strong guide, futility of ongoing care needs to be decided on a case by case basis.

4. Would ‘pTIPSS’ have prevented need for ‘rescue TIPSS’?

The population studied was a highly selected patient group, most of whom were referred from other centres. It is extremely difficult to analyse this complex patient population in a retrospective study and come to any meaningful conclusion about whether pTIPSS would have prevented the need for rescue TIPSS. Despite high quality published data [4,5], the role of pTIPSS is still a matter of debate in the UK fuelled further by the recent negative trial from the Hayes group [6]. To definitively answer the role of pTIPSS, a large UK trial of pTIPSS is in the process of being set up.

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