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IMPACT OF SARCOPENIA ON OUTCOMES IN PATIENTS UNDERGOING TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS): A NATIONWIDE ANALYSIS (2016-2020)

Society: AASLD**Track:** Liver Diseases and Transplantation**Author(s) and Affiliation(s):**Sahiljot S. Bhupal^{1, 2}, Anmol Singh³, Khyati Bidani⁴, Vikash Kumar⁵, Aalam Sohal⁶, Marina Roytman⁷

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Introduction

Sarcopenia, characterized by the loss of muscle mass, strength, and function, is a common complication in patients with chronic liver disease and contributes to poor clinical outcomes. While TIPS has shown some improvement in muscle mass and BMI in sarcopenic patients, the impact of sarcopenia on post-TIPS morbidity and mortality remains poorly understood. This study aims to assess the impact of sarcopenia on outcomes in patients undergoing TIPS.

Methods

We analyzed 2016-2020 National Inpatient Sample database to identify adult patients who underwent TIPS. Patients were classified into two groups—those with and without sarcopenia—based on ICD-10 codes. We compared the prevalence of adverse outcomes between the groups and used multivariate logistic and linear regression to assess the impact of sarcopenia on these outcomes. Outcomes were adjusted for confounders including patient demographics, Charlson Comorbidity Index (CCI), etiology, decompensations, cardiovascular disease, and other procedures during hospitalization.

Results

A total of 19,610 patients who underwent TIPS were included in the study, with 3,510 (17.9%) having sarcopenia. The majority of sarcopenic patients were aged 45-65 years (54%), male (59.4%), White (70.8%), and had Medicare insurance (40.5%). Patients with sarcopenia had a higher incidence of in-hospital mortality (11.8% vs. 7.7%) and a greater overall complication rate (56.4% vs. 38.8%). Among specific complications, the sarcopenia group experienced more gastrointestinal (10.3% vs. 3.6%), cardiovascular (36.9% vs. 27.2%), pulmonary (23.5% vs. 12.2%), and infectious (14.1% vs. 5.5%) issues. Sarcopenic patients also had a significantly longer mean length of stay (14.7 days vs. 7.0 days) and higher mean total charges (\$280,818 vs. \$159,272). On multivariate analysis, after adjusting for confounding factors, sarcopenia was associated with increased odds of developing total complications (adjusted odds ratio [aOR] 1.75, 95% CI 1.41–2.16, $p < 0.001$). The odds of gastrointestinal (aOR 2.5, 95% CI 1.83–3.43, $p < 0.001$), pulmonary (aOR 1.77, 95% CI 1.41–2.21, $p < 0.001$), and infectious (aOR 1.75, 95% CI 1.27–2.39, $p < 0.001$) complications were also significantly higher in sarcopenic patients. Furthermore, sarcopenia was linked to higher odds of post-operative shock (aOR 2.23, 95% CI 1.21–4.09).

Discussion

Our study demonstrates that sarcopenia is associated with worse outcomes and increased resource utilization in patients undergoing TIPS. Early identification and assessment of sarcopenia are crucial for identifying at-risk patients and guiding targeted interventions to improve recovery and reduce complications.

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