Baveno VIII just finished: what are the main changes?

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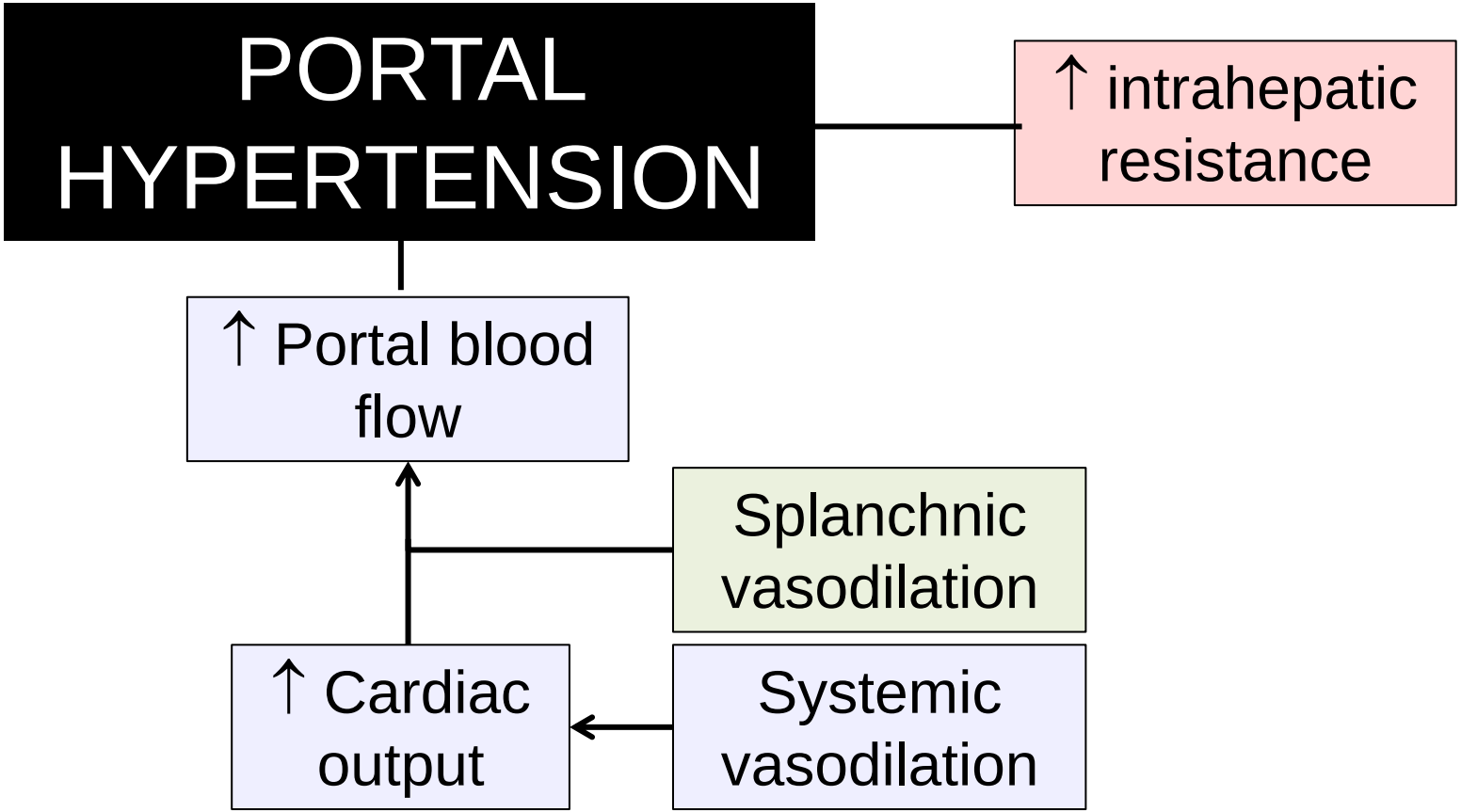
Main changes

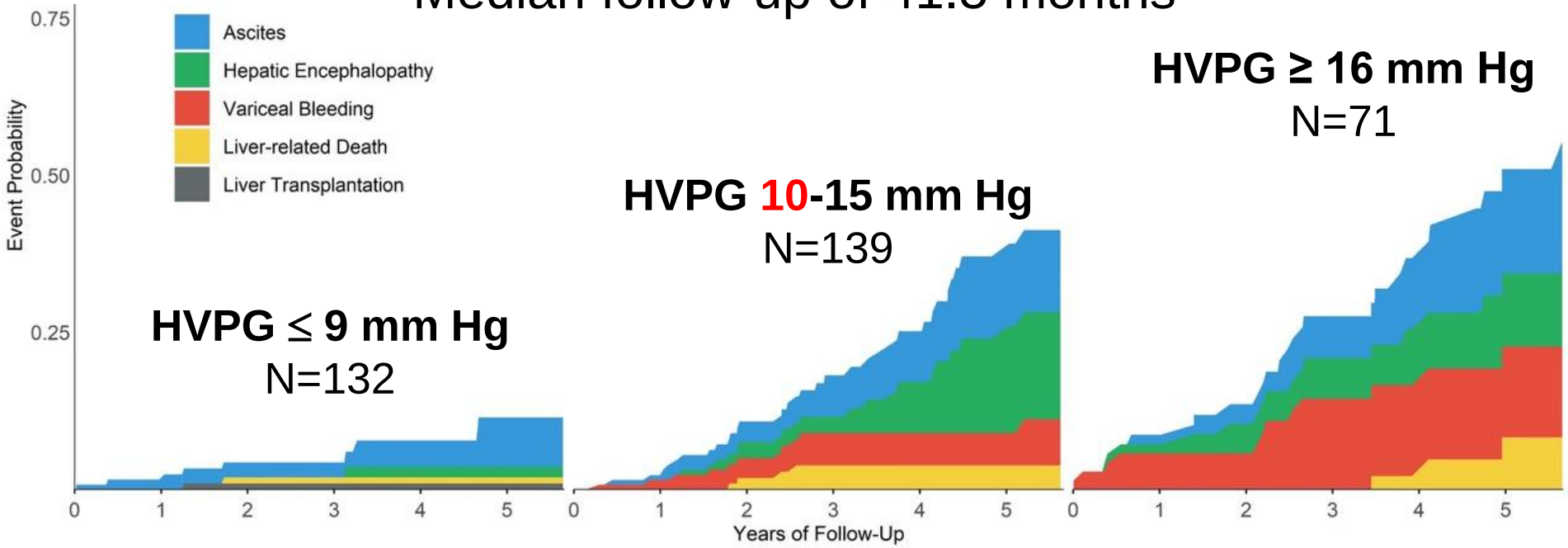
- Prevention of first decompensation
- Identification of patients with CSPH
- Prevention of further decompensation
- TIPS
- Porto-sinusoidal vascular disorder (PSVD)

Portal hypertension in cirrhosis



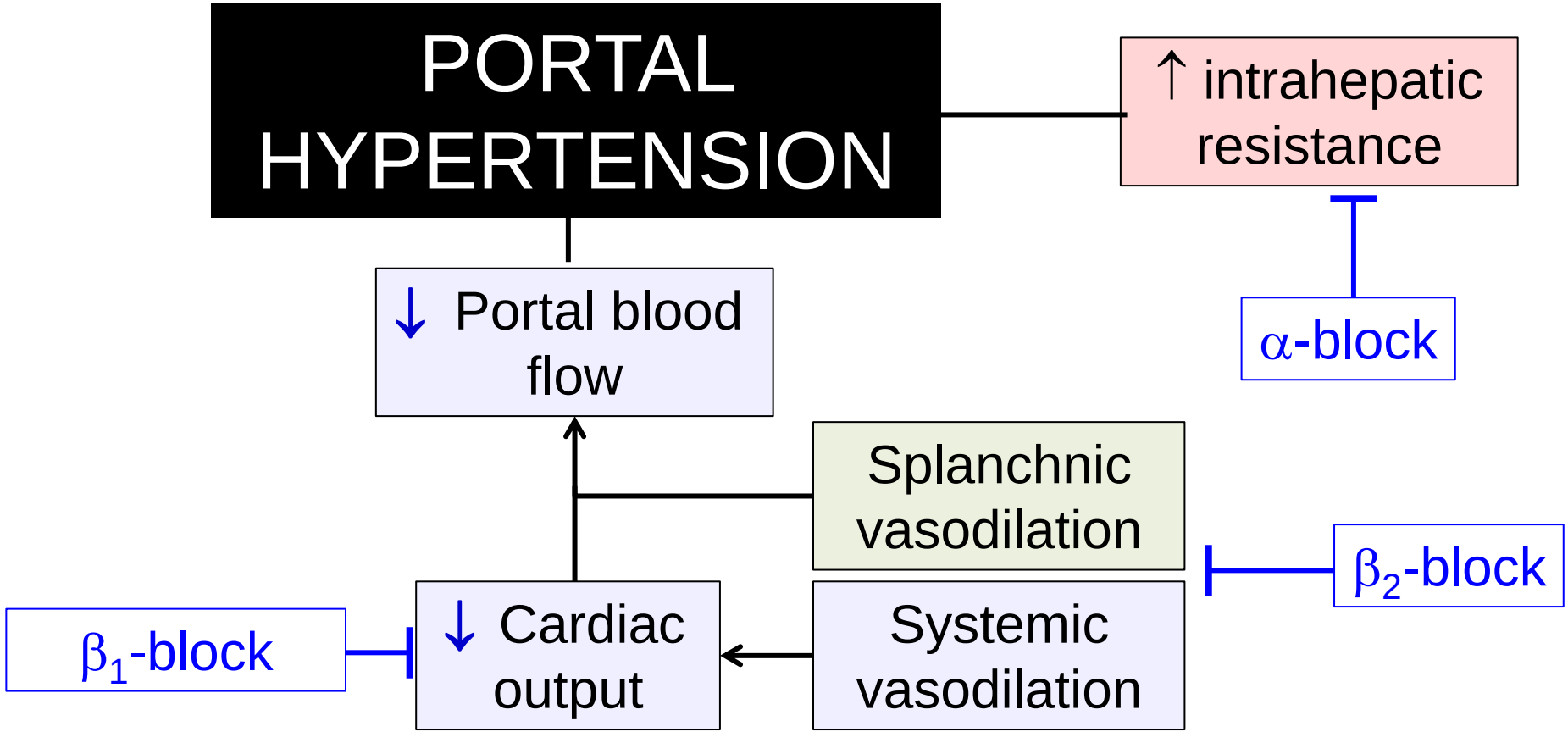
Clinically significant portal hypertension (CSPH)

340 patients with MASLD related cirrhosis, 20 centers
Median follow-up of 41.5 months



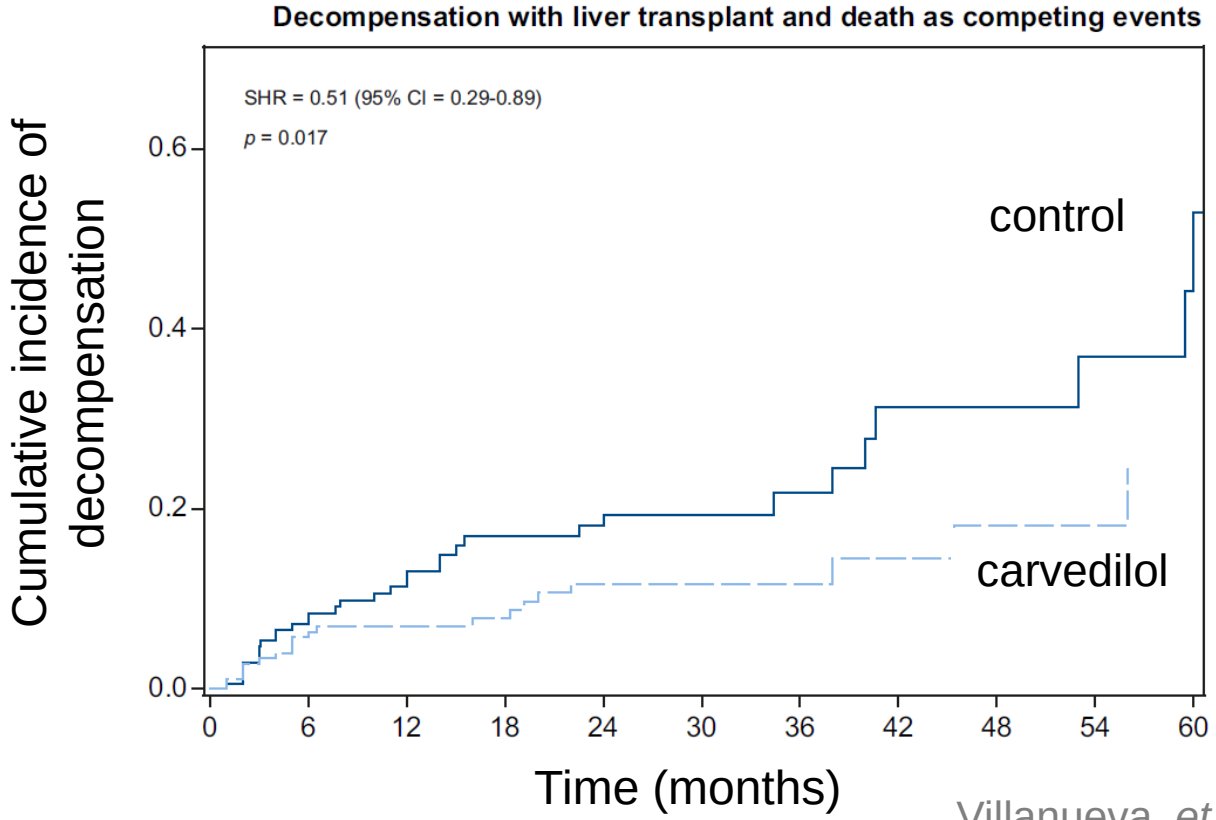
Paternostro*, Kwanten*, *et al.* J Hepatol 2024

CSPH = opening the β-block window



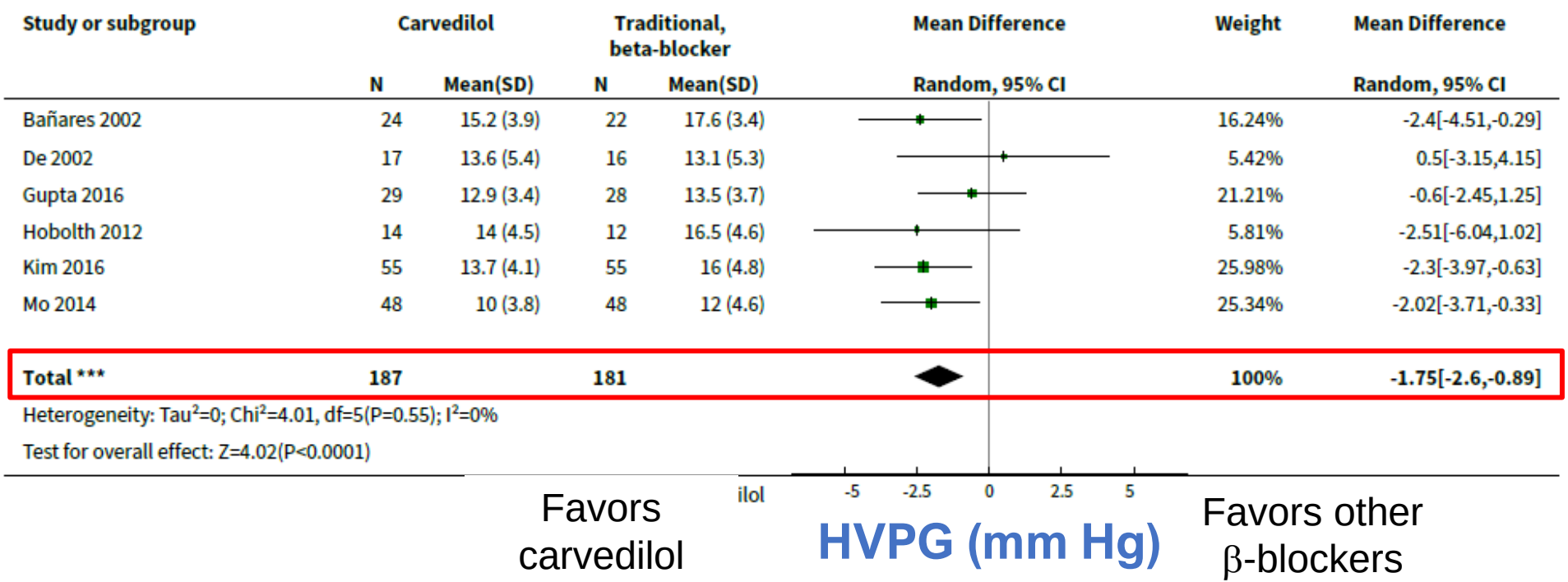
Carvedilol prevents decompensation

Patients with cirrhosis and CSPH without previous bleeding



Villanueva, *et al.* J Hepatol 2022

Carvedilol vs. other β-blockers: HVPG

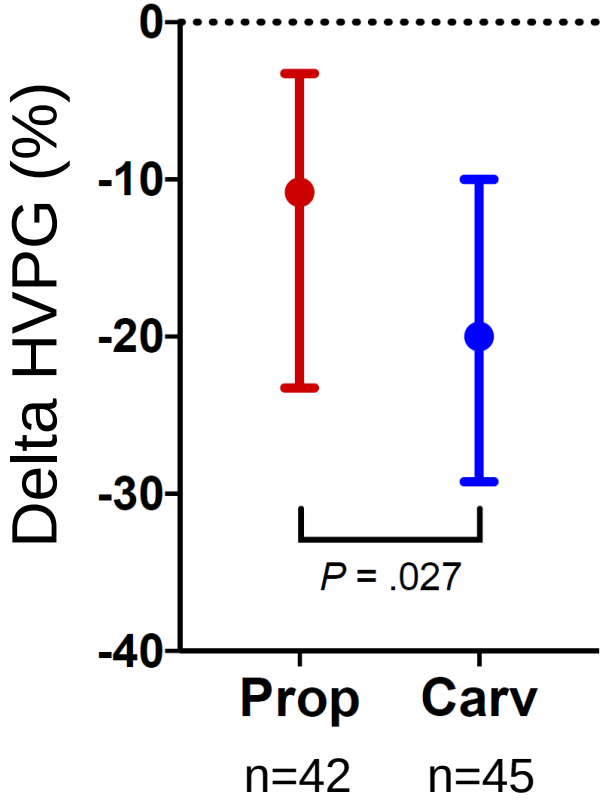


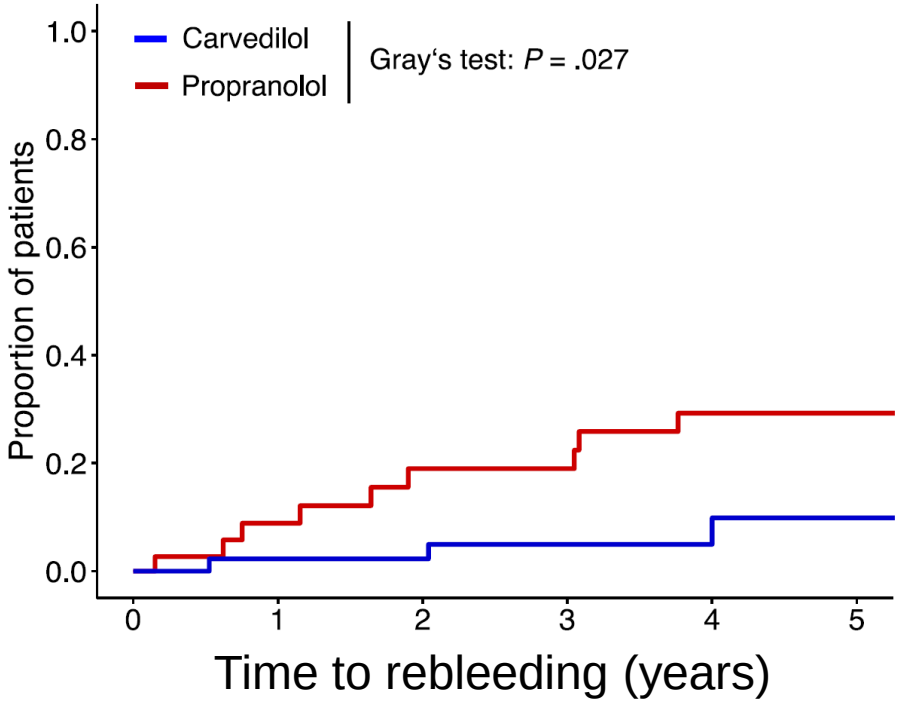
Turco, *et al.* Liver Int. 2023

Zacharias et al., Cochrane Database Syst Rev 2018

Carvedilol vs. propranolol: variceal bleeding recurrence

87 patients with variceal bleeding





Jachs, *et al.* CGH 2023

Main changes

Treatment with **NSBBs**, particularly with carvedilol, is recommended in patients with **compensated cirrhosis and CSPH** to prevent decompensation and improve survival

Main changes

- Prevention of first decompensation
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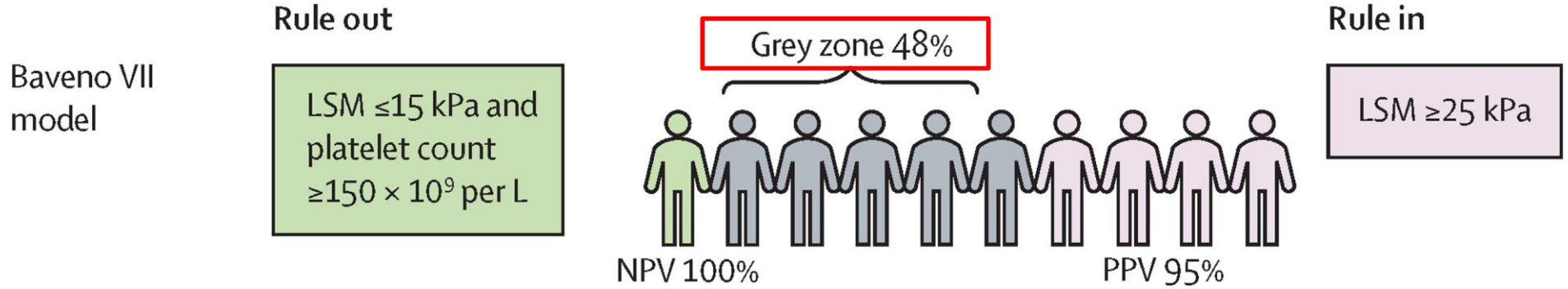
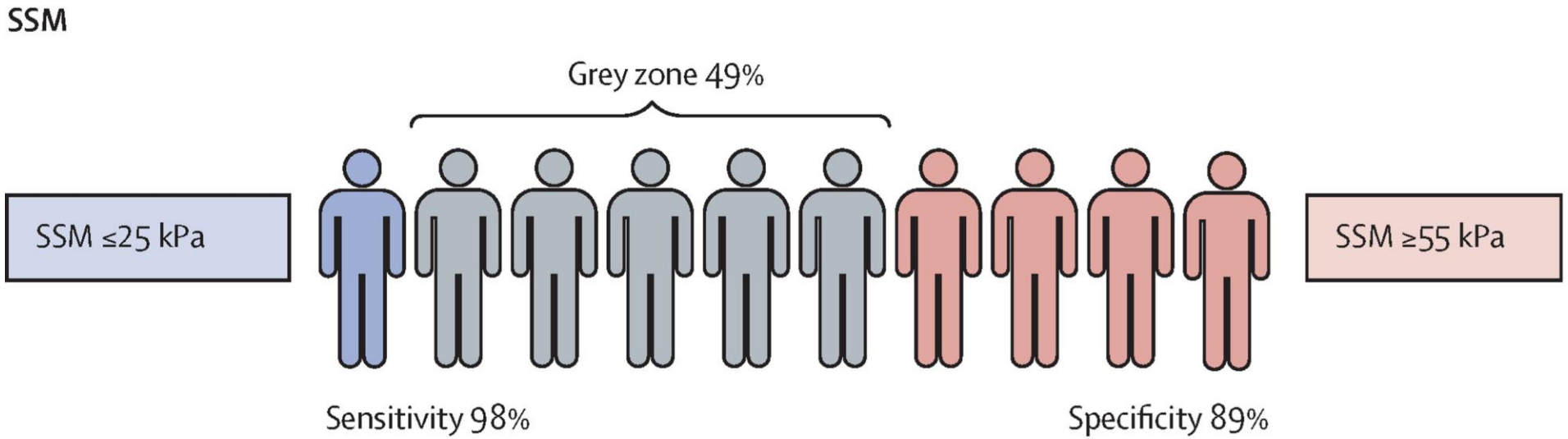
Identifying CSPH: liver stiffness

IPD Meta-analysis
n=7 studies, 600 pts



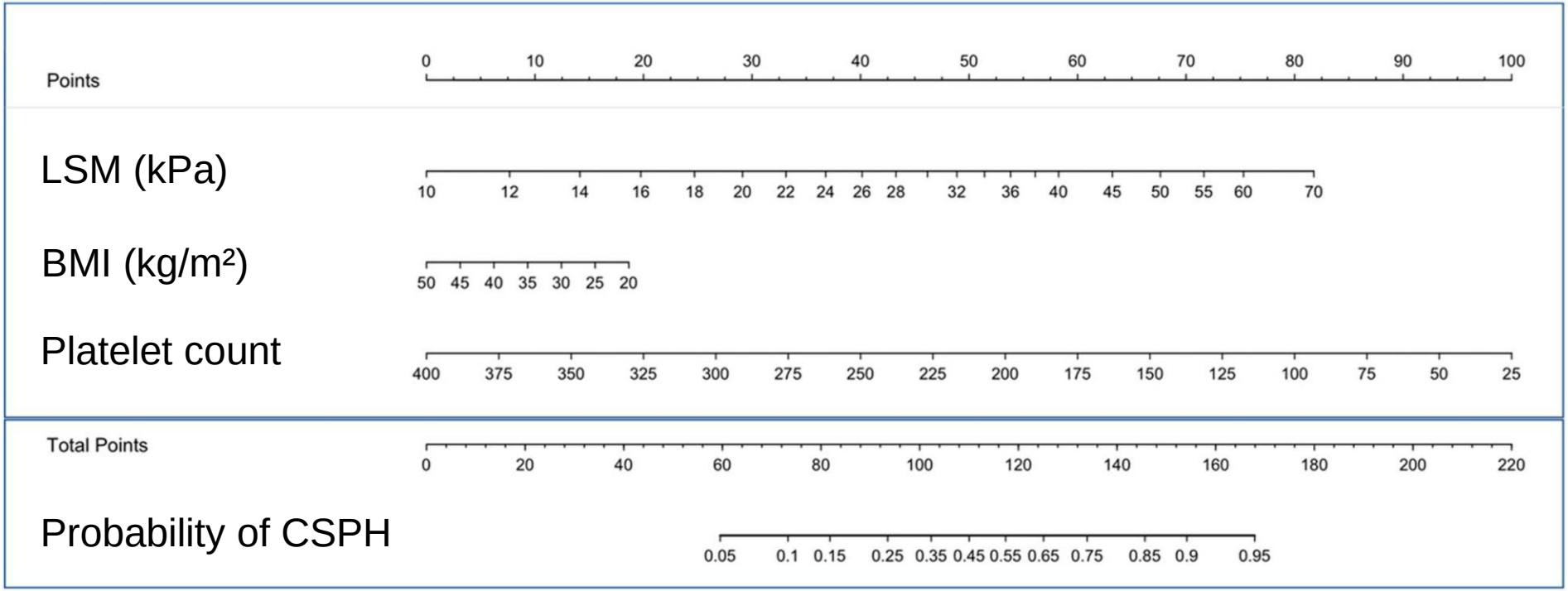
Dajti *et al*., Lancet Gastroenterol Hepatol 2023. similar in:
Jachs *et al*., Lancet Gastro Hepatol 2024; Vanderschueren E, *et al.* Am J Gastroenterol. 2024

Identifying CSPH: spleen stiffness



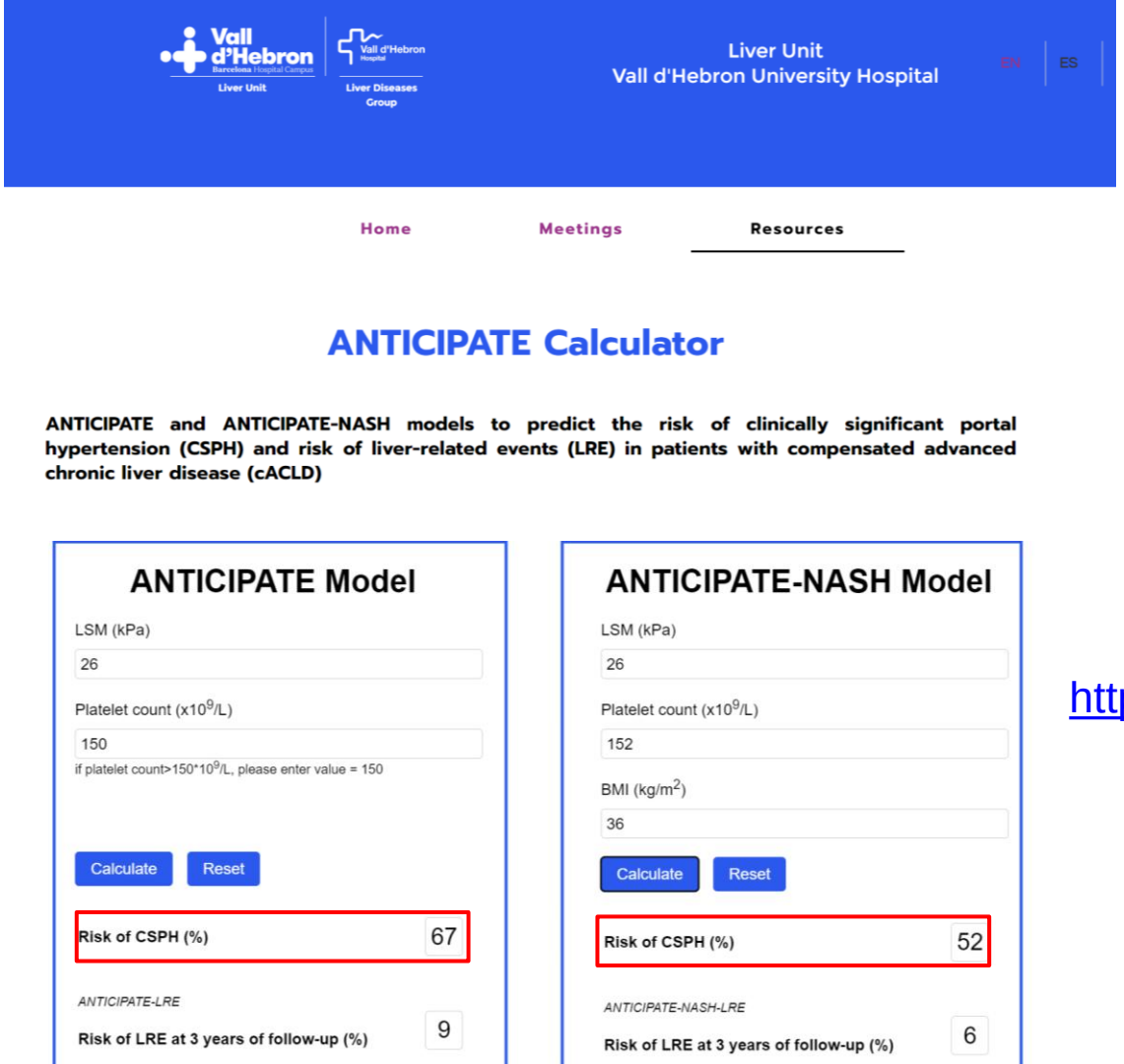
Jachs *et al*., Lancet Gastro Hepatol 2024

Identifying CSPH: ANTICIPATE-NASH model



Pons, *et al.* Am J Gastro 2021

Validated in Rabiee, *et al.* Hepatol Comm 2022



https://www.bcn-liverhuvh.com/resources

Main changes

LSM by VCTE
≤15 kPa
and
PLT ≥150×10^9/L

In between

- ANTICIPATE / ANTICIPATE-NASH: **> 75%** *or*
- **LSM** by VCTE ≥ **25 kPa** (unless BMI >30) *or*
- **SSM** (100 Hz) > **55 kPa**

No CSPH

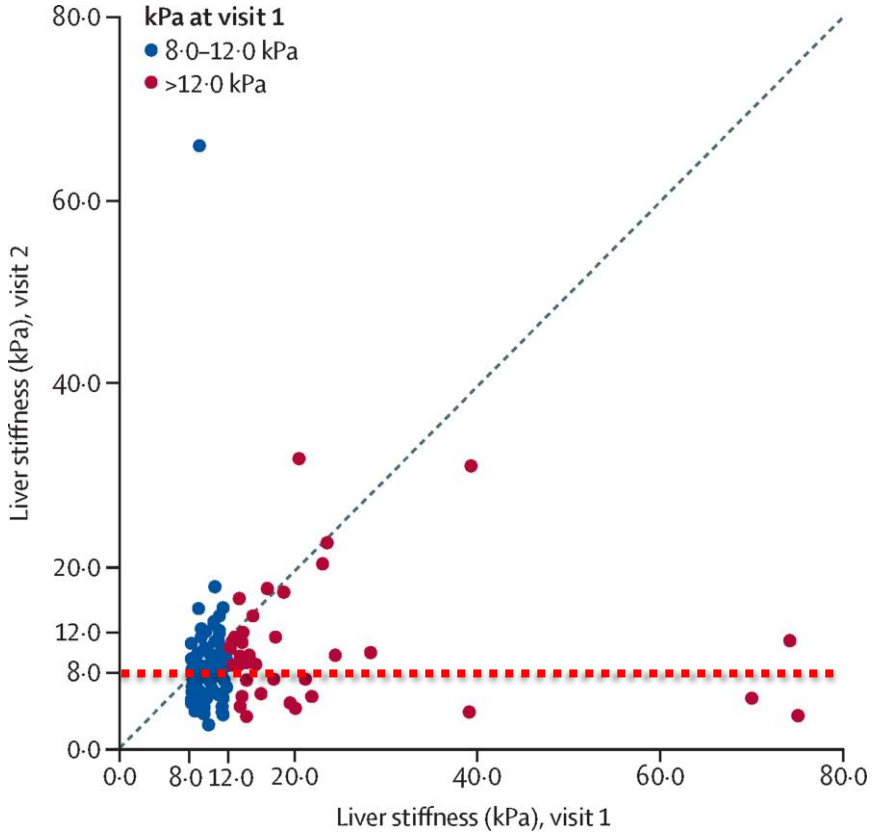
Repeat at 12 mo Endoscopy, unless:

- LSM by VCTE is <20 kPa & PLT ≥150×10^9/L
- or SSM <40 kPa

Carvedilol

LSM: note of caution

- Fasting condition
- If **an index** LSM ≥10 kPa, repeat to confirm



Lindfors *et al.* Lancet Gastroenterol Hepatol 2025

Main changes

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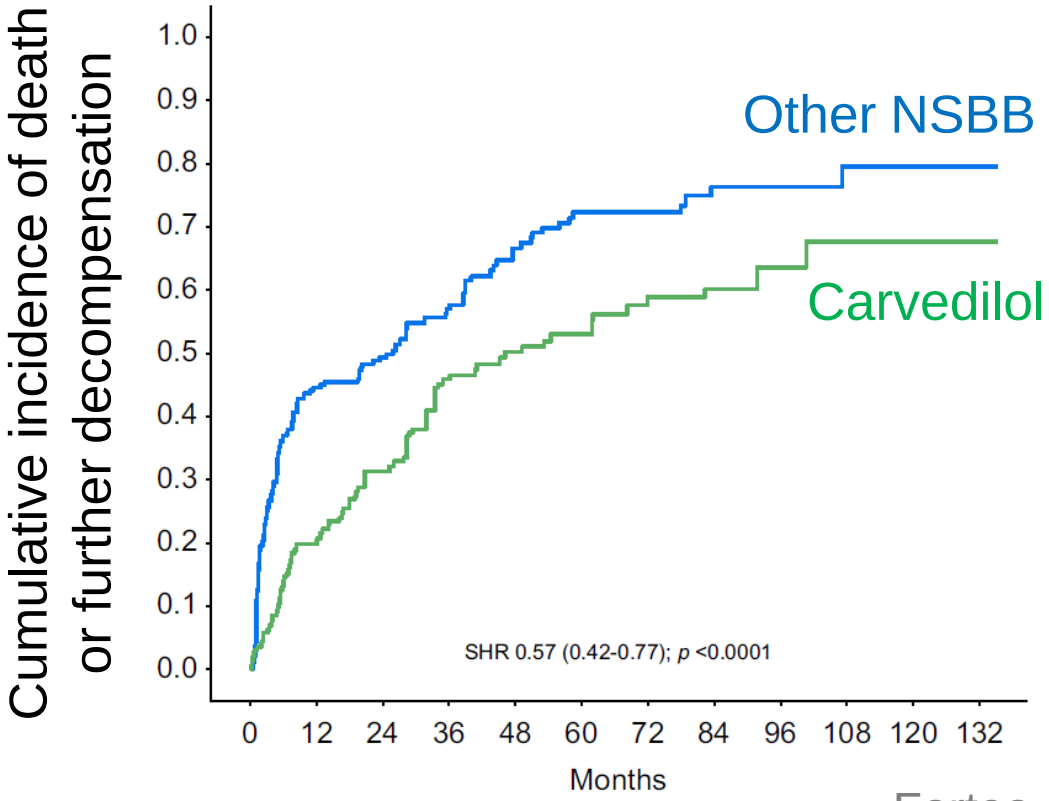
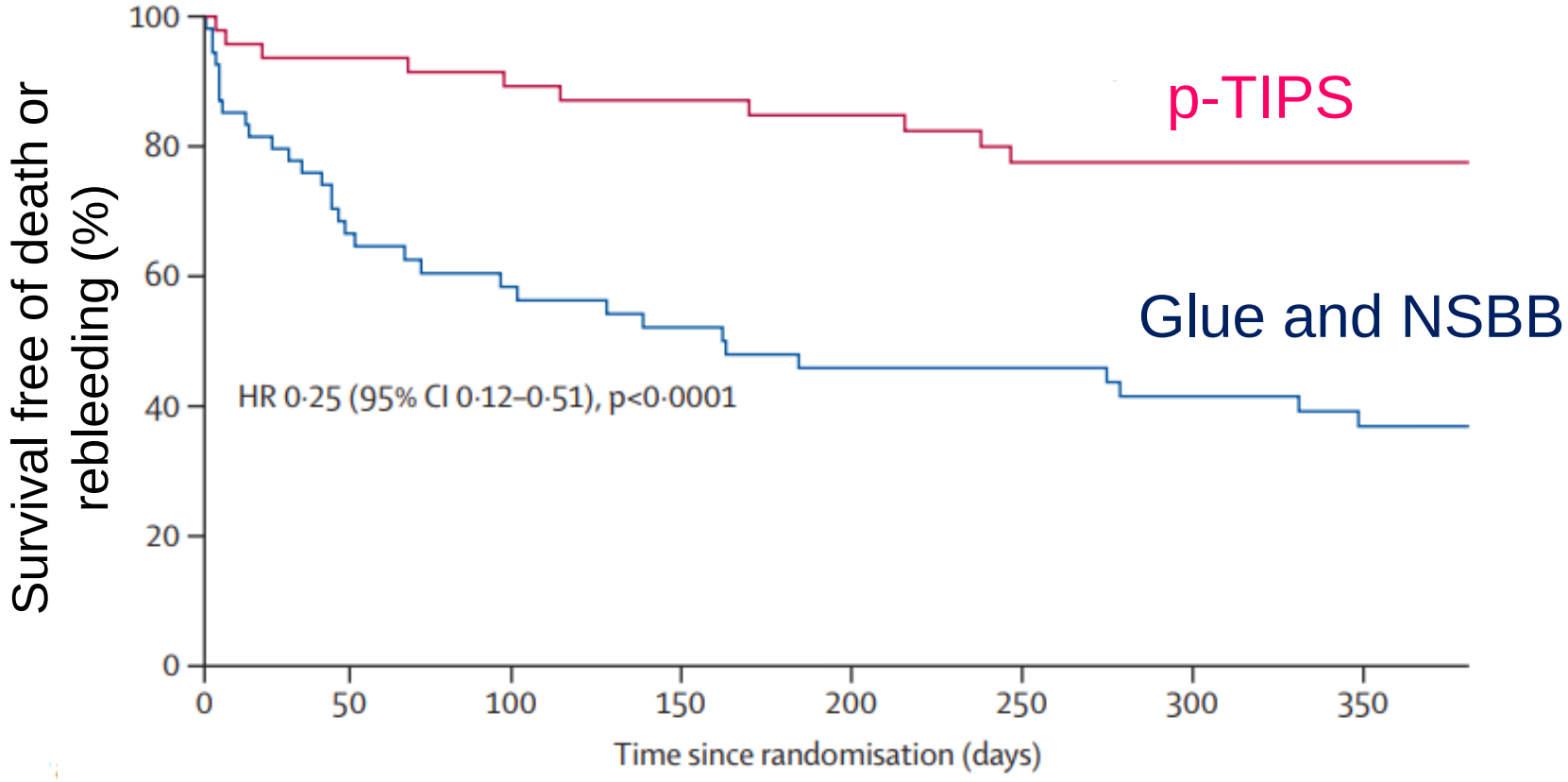
Decompensated cirrhosis: also carvedilol



Fortea, *et al.* J Hepatol 2025

Prevention of rebleeding from gastric varices



Cervoni *et al.* Lancet Gastro 2025

Main changes

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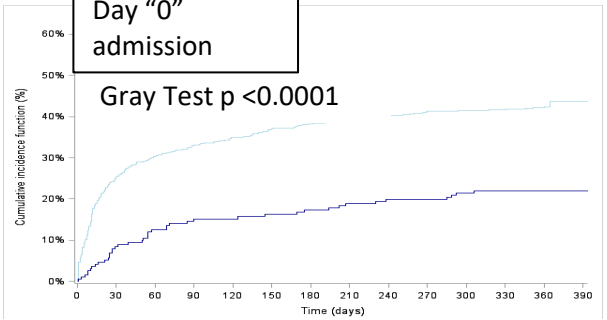
Preemptive TIPS

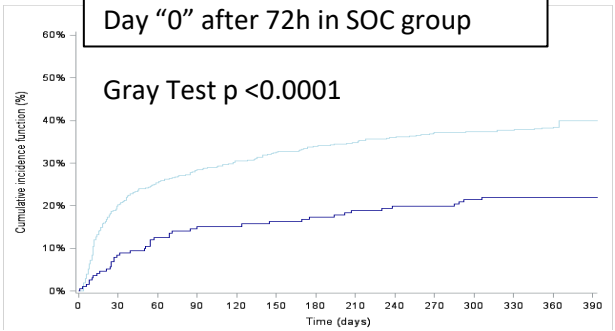
- Ideal: within 72 h if variceal bleeding and Child-Pugh class C 10-13 or B >7 with active bleeding
- Possible:
  - Up to **2 weeks** (if not placed < 72hrs)
  - With ACLF, overt HE, alcohol-related hepatitis
  - Despite high bilirubin, high MELD severe

One-year Mortality in Child-C patients treated with SOC (Drug+EBL) depending on when time “0” is established

Day “0” admission

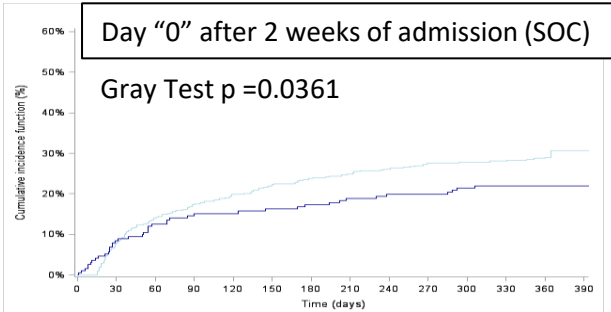


Day “0” after 72h in SOC group

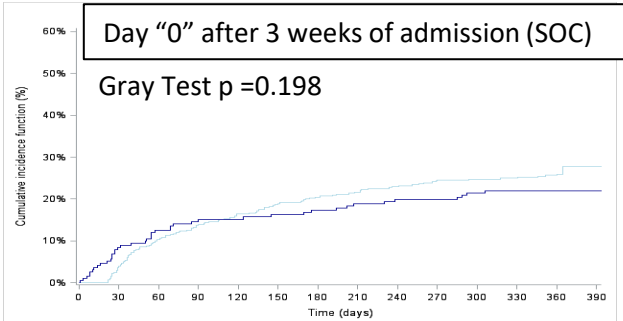


Drug+EBL
p-TIPS

Day “0” after 2 weeks of admission (SOC)



Day “0” after 3 weeks of admission (SOC)



15 days cut-off

Similar findings in CHILD B > 7 + active bleeding, but just up to one week

Nicoară-Farcău O et al. Hepatology 2023

TIPS: stepwise dilation

- In recurrent/refractory ascites, to reduce the risk of post-TIPS overshunting (HE, cardiac failure) while preserving efficacy, the stent may be dilated to the **smallest diameter** that achieves an adequate response

- Stepwise dilation should be considered in patients with no improvement in ascites

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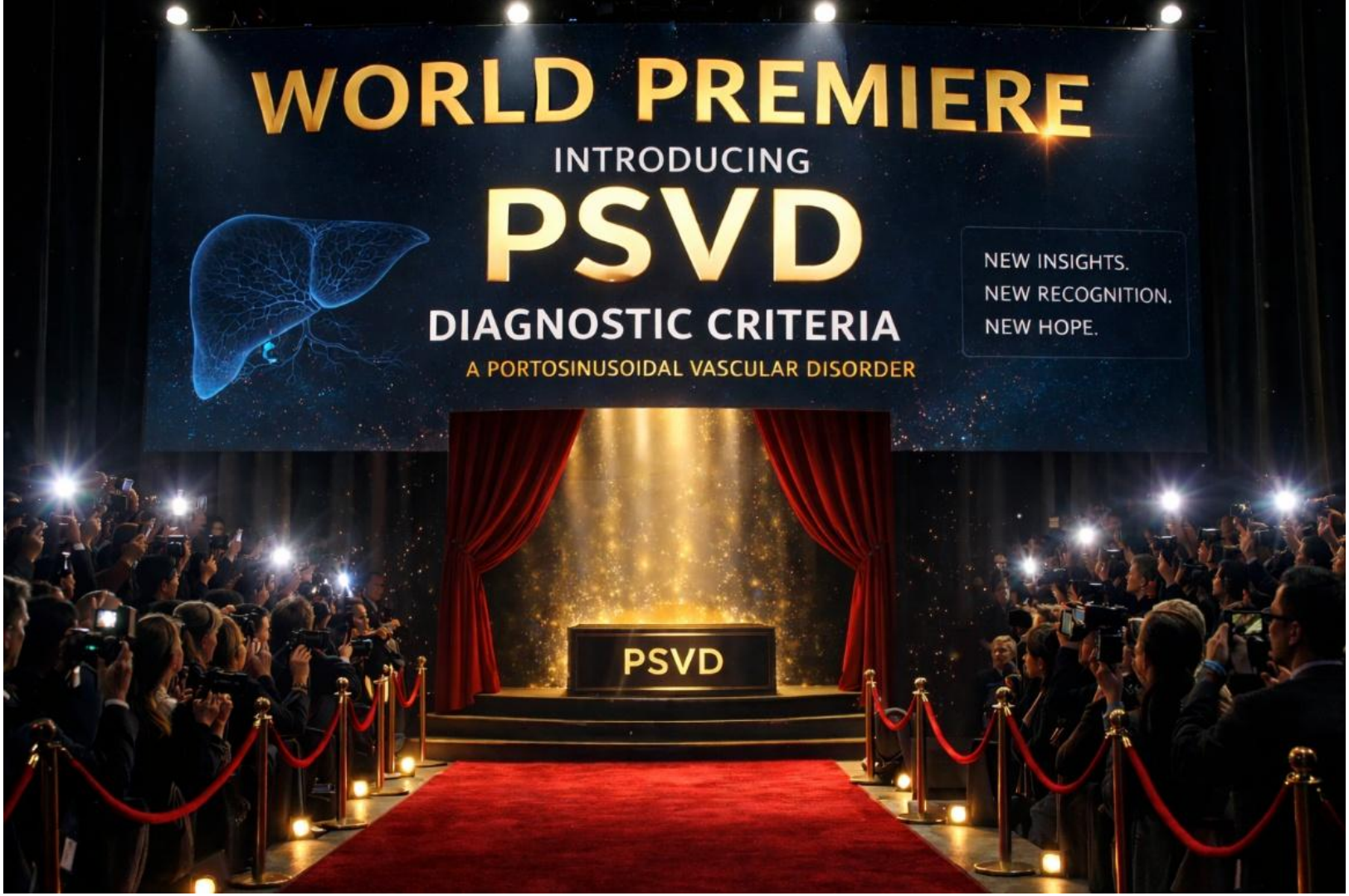
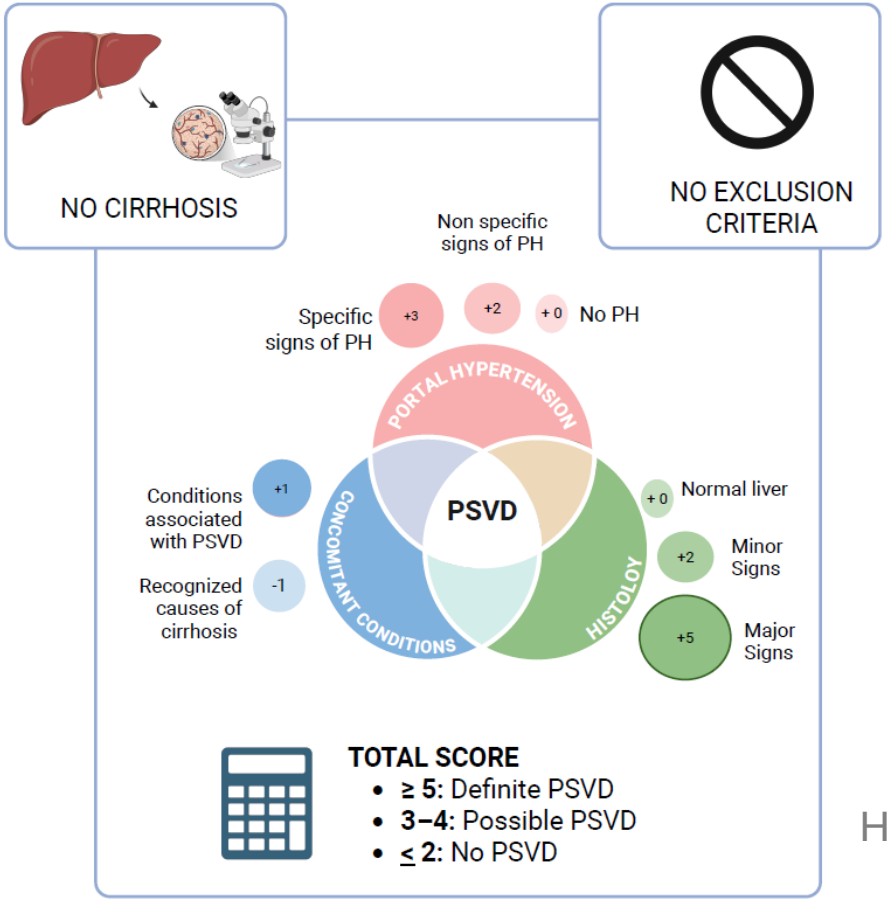

WORLD PREMIERE
INTRODUCING
PSVD
DIAGNOSTIC CRITERIA
A PORTOSINUSOIDAL VASCULAR DISORDER
NEW INSIGHTS.
NEW RECOGNITION.
NEW HOPE.
PSVD

Replay here:

Paris PSVD meeting: Dec 2025

PSVD diagnostic criteria 2026



Hernandez-Gea, *et al,* In Press; Baveno VIII

PSVD or NCPF

Next steps

EASL CONGRESS
Barcelona Spain
27–30 May 2026

JOURNAL OF HEPATOLOGY
The Home of Liver Research
EASL

HEPATOLOGY International
Official Journal of the Asian Pacific Association for the Study of the Liver

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6 working groups

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End Date: 29/10/2028

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