The American Association for the Study of Liver Diseases is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The AASLD/ILTS Transplant course meets the criteria for 5.5 hours of Category I credit for the Physician’s Recognition Award of the American Medical Association

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913 DOUBLE BLIND PLACEBO CONTROLLED TRIAL OF RECOMBINANT HUMAN GROWTH HORMONE (rHGH) THERAPY IN CIRRHOSIS
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Malnutrition is of high prevalence in cirrhosis and has an adverse influence on clinical outcome. Low substrate availability and resistance to growth factors such as insulin and GH are prominent causes of this state. The anabolic effects of GH are mediated largely by insulin-like growth factor-1 (IGF-I), the circulating form of which is of liver origin and low levels are seen in cirrhosis. rHGH therapy has proven efficacy in other cachectic states. To investigate the potential therapeutic role of rGH therapy in cirrhosis we studied 20 consecutive cirrhotic patients in a double blind study, 10 in an active group (M:F 6:4, Childs groups A n=5, B n=3, C n=2) and 10 in a placebo group (M:F 3:7, Childs groups A n=2, B n=5, C n=3). Patients were treated with daily sc injections of either rGH at a dose of 0.25 IU / kg or placebo for 7 days, after a 3 day baseline period. Levels of GH, IGF-I, insulin and IGFBP 3 (the dominant IGF binding protein of human serum) were measured by RIA and urinary nitrogen by the Kjeldahl technique. Results Pretreatment GH levels were high compared to a normal control group (mean 14.9 ±
SEM 2.7 vs 3.64±2 p<0.05) with low levels of IGF-I (72.34±4 vs 151±7.6 p<0.0001) and IGFBP-3 (1.5±0.2 vs 5.3±0.2 p<0.0001). Pretreatment levels of GH, IGF-I, IGFBP-3 index of KS growth were statistically similar between active and placebo groups. During rGH therapy in the active group IGF-I levels increased in all patients from a mean 73±510 to 170.54±8 as did IGFBP-3 levels 1.9±0.4 to 2.9±0.6. No change in GH or insulin levels was seen. Daily nitrogen balances were significantly higher in the rGH treated groups from +3.3±1.1 g/d (days 1-3) to +4.7±1.2 g (days 4-7) to +5.5±1.7 g/d (days 8-10). No significant change was seen in any of the hormone levels or nitrogen balance in the placebo group. No significant side effects of rGH therapy were seen.

Conclusions: 1) rGH therapy was able to overcome the GH resistance of cirrhosis, increasing production of IGF-I and IGFBP-3 and effecting a significant improvement in nitrogen balance. 2) rGH may have an important role in the treatment of malnourished cirrhotic patients.

914 TRANSMISSIONS ELEVATION DURING THE LAST THREE TRIMESTERS THE PREGNANCY (P).

The main cause of transmissions elevation beside pregnancy are: alcohol, drugs, hepatitis virus, steatosis and seldom autoimmune diseases (melano-hematosis, Wilson disease, alpha-1 antitrypsin deficiency). The relative contribution of these factors during pregnancy are unknown. The main goals of this study were: 1) to determine the incidence of alanine transaminase (ALAT) elevation during pregnancy, 2) to state the role played by pregnancy related and non related liver diseases. From December 91 to October 92, ALAT (Mérieux, -30°C) was determined in 1352 patients who delivered in public maternity hospitals. All the women with ALAT > N (N=41) were tested for Ag Hbs (Pasteur), IgM anti-HAV (Abbott), IgM anti-Hbc (Abbott), anti-HCV in presence of IgM anti-CMV (Abbott), anti-MCV (Abbott), anti-KLM antibodies by indirect immunofluorescence. ALAT was superior to N in 41 patients (3.03%). Presumed etiologies were as follows (Table): 1)

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This study shows that 1) the pregnancy related liver diseases are the main causes of the transmissions elevation. 2) the prevalence of the ICP is 0.79% (101/152) and more elevated than generally accepted in France (0.25%). 3) the sertiological diagnosis of an ALAT elevation during P is often clinical.