CONCLUSIONS: Loss of ≥2 organ functions at presentation or during hospital stay, baseline TLC and Child C predicted mortality in ACLF.

The Efficacy of Tranexamic Acid in Upper Gastrointestinal Hemorrhage: A Double-Blind Randomized Controlled Trial
Thitithep Limvorapitak and Apichat Piriyakarnon

BACKGROUND AND AIMS: Upper gastrointestinal haemorrhage is one of the major problems for which patients are brought to the emergency department. Endoscopy is the main diagnostic tool and treatment for upper gastrointestinal haemorrhage. Nevertheless, in regional hospitals, not every patient receives immediate endoscopy. Medical haemostasis might be beneficial during this period. Proton-pump inhibitors (PPIs) and octreotide analogues are widely used and proven useful. Tranexamic acid is an antifibrinolytic agent that is generally prescribed for multiple organ haemostasis. This study aimed to determine whether tranexamic acid administration to upper gastrointestinal haemorrhage patients while waiting for endoscopy aids in improving clinical outcomes, and decreasing mortality and rebleeding risk.

METHODS: A prospective, double blind, randomized study was performed in patients who encountered upper gastrointestinal haemorrhage at Khon Kaen hospital. Patients were randomized to tranexamic acid or placebo as adjunct to conventional treatment prior to endoscopy. The primary outcome was presence of blood in stomach on endoscopy. The secondary outcomes included mortality rate, rebleeding rate, and need for transfusion.

RESULTS: One hundred twenty-eight patients were enrolled. After randomization, 63 received tranexamic acid and 65 received placebo. On endoscopy, presence of blood in stomach was found significantly less often in patients receiving tranexamic acid vs placebo (19.0% vs 41.5%; P = .007). Mortality rate, rebleeding rate, need for transfusion, need for surgery and length of stay were not significantly different in the two groups. No in-admission complications were reported in patients receiving tranexamic acid.

CONCLUSION: Administration of tranexamic acid prior to endoscopy reduces the amount of blood retained in the stomach and Results in improved clinical outcomes.

Effect of Acupoint-Catgut Embedment Combined With Medication on Symptoms, Quality of Life, and Inflammatory Mediators of Patients With Irritable Bowel Syndrome
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BACKGROUND & AIMS: Irritable bowel syndrome (IBS) is a high-burden, functional, gastrointestinal disorder that causes substantial impact on patients’ quality of life (QoL). Current medical treatments are inadequate in relieving symptoms. Acupoint-catgut embedment is a method that uses surgical catgut embedded in acupoints to provide continuous stimulation and achieve therapeutic effect. This study aimed to establish the effect of acupoint-catgut embedment combined with medication on symptoms, QoL, and inflammatory mediators in patients with IBS.

METHODS: This double blind, randomized controlled trial involved 50 IBS patients randomly allocated to catgut-embedding therapy plus medication or only medication. Catgut-embedding therapy was given three times at ST 25 Tianshu, ST 36 Zusanli, and ST 37 Shangjuxu every 10 days. IBS-severity scoring system (IBS-SSS) and IBS-QoL questionnaires were used to measure the primary outcome. Serum levels of interleukin (IL)-10 and IL-6 were measured by ELISA.

RESULTS: At one month, both scores were significantly lower with catgut-embedding therapy plus medication versus medication only (IBS-SSS: 133.20 vs 260.00, P < .001 and IBS-QoL scores: 52.16 vs 68.76, P < .001). There were no significant differences in the baseline levels of anti-inflammatory (IL-10) and pro-inflammatory (IL-6) mediators between groups. After one-month treatment, the mean levels of IL-10 were significantly increased with catgut-embedding therapy plus medication vs medication only (0.60 pg/mL vs 0.28 pg/mL, P = .045), while IL-6 levels were decreased (2.10 pg/mL vs. 2.99 pg/mL, P = .162).

CONCLUSION: The Results suggest that acupoint-catgut embedment plus medication is more effective than medication only in alleviating symptoms and enhancing QoL of IBS patients.

Antiviral Treatment and Risk of End-Stage Renal Disease in Patients With Hepatitis C Virus Infection: A Nationwide Total Population Study
Yao-Chun Hsu, Jaw-Town Lin, Hsiu J. Ho, Chi-Yang Chang, and Chun-Ying Wu

BACKGROUND AND AIMS: We aimed to investigate whether antiviral treatment for hepatitis C virus (HCV) infection is associated with attenuation in the risk of end-stage renal disease (ESRD).

METHODS: This nationwide cohort study screened 293,480 Taiwanese residents diagnosed with HCV infection from 1997 through 2011, based on analysis of the Taiwan National Health Insurance Research Database. Those with physical or psychiatric conditions that might confound or be contraindicated for antiviral treatment were excluded. A total of 12,384 eligible patients who had received pegylated interferon plus ribavirin between October 1, 2003 and December 31, 2010 were enrolled and matched with 24,768 untreated controls (1:2) in propensity scores. Occurrence of ESRD was compared between treated and untreated cohorts after adjustment for confounders.

RESULTS: The 8-year cumulative incidence of ESRD was significantly lower in the treated (0.15%; 95% confidence interval [CI], 0.04%–0.26%) vs the untreated