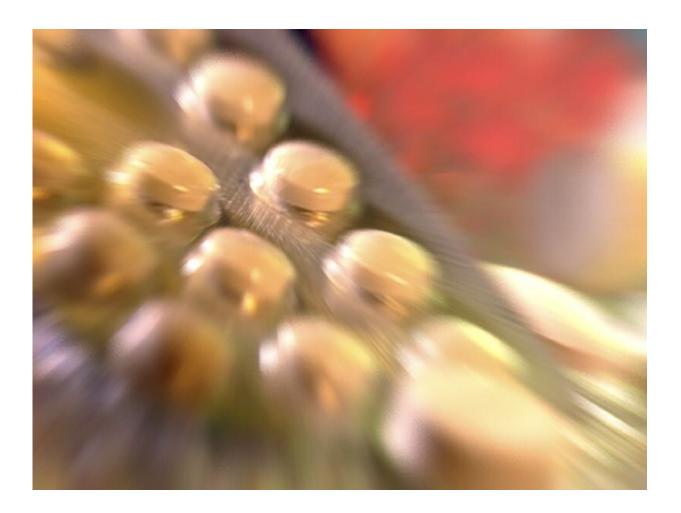


Rifaximin prevents overt hepatic encephalopathy after TIPS

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For patients with cirrhosis undergoing transjugular intrahepatic



portosystemic shunt (TIPS) placement, rifaximin used before and after the procedure is associated with a reduced risk for overt hepatic encephalopathy (HE), according to a study published online Feb. 2 in the *Annals of Internal Medicine*.

Christophe Bureau, M.D., Ph.D., from the University Hospital of Toulouse in France, and colleagues conducted a randomized, placebocontrolled trial to examine whether <u>rifaximin</u> prevents overt HE after TIPS. One hundred ninety-seven <u>patients</u> with cirrhosis undergoing TIPS for intractable ascites or prevention of variceal rebleeding were enrolled and randomly assigned to receive either rifaximin or placebo starting 14 days before TIPS and continuing for 168 days after TIPS.

The researchers found that during the postprocedure period, 34 and 53 percent of patients in the rifaximin and placebo groups, respectively, had an episode of overt HE (odds ratio, 0.48). There was no significant difference noted between the groups in the incidence of adverse events or transplant-free survival.

"In the current study, several patients had an episode of overt HE soon after discontinuing rifaximin treatment," the authors write. "The number of patients still at risk at that time was too low to draw any firm conclusion; further studies clearly are needed to assess whether patients should be maintained on therapy, considering the safety profile of rifaximin."

More information: <u>Abstract/Full Text (subscription or payment may</u> <u>be required)</u>

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