

Attire randomised clinical trial

Scientific theory behind ATTIRE

Liver disease is a major challenge facing the NHS with bacterial infection the most serious cause of morbidity and mortality in patients with advanced liver disease.

A defective innate immune response was first observed in cirrhosis 30 years ago and is considered to underlie the predisposition to, and poor outcome from, infection. There is however no medical strategy to restore immune competence in these patients.

Elevated circulating Prostaglandin E2 (PGE2) levels have been shown to contribute to immune suppression in liver cirrhosis. PGE2 is more bio-available and, consequently, more immune suppressive because of decreased serum albumin levels, as albumin binds and catalyses inactivation of PGE2. Albumin is synthesized exclusively in the liver and levels fall as the synthetic function of the liver declines with worsening cirrhosis. The functional binding capacity of albumin is also known to be dysfunctional in liver cirrhosis.

Albumin could thus be repurposed as an effective immune restorative drug in patients with decompensated liver cirrhosis. We aim to evaluate treatment with 20% HAS to see if raising and maintaining serum albumin levels at near normal will result in fewer nosocomial infections in these patients and less sepsis-related organ failure, reduced length of stay and lower mortality.

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Treatment phase

Albumin is to be administered via IV for a period of 14 days at a certain dose, follow up is discharge and maintaining absent from alcohol, fresh healthy balanced diet, and a significant reduce in any smoking. I also strongly advise that motivational and confidence building programmes be integrated into the treatment phase to secure a better recovery.

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None.

Conflict of interest

Author declares that there is no conflict of interest.