

2nd International Conference on

Hepatology

May 09-11, 2016 Chicago, USA

Gut microbiota are disturbed in patients with Budd-Chiari syndrome in China

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I ncreasing evidence has indicated that there were distinct variations in Budd-Chiari syndrome (BCS) prevalence, its etiological distributions, clinical characteristics, and sites of occlusion, and the selected treatment modalities for BCS patients between China and the western countries. The clinical manifestation of BCS is heterogeneous. The triad of abdominal pain, hepatomegaly and ascites is commonly present in patients. The blood failure of draining from the liver leads to congestion resulting in portal hypertension or inferior venacaval (IVC) hypertension, inducing various changes of physiological functions. Through the "gut-liver axis", the liver function is closely linked to gut microbiota; however little is known about the gut microbiota profile in patients with Budd-Chiari syndrome. 88 patients (31 HC, 20 LC, 31 BCS) who were matched with their age, gender and BMI carried out in accordance with the criteria of gut microbiota. We first established the framework of gut microbial communities in Chinese patients with Budd-Chiari syndrome. Unusually abundant rare species of bacteria were found in the BCS patients. At the phylum level, Tenericutes were significantly decreased when compared with the liver cirrhosis and health control group. The high abundance of Megamonas sequences was a feature of BCS group, could be used as a microbial signature for the differential diagnosis. Our research represents an important step for Original basic between Budd-Chiari syndrome and gut microbiota.

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