Portal Hypertension is defined as increased blood pressure in the portal venous system, most often seen in the setting of advanced liver disease, such as cirrhosis. The development of portal hypertension is one of the major complications with advanced liver disease. Patients can be asymptomatic for years and considered compensated. However, the overt clinical manifestation of portal hypertension defines hepatic decompensation. The onset of hepatic decompensation represents a major turning point in patients with advanced liver disease, with a substantially negative impact on patients’ life expectancy and quality.

In this issue of *Clinics in Liver Disease*, experts discuss the major signs of hepatic decompensation. The first article lays the foundation for the issue with an in-depth review of the pathogenesis and diagnosis of portal hypertension by Drs Turco and Garcia-Tsao. Drs Aby and Saab review the diagnosis and clinical implications of frailty and sarcopenia in patients with cirrhosis. Indeed, this decompensation manifestation unfortunately negatively contributes to posttransplant outcomes. Another important sign of decompensation is the development of hepatic encephalopathy. We learn from Dr Yanny and his colleagues how hepatic encephalopathy is a contributor to increased caregiver burden and health care utilization. Equally important, the authors highlight treatment approaches to hepatic encephalopathy, including those who are refractory to common therapy. Drs Kovacs and Jensen address one of the most dreaded and feared manifestations of decompensated liver disease: variceal bleed. The authors provide a rational approach to diagnosis and treatment. Dr Rockey discusses portal hypertensive gastropathy and colopathy, another cause of gastrointestinal bleeding, which is an often overlooked but serious complication of portal hypertension. The development of ascites is the most common initial presentation of hepatic decompensation. Dr Wong and her colleagues not only provide insight into the pathogenesis of ascites and but also review downstream complications, such as refractoriness and hepatorenal syndrome. Drs Cartin-Ceba and Krowka address the
pulmonary complications of cirrhosis. These complications can be clinically subtle but can be associated with a significant impact on life expectancy. The treatment of portal hypertension is addressed in 2 separate but equally essential articles: pharmacologic therapy by Drs Bunchorntavakul and Reddy and radiologic intervention by Drs Hung and Lee. Drs Bunchorntavakul and Reddy critically assess current therapy and offer insight into upcoming therapies. Drs Hung and Lee examine the specific role of transjugular intrahepatic portosystemic shunt in directly alleviating portal hypertension. Because patients with cirrhosis are living longer, it is very likely that many will require surgery. Drs Wong and Busuttil highlight predictive models of outcomes related to surgery and describe the evaluation process to mitigate surgical-related risks. The issue ends with a discussion of noncirrhotic causes of portal hypertension by Drs Khanna and Sarin.

We hope you will enjoy the story of portal hypertension in this issue of *Clinics in Liver Disease*.

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