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A scoring scale for predicting intra-hospital mortality in patients with liver cirrhosis

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Introduction: Cirrhosis is classified into two stages compensated and decom¬pensated. This classification is simple and reproducible and identi¬fies patients at a similar rate of disease progression and survival. The high mortality of end-stage liver disease is a global public health problem. The course of cirrhosis is extremely variable from patient to patient due to several factors including hepatic syn¬thetic function, the cause of cirrhosis and the occurrence of liver malignancy. Therefore, establishing a prog¬nosis in a given patient with cirrhosis remains a challenging issue. The Child-Turcott score and its subsequent modifications by Pugh are old empirical methods used to assess the degree of liver failure. Although the statistical accuracy of the Child-Pugh Score (CPS) was not assessed, it was long considered to be an adequate method to determine the degree of liver failure and the probability of survival. However, two of its elements are very subjective (ascites and encephalopathy). In some studies, the prognostic value of CPS has been described as incomplete. In this study, the goal is to investigate the factors involved in the short term survival and to do a scoring scale to predict mortality in these patients.

Objective: The aim of this study is to determine the predictors of intra-hospital mortality in patients with liver cirrhosis identify significant risk factors and devise a scoring system to prognosticate patients with liver cirrhosis.

Methods: A retrospective analytical study was conducted involving 196 patients diagnosed with liver cirrhosis admitted in Jose R. Reyes Memorial Medical Center during January 2011 to January 2014. Charts were reviewed and pertinent data were gathered. Predictive factors were identified by univariate and multivariate analysis and were used to generate the scoring system. A receiver operating curve was used to generate the best cut-off score to predict mortality.

Results: A univariate analysis revealed the female gender, cirrhosis with Child Pugh class C, hepatic encephalopathy and creatinine has significance in predicting mortality among patients. Multivariate analysis objectified three independent predictors of mortality: Female gender, presence of hepatic encephalopathy and increased creatinine values, when 1 and 0 were used for the presence and absence of each factor, respectively, using a cut-off score of >1.08, based on the ROC.

Conclusion: Based on the independent predictors identified, a scoring system was designated to each of the significant variables and based on the ROC curve, a cut-off score of >1.08 with sensitivity of 84% and specificity of 67%, will predict intra-hospital mortality.

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