

EP-113 - THE EVENTS ASSOCIATED WITH ACUTE-ON-CHRONIC LIVER FAILURE IN HOSPITALIZED CIRRHOTIC PATIENTS

Dzmitry Haurylenka²; Natalya Silivontchik¹

1 - Belorussian Medical Academy of Postgraduate Education; 2 - Republican Research Centre for Radiation Medicine and Human Ecology

Introdução e Objetivos

Acute-on-chronic liver failure (ACLF) is a syndrome characterised by acute decompensation of chronic liver disease associated with organ failures and high short-term mortality. ACLF is frequently associated to precipitating events. Aim of the present study was to assess the most common precipitating factors of ACLF in hospitalized patients.

Material

Consecutive 151 cirrhotic patients who admitted to the Department of Gastroenterology between 2009 and 2011 were analyzed retrospectively. CLIF-C score was calculated for each patient according to the criteria from EASL-CLIF Consortium. Cirrhosis was clinically and/or histologically confirmed. The types of infections were defined according to the standard criteria

Sumário dos Resultados

Of the 151 patients 44 were fulfilling to diagnostic criteria for ACLF (29.1%; 95%CI:22.0–37.1). Median age was 55 (IQR 43–61) years; male 57%. The underlying cause of cirrhosis was alcohol (61%). Among the patients with ACLF the in-hospital mortality rate was 16% and was higher compared to patients without ACLF ($p=0.001$). The most common of the organs failure were liver 70.5% (95%CI:57.0-83.9) and kidney 27.3% (95%CI:14.1-40.5). Stratification according to the CLIF-C was following: ACLF grade 1 – 68.2% patients, ACLF grade 2 – 15.9% and ACLF grade 3 – 15.9%. The occurrence of ACLF was associated with the upper gastrointestinal bleeding OR=4.1 (95%CI:1.5-11.2; $p=0.01$). Bacterial infections was not associated with ACLF OR=2.0 (95%CI:1.0-4.1; $p=0.05$). The white blood cell count was significantly higher in patients with ACLF 12.0 (8.4–19.2) vs. 7.1 (IQR 5.1–9.8), respectively ($p=0.001$). Active alcoholism within the past 3 months was not associated with ACLF OR=1.6 (95%CI:0.8-3.4; $p=0.201$).

Conclusões

In our study the most common precipitating event for ACLF was upper gastrointestinal bleeding. Bacterial infections were not significantly associated with ACLF, but the white blood cell count was significantly higher in patients with ACLF.