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EVALUATION OF LIVER FUNCTION AND NUTRITIONAL STATUS OF CIRRHOTIC PATIENTS WITH REFRACTORY ASCITES TREATED WITH LARGE VOLUME PARACENTESIS

Rosu A. ¹;Fonseca C.¹;Santos C. ¹;Nunes G. ¹;Sabin J. ¹;Fonseca J. ¹
1- Serviço de Gastreenterologia, Hospital Garcia de Orta E.P.E, Almada

INTRODUÇÃO

Malnutrition is common in patients with decompensated cirrhosis and refractory ascites. The first-line treatment for refractory ascites is large volume paracentesis (LVP) associated with the administration of intravenous albumin. The measurement of anthropometric parameters, laboratory tests including vitamins and minerals are important. The aim of our study was to correlate the severity of liver disease using Child-Pugh and MELD-Na (model for end-stage liver disease) scores with clinical deterioration evaluated by ECOG Performance Status (PS), subjective global assessment (SGA) nutritional and laboratory evaluation.

MATERIAL/MÉTODOS

We selected 15 decompensated cirrhotic patients with refractory ascites that underwent LVP in ambulatory setting. A baseline assessment by gastroenterologist doctor and nutritionist was performed. We used SGA to determinate nutrition status. Anthropometric data was collected including height, weight, triceps skinfold (TSF), mid upper arm circumference (MUAC) and mid arm muscle circumference (MAMC). Handgrip strength was also assessed through dynamometry. The Harris-Benedict equation was applied to estimate the individual's basal metabolic rate (BMR). Blood tests were accomplished and Child Pugh Score, Meld-Na and ECOG PS were calculated at baseline.

RESULTADOS

From our group study we observe that 11 patients (73%), were Child Pugh B score (8points), 13 patients (87%) had a Meld Na >15 points and 9 patients (60%) had ECOG PS 1. All of the patients (100%) had vitamin D deficiency and 11 patients (73%) had low levels of magnesium, calcium and iron with normal levels of phosphate and vitamin B12. Patients present SGA score 2 and 3. All the patients had handgrip strength under P10 and the measures of TSF and MUAC below P15. These results are highly suggestive of malnutrition.

CONCLUSÕES

Patients with decompensated cirrhosis and refractory ascites undergoing LVP have frequently malnutrition, a higher Child Pugh and Meld-Na score, showing also vitamins and minerals deficiency. Baseline nutritional evaluation and counselling is important.

