Annals of Hepatology 21 (2021) 100313

Contents lists available at ScienceDirect

Annals of Hepatology

journal homepage: www.elsevier.es/annalsofhepatology

In Reply

We thank Drs. Chen and Li for their interest [1] in our recently published article [2], and respond herein to their comments.

Firstly, the model for end-stage liver disease (MELD) and Child–Pugh scores are important indicators of liver dysfunction severity in chronic liver disease (CLD) patients. We have included these indicators in many of our studies. For example, to evaluate the utility of these two scores for predicting the prognosis of chronic hepatitis B (CHB) patients with variceal hemorrhage following endoscopic therapy (ET), data from 828 CHB patients were analyzed. Multivariate Cox analysis demonstrated that age, neutrophil-to-lymphocyte ratio (NLR), γ-glutamyl transferase (GGT) level, and MELD score are the independent predictors of mortality, while the Child–Pugh score is not [3]. In another retrospective study, we examined clinical features and outcomes among patients with cirrhosis due to chronic hepatitis B or C virus (HBV or HCV) infection and other etiologies. In the subset of cirrhotic patients exhibiting variceal hemorrhage following ET, Cox analysis demonstrated that age, lymphocyte %, hemoglobin level, GGT level, direct bilirubin level, albumin level, and MELD score are factors independently associated with a high risk of mortality [4].

The MELD and Child-Pugh scores are considered indicators of end-stage liver disease. In the study commented on by Drs. Chen and Li, we focused on variables diagnostic of early liver cirrhosis and esophageal varices, rather than on disease severity and survival in patients with late-stage liver cirrhosis. In this study population, almost no patient suffered from ascites, hepatic encephalopathy, or other indicators of late-stage liver disease.

Secondly, we agree that body weight and body mass index are important indicators of the chronic viral hepatitis progression. However, due to the limitations of the retrospective study, we were unable to obtain these data. However, we have included these indicators in our ongoing research studies.

Finally, direct measurement of the hepatic venous pressure gradient (HVPG) requires invasive techniques difficult to implement in most hospitals in China. Therefore, to create a metric predictive of the presence of gastroesophageal varices (in chronic HBV infection and CLD due to other etiologies) without the use of invasive procedures, the study commented on by Drs. Chen and Li did not include the HVPG.

Conflict of interest

The authors have no conflict of interest to declare.

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31 December 2020

4 January 2021

DOI of original article: https://doi.org/10.1016/j.aohep.2020.10.003.

https://doi.org/10.1016/j.aohep.2021.100313