

Introduction and Objectives: Kidney injury has become one of the main causes of decompensation in cirrhotic patients. There are few studies in our country that compare various methods to assess kidney function in these patients. Objective: To evaluate the initial renal function in patients with liver cirrhosis from CEIHET, Hidalgo.

Material and methods: Observational, cross-sectional, retrospective and analytical study, selecting 186 files with a diagnosis of liver cirrhosis, from January 2020 to June 2021, evaluating renal function (MDRD-6, 24-hour urine creatinine clearance, KDIGO / CKD and Serum cystatin C) at the initial check-up appointment. Statistical analysis was performed through measures of central tendency, dispersion and correlation.

Results: 186 files were analyzed, 53.2% (n = 99) women; mean age of 63 years and a mean time since the diagnosis of cirrhosis of 2.2 years. 117 patients (63%) Child Pugh A. The main etiology of cirrhosis was metabolic fatty liver in 110 patients (53.8%). At the time of the first visit, 140 patients (75.3%) had serum creatinine levels between 1 and 2 mg/dl, with a mean of 1.3. Regarding 24-hour urine creatinine clearance, 93 patients (50%) showed levels greater than 90ml / min, and 47 (25.2%) had levels less than 45ml / min. When measuring filtration rate by MDRD-6, 86 (46.4%) showed levels higher than 90ml / min, and 40 (21.5%) had levels lower than 45ml / min. Regarding KDIGO / CKD, 100 individuals (53.8%) showed rates greater than 90ml / min, and only 27 (14.5%) rates less than 45ml / min. In serum Cystatin C, 103 (55.5%) had levels between 1 and 1.5mg / L, and 50 (27%) showed levels greater than 1.5mg / L. When comparing the various measurements, there was only a statistical difference between KDIGO / CKD and the other scales, showing a lower rate of detection of initial kidney injury (p 0.008, 0.07 and 0.04). In total, 89 (48%) of the patients had creatinine clearance less than 60ml / min at the initial consultation. Discussion. In our study, almost half of the patients with cirrhosis present a degree of kidney damage from the first visit to Hepatology. It was impossible to determine whether it is acute, exacerbated chronic, or definitive chronic disease. The use of 24-hour urine creatinine clearance, serum cystatin C, and MDRD-6 is helpful since serum creatinine levels alone erroneously estimate the degree of kidney injury in these patients. We essentially consider the initial kidney function evaluation in all cirrhotic patients to identify probable causes and treat them.

Conclusions: We found that up to 48% of patients with liver cirrhosis present some degree of kidney injury at the time of their first consultation with Hepatology. 24-hour urine creatinine clearance, serum cystatin C, and MDRD-6 appear useful in evaluating renal function in these patients.

The authors declare that there is no conflict of interest

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IMPACT OF REFRACTORY ASCITES ON THE SURVIVAL OF PATIENTS WITH CIRRHOSIS

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Introduction and Objectives: Refractory ascites is an infrequent complication in patients with cirrhosis; it is considered in those who do not respond to diuretics or who have adverse effects with diuretics. Treatment is large-volume paracentesis, followed by plasma

volume expansion to prevent paracentesis-induced circulatory dysfunction (PICD) to avoid deterioration in renal function and hyponatremia. Intermittent paracentesis could increase morbidity and mortality in these patients. Perhaps the classic prognostic scales, such as MELD, undervalue this factor that is not usually considered for prioritizing transplantation. The objective of this study is to assess the survival of patients with cirrhosis with refractory ascites.

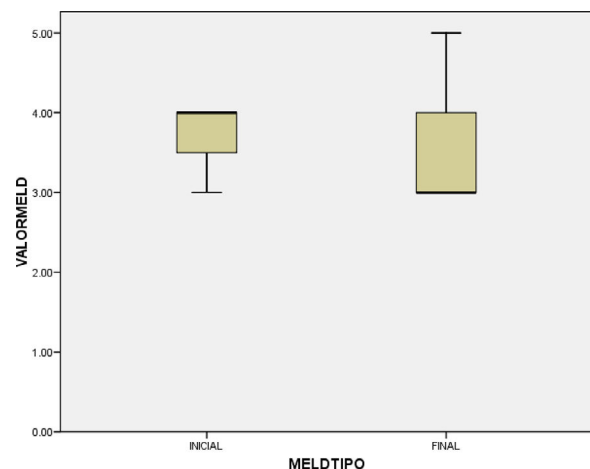
Material and methods: Observational, retrospective, descriptive and analytical study. Patients with cirrhosis and refractory ascites were included, who were subjected to intermittent paracentesis on several occasions from February 2019 to June 2021. Descriptive statistics were performed with central tendency and dispersion measures, baseline and final MELD were calculated, and mortality was evaluated.

Results: Eleven patients were included, six men (54.5%) and five women (45.5%), aged 54 ± eight years. The patients had a range of paracentesis performed from 3 to 30 occasions (median five interventions), with a follow-up of 1 to 40 months (median of 8 months). The etiology of cirrhosis was alcoholic 63.6%, MALFD 9.1%, and 27.3% other causes. The total amount of fluid drained per patient was 37 to 439 L, 90% of the patients classified as Child-Pugh grade C, and 10% B. The median of the initial MELD was 15 (range = 13), and the median of the final MELD was 22 (range=17). There was no significant difference according to the Wilcoxon test p=0.317. The renal function between the first and the last paracentesis decreased mildly by 24% and from 36% to 45% severely. Overall mortality was six patients (54.5%). The causes of death were spontaneous bacterial peritonitis (SBP) 9%, ACLF (Acute on Chronic Liver Failure) 27%, infarction 9%, and sepsis 9%. Median survival was 18 months (range 13-23)

Discussion: Patients with refractory ascites have very high mortality (59%); Despite the amount of fluid drained, up to 439L in one patient (for example), it did not seriously affect kidney function overall. We found no statistically significant difference between the initial and final MELD values (Figure 1). However, the MELD score does not make them candidates for liver transplantation; therefore, refractory ascites should be considered with an additional score to enter them on the transplant list.

Conclusions: Refractory ascites is uncommon, but it has high mortality; the MELD scale may not accurately predict the possibility of death, so they should be entered with an additional score to consider them candidates for liver transplantation.

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