Single center validation of scores for prediction of mortality in patients with Acute-on-Chronic Liver Failure (ACLF) or Acute Decompensation of cirrhosis without AFLC

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RESULTS

Similarly, the probabilities of death estimated for the mean value of the CLIF-AD score were very close to the overall mortality rates observed at 28 days (0.10 ± 0.01), 3 months (0.29 ± 0.31), 6 months (0.47 ± 0.40) and 1 year (0.49 ± 0.50) (Fig. 1B). The model had a good fit in the AD group at 90 days (p=0.874) but a worse, yet adequate, fit in the AFLC group at 28 days (p=0.09).

To extend the analysis to the AD group, the predictive discrimination ability of both MELD and MELD-Na scores was slightly better than the CLIF-C ACLF score (Fig. 1B). This was not observed in the AD group, in which the predictive discrimination ability of both MELD and MELD-Na scores was similar to the CLIF-C ACLF score’s predictive ability (Table 3).

CONCLUSIONS

The CLIF-C ACLF and AD scores had a similar, predictive discrimination ability for death in all time points. The comparison of estimated and observed survival curves according to ACLF or AD severity showed a good performance of CLIF-C ACLF scores to estimate mortality. Both scores showed a similar predictive accuracy compared to those of MELD and MELD-Na.

In a population of ACLF and AD patients without the appropriate intensive care and liver transplantation facilities, the natural history and prognosis is more severe than those described by the CANONIC investigators. CLIF-C scores were well applicable in both ACLF and AD non-AFLC subpopulations in our series but old scores like MELD and MELD-Na were equally helpful to predict survival.

REFERENCES


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