MULTIDIMENSIONAL PREOPERATIVE PREDICTION OF THE EVOLUTIONARY RISK ASSOCIATED WITH PORTAL HYPERTENSION SURGERY IN CIRRHOSIS

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Introduction: Portal hypertension surgery leads to major complications and postoperative mortality. It therefore requires certain specifications regarding accuracy of prognostic tools.
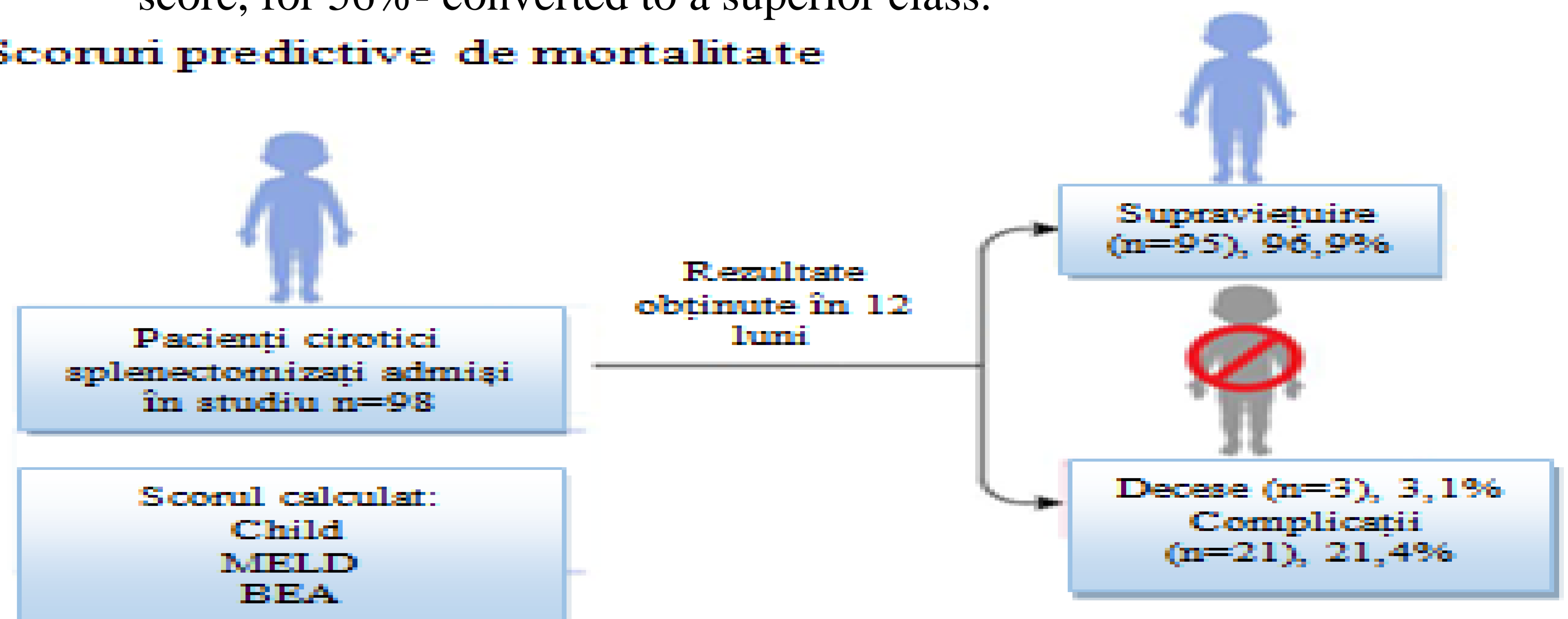
Purpose The correlation between classic prognostic tools and the risk of severe clinical evolution associated with portal hypertension surgery.

Material and methods The study included 98 splenectomised patients with liver cirrhosis. It was estimated 2 classic scores due to their frequent clinical application, Child and MELD scores and a predictive model of severe evolution risk- BEA (BASELINE Event Anticipation score). Each of them was correlated with postoperative results.

Keywords cirrhosis, evolutionary risk, score, prognostic prediction

Results Prevalence of scores at enrollment was: Child A/B/C=9/86/5%; MELD<9/10-19/20-29= 71/23/6%; BEA-A/B/C =31/59/10%: mortality 3,1%, 21 complications. We noticed a direct correlation between score classes/complicated evolution rate of the disease and deaths. We documented a minimal superiority of Child score vs MELD score and a lower performance of BEA score(0,91, 0,88 and 0,76) with an underestimation of evolutive risk. The evolution and mortality after a month since surgery were the best predicted by MELD score and after 12 months by the Child score. We remarked: for 21% of the cases the cirrhosis evolution was uncoded by the score, for 56%- converted to a superior class.

Scoruri predictive de mortalitate

Pacienți cirotici splenectomizați admiși în studiu n=98

Scorul calculat: Child MELD BEA

Rezultate obținute în 12 luni

Supraviețuire (n=95), 96,9%

Decese (n=3), 3,1% Complicații (n=21), 21,4%

Conclusions The prognosis evaluation of an assisted surgical cirrhotic patient encounters a lot of difficulties. Further studies must be conducted for a potential improvement in the results.