CHARACTERIZING A COHORT OF EGYPTIAN PATIENTS WITH ACUTE -ON-CHRONIC LIVER FAILURE

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Background:

Several studies performed in Western countries and Asia have shown that acute-on-chronic liver failure (ACLF) is an acute decompensation (AD) of cirrhosis characterized by organ system failures and high short-term mortality. However, the characteristics of Egyptian patients with ACLF have not yet been described.

► Aim:

To assess Egyptian patients with cirrhosis hospitalized for an AD using criteria and scores developed by the EASL-CLIF Consortium.

Patients and methods:

One hundred and twenty patients with acutely decompensated cirrhosis non-electively admitted to two tertiary hospitals were prospectively included. Ninety-three percent of patients had HCV-related liver disease.

Results:

Of the 120 patients, 40 had ACLF; of these 45% had ACLF-1, 33% ACLF-2, and the remaining 22% had ACLF-3. None of the patients with ACLF had received direct-antiviral agents (DAAs) while 30% of patients without ACLF were treated with these agents. The prevalence of prior episodes of decompensation was significantly higher in patients with ACLF (60% vs. 28%). The prevalence of precipitating events such as bacterial infection alone or combined with gastrointestinal hemorrhage was higher in patients with ACLF than in those without. Systemic inflammation, assessed with white blood-cell count and plasma C reactive levels, was more intense in ACLF.

Conclusion:

Among Egyptian patients with acutely decompensated cirrhosis non-electively admitted to the hospital, those with ACLF were distinct from those without ACLF, not only by the presence of organ failures, but also the absence DAA therapy, more frequent prior episodes of decompensation, more frequent bacterial infections as a precipitant, and more intense systemic inflammation.