September 2011

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A. B. Khalid
Aga Khan University, abdullah.khalid@aku.edu

Mumtaz J Khan
Aga Khan University, mumtaz.khan@aku.edu

A Ghufran
Aga Khan University

Syed H Shah
Aga Khan University, hasnain.alishah@aku.edu

Saeed Hamid
Aga Khan University, saeed.hamid@aku.edu

See next page for additional authors

Authors
A. B. Khalid, Mumtaz J Khan, A Ghufran, Syed H Shah, Saeed Hamid, and Wasim Jafri

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25 GRAM VERSUS 50 GRAM OF 25% ALBUMIN IN PREVENTING RENAL IMPAIRMENT AFTER LARGE VOLUME PARACENTESIS IN CIRRHOSIS

AB Khalid, K Mumtaz, A Ghufran, Hasnain Alishah, S Hamid, W Jafri

Section of Gastroenterology, Department of Medicine, Aga Khan University Hospital, Karachi, Pakistan

Background: Large volume paracentesis (LVP) in patients with cirrhosis may lead to significant hemodynamic changes termed paracentesis-induced circulatory dysfunction (PICD). PICD is marked by increased renin, impaired renal function (IRF), and decreased serum sodium. Intravenous albumin is effectively used to prevent PICD and IRF. The exact dose of i.v. albumin, however, is not yet established.

Aim: To compare 25 g and 50 g of 25% i.v. albumin to prevent IRF associated with PICD in patients with cirrhosis undergoing LVP.

Method: Case records of patients with cirrhosis who underwent LVP from January 2008 to July 2010 were reviewed. Patients with spontaneous bacterial peritonitis, creatinine >1.5 mg/dL, hepatoma, coexisting malignancy, or paracentesis of <5 L were excluded. Demographics, etiology, and laboratory parameters along with the amount of LVP and the dose of albumin received were noted. Moreover, serum creatinine and serum sodium at baseline and 1 week post paracentesis were recorded.

Result: Two-hundred and fourteen patients with cirrhosis underwent LVP during the study period. Among them, 141 met the inclusion criteria and were included for analysis. We found that 110 patients received 25 g of i.v. albumin while 31 received 50 g of IV albumin after LVP. Mean age in both these groups were 54 ± 11 and 53 ± 10 years, respectively. Hepatitis C was the predominant etiology which was found in 70% and 55% in 25 g and 50 g albumin group, respectively. More than 70% patients in both groups belonged to Child Turcot Pugh Class C. Mean ascitic fluid removed was 6.7 L in 25 g albumin group while 8.5 L in 50 g albumin group. Serum creatinine at baseline and 1 week post-LVP was 1.04 ± 0.02 and 1.07 ± 0.03 in the 25 g albumin group while 1.12 ± 0.04 and 1.41 ± 0.17 in 50 g albumin, respectively (P = 0.35). Similarly, serum sodium at baseline and 1 week post-LVP was 130.44 ± 3.5 and 129.62 ± 4.1 in the low-dose albumin group, while 129.62 ± 5.6 and 128.7 ± 6.0 in 50 g albumin (P = 0.14).

Conclusion: We conclude that 25 g of 25% i.v. albumin may be as effective as 50 g in preventing renal impairment after LVP in cirrhosis. The results of this study need further validation in a large prospective cohort.

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PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH LIVER CIRRHOSIS AT TERTIARY CARE HOSPITAL, KARACHI

Om Parkash, R Iqbal, I Azam, W Jafri

Section of Gastroenterology, Department of Medicine, Aga Khan University Hospital, Karachi, Pakistan

Introduction: Chronic liver disease/cirrhosis (CLD) in individuals produces a variety of symptoms which in turn lead to a negative impact on health-related quality of life (HRQOL). However, no such work has been carried out in Pakistan. The general aim of this study was to evaluate the magnitude of poor HRQOL and to assess factors related with HRQOL in patients with CLD.

Method: A cross-sectional study was conducted at the Gastroenterology Clinics of Aga Khan University Hospital. All adult patients diagnosed to have cirrhosis were invited to participate. In this study, Chronic Liver Disease Questionnaire (CLDQ) was used to assess HRQOL of these patients. Patients were categorized into 2 groups based on CLDQ score; <5 as poor and ≥5 as good score for determination of the frequency of poor HRQOL. CLDQ score was used as an outcome measure to determine the factors related with HRQOL.

Result: Two-hundred and seventy-three participants were recruited; 155 (57%) were males. Mean age of participants was 49 years (SD ± 11 years). In this study, the most common cause for cirrhosis was viral infection 247 (91.5%). Mean Child Turcot Pugh (CTP) score was 8 ± 1.85 and the mean model for end stage liver disease (MELD) score was 12.6 ± 6.8. Two-hundred and nine patients (76.6%) had CTP B or C class. Poor HRQOL was seen in 187 (69%) of the participants. Mean CLDQ score was 4.36 (SD ± 1.1). Among all of the domains, fatigue domain had significantly lower CLDQ score. On multivariable analysis, hemoglobin (β = 0.09 [SE = 0.04]), albumin (β = 0.32 [SE = 0.09]), diastolic blood pressure (DBP) (β = 0.01 [0.005]), and prior history of decompensation (β = 0.98 [SE = 0.39] were the significant factors associated with HRQOL in patients with liver cirrhosis.

Conclusion: Frequency of poor HRQOL determined by CLDQ score is high in patients with liver cirrhosis. Hemoglobin, serum albumen, diastolic blood pressure and prior history of decompensation are associated with HRQOL.