

NATIVE LIVER SURVIVAL AFTER SPONTANEOUS BACTERIAL PERITONITIS IN PEDIATRIC PATIENTS WITH CIRRHOSIS

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GPPG/HCPA 07606 - Introduction: Spontaneous bacterial peritonitis (SBP) is a severe complication of cirrhosis and is related with a poor prognosis in adults. Presently there are no studies evaluating SBP prognosis in pediatric population. Aim: to determine the native liver survival after first episode of SBP in pediatric patients with cirrhosis, as well as predictors of SBP prognosis in this age group. Material and Methods: 19 first episodes of SBP were retrospectively studied. Median age: 1,0 year (range, 0,38–16,95 years). Ascites with polymorphonuclear (PMN) cell count >250 cells/ μ L in the absence of secondary peritonitis defined SBP. Patient death or liver transplantation defined loss of native liver. The cumulative probability of survival was calculated using the Kaplan–Meier method. A $P \leq 0.05$ was considered significant. 20 variables underwent univariate and subsequent multivariate Cox Regression analyses to identify predictors of survival. The Ethics Committee of our Hospital has approved this study. Results: 11 patients died and 8 underwent liver transplantation. The cumulative probability of survival of native liver was 78% at 1 month, 31% at 3 months, 15% at 6 months and 0% at 12 months. Positive ascites culture, prolonged international normalized ratio (INR) and PMN cell count >900 cells/ μ L were related to a poorer prognosis. In the multivariate analysis, positive ascitic fluid culture was the most predictive factor of loss of native liver. Conclusion: native liver survival after the first episode of SBP in pediatric patients is short and probably related to advanced liver dysfunction. Positive ascites culture, high INR and ascites PMN count higher than 900 cells/ μ L are significant independent predictors of a shorter survival of the native liver in this population.