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Summary

IMPACT OF VOLUME OVERLOAD MEASURED BY VEXUS ON MORTALITY AND MORBIDITY IN PATIENTS WITH HEPATIC CIRRHOSIS AND ACUTE KIDNEY INJURY

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A prospective cohort study of 38 patients with cirrhosis and acute kidney injury found that higher VExUS scores (measuring venous congestion) were associated with reduced survival, though the association with mortality did not reach statistical significance.

KEY POINTS

- Patients were classified by VExUS score as 0 (60.5%), 1 (23.7%), or 2 (15.8%) before receiving albumin infusion at 1 g/kg/day for 48 hours.
- Average survival time was 497 days for VExUS 0, 207 days for VExUS 1, and 237 days for VExUS 2, with overall hospital mortality of 39.5%.
- Chi-square analysis showed no statistically significant association between VExUS and mortality (p = 0.361), though a trend toward worse outcomes with higher VExUS levels was observed.
- The CLIF-SOFA score was a significant predictor of mortality, with a 10.5% increase in risk per unit increase.
- The authors conclude that VExUS may be useful for evaluating volume overload in cirrhosis with AKI and recommend larger multicenter studies to confirm findings.

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