

SERUM 25-HYDROXY VITAMIN D LEVEL IN PATIENTS WITH LIVER CIRRHOSIS WITH ASCITES AND ITS RELATION TO DISEASE SEVERITY, AND OUTCOMES

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Poster

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A case-control study of 50 cirrhotic patients found that all patients with spontaneous bacterial peritonitis had vitamin D3 deficiency, and low vitamin D3 levels strongly correlated with worse liver function scores and mortality.

KEY POINTS

- Low vitamin D3 (below 30 ng/ml) was present in 100% of patients with spontaneous bacterial peritonitis compared to 40% without spontaneous bacterial peritonitis; mean levels were 13.3 ± 4.5 ng/ml versus 30.5 ± 5.5 ng/ml ($p < 0.001$).
- Low vitamin D3 was associated with lower platelet count, lower serum albumin, higher bilirubin and INR, more severe ascites, higher MELD-Na scores (30 versus 11 points), and higher Child-Pugh scores (all $p < 0.05$ or $p < 0.001$).
- Vitamin D3 showed strong negative correlations with MELD score ($r = -0.836$) and Child-Pugh score ($r = -0.818$), and positive correlation with serum albumin ($r = 0.765$), all $p < 0.001$.
- Among spontaneous bacterial peritonitis patients, 16% died from septic shock and multiple organ failure, and all deaths occurred in patients with vitamin D3 below 30 ng/ml.
- The authors suggest vitamin D3 as a potential non-invasive prognostic biomarker for severity of liver disease and recommend maintaining sufficient vitamin D3 levels in cirrhotic patients.

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