

PREDICTION IN ACUTE VARICEAL BLEEDING – CLINICAL UTILITY OF PALBI AND CLIF-C AD SCORES

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Poster

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A retrospective study of 100 cirrhotic patients with acute variceal bleeding found that PALBI and CLIF-C AD scores performed comparably to MELD and Child-Pugh scores in predicting mortality and rebleeding outcomes.

KEY POINTS

- In-hospital mortality was 28% and 6-week mortality was 19% among 100 cirrhotic patients admitted for acute variceal bleeding between 2016 and 2022 in Portugal.
- PALBI score showed similar predictive performance to MELD and Child-Pugh for in-hospital mortality (AUROC 0.742) and 6-week mortality (AUROC 0.616), with no statistically significant differences between scores.
- PALBI demonstrated good predictive capacity for rebleeding (AUROC 0.795), superior to MELD (AUROC 0.726) but inferior to Child-Pugh (AUROC 0.801).
- CLIF-C AD score was a good predictor for in-hospital mortality (AUROC 0.708) and 6-week mortality (AUROC 0.706) with no significant differences versus MELD and Child-Pugh, but performed poorly for rebleeding prediction (AUROC 0.552).
- The authors suggest PALBI score merits recognition because it does not incorporate subjective variables like hepatic encephalopathy and ascites.

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