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Summary

ASSOCIATIONS BETWEEN DIASTOLIC AND SYSTOLIC DYSFUNCTION, VALVULAR HEART DISEASE, AND CIRRHOTIC CARDIOMYOPATHY WITH INTRAVASCULAR VOLUME OVERLOAD AFTER ALBUMIN INFUSION IN PATIENTS WITH LIVER CIRRHOSIS

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In decompensated cirrhosis patients receiving IV albumin, higher right ventricular-right atrial gradient independently predicted post-infusion volume overload, with 51.3% experiencing any overload and 22.4% severe overload.

KEY POINTS

- Among 76 POCUS measurements from 54 patients (median MELD 15), right ventricular-right atrial gradient ≥25 mmHg increased the risk of volume overload 4.3-fold (OR 4.30, 95% CI 1.21-15.31; p=0.024), and each 5 mmHg increase conferred an OR of 1.83 (95% CI 1.09-3.10; p=0.023) in multivariable analysis.
- Volume overload was defined by inferior vena cava maximum diameter >2.1 cm and collapsibility index <50% measured immediately after albumin infusion.
- At 6 months, acute kidney injury occurred in 55.6%, mortality in 29.6%, hepatic encephalopathy in 29.6%, and spontaneous bacterial peritonitis in 22.2%.
- Diastolic dysfunction was associated with spontaneous bacterial peritonitis at 3 months (OR 20.78, 95% CI 1.76-245.30; p=0.016), and cirrhotic cardiomyopathy with hepatic encephalopathy at 3 months (OR 6.12, 95% CI 1.30-28.72; p=0.022), though these transient associations require confirmation.
- The speaker noted the findings are hypothesis-generating due to low event rates and stated that confirmatory recommendations about albumin use in patients with elevated right ventricular pressure await larger prospective studies.

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