

DIFFERENCES IN CLINICAL HISTORY AND PRESENTATION IN PATIENTS WITH CHRONIC LIVER DISEASE UNDERGOING INPATIENT VERSUS OUTPATIENT LIVER TRANSPLANT EVALUATION

Deepika Devuni

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

Retrospective matched cohort study (n=318) comparing inpatient versus outpatient liver transplant evaluations found that inpatients had significantly higher MELD-Na scores, more prior decompensations, higher rates of malnutrition, and more frequent hospitalizations, with spontaneous bacterial peritonitis and hepatorenal syndrome showing the greatest differences.

KEY POINTS

- Inpatients had significantly higher MELD-Na scores than outpatients (27.1 ± 8 vs. 13.3 ± 6 ; $p < 0.0001$) at time of liver transplant evaluation.
- Malnutrition was 5.6 times more common in inpatients (33.5%) than outpatients (8.2%) (OR 5.6, 95% CI 2.9-10.8, $p < 0.001$).
- Inpatients had significantly more prior decompensations than outpatients (3.2 ± 1.4 vs. 1.8 ± 1.1 , $p < 0.001$), with the greatest differences in spontaneous bacterial peritonitis (22.0% vs. 3.8%, $p < 0.0001$) and hepatorenal syndrome (32.7% vs. 3.8%, $p < 0.0001$).
- Inpatients were three times as likely to have had one or more liver-related hospital admissions prior to evaluation ($p < 0.0001$), with 65.8% of inpatients having more than one prior admission compared to 39.6% of outpatients.
- Authors conclude that multiple liver-related hospitalizations, malnutrition, and particularly episodes of spontaneous bacterial peritonitis or hepatorenal syndrome may indicate need for urgent transplant evaluation referral.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/2ac3ac50-743d-11ee-8fb0-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.