

LIVER SPECIFIC SCORES AND GASTROINTESTINAL BLEEDING SCORING SYSTEMS TO PREDICT OUTCOMES IN PATIENTS WITH ACUTE UPPER GASTROINTESTINAL BLEEDING

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Poster

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In 241 variceal bleeding patients, MAP(ASH) and ABC scores better predicted need for intervention and misbalance of chronic condition than liver-specific scores, while MELD outperformed Child-Pugh for delayed UGIB and liver mortality.

KEY POINTS

- MAP(ASH) score (AUROC 0.744) significantly outperformed Child-Pugh for predicting intervention, and ABC score (AUROC 0.770) significantly outperformed both Child-Pugh and ALBI for predicting misbalance of chronic condition.
- MELD score (AUROC 0.850) was significantly superior to Child-Pugh for predicting delayed UGIB and liver mortality at 6 months.
- Misbalance of chronic condition was the only independent risk factor for in-hospital mortality in multivariate analysis (OR 4.23, 95%CI 1.11-16.06, $p=0.034$).
- None of the evaluated scores (MAP(ASH), ABC, MELD, Child-Pugh, or ALBI) performed well in predicting rebleeding or most other delayed outcomes.
- This retrospective analysis of 241 variceal bleeding cases from a prospective registry (2013-2020) may interest clinicians managing upper gastrointestinal bleeding in cirrhotic patients.

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