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Summary

COMPUTED-TOMOGRAPHY DEFINED SARCOPENIA IN CIRRHOTIC PATIENTS: PREVALENCE AND PROGNOSTIC VALUE

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A retrospective study of 70 cirrhotic patients found that radiological sarcopenia, present in 63% of the cohort and defined by psoas muscle thickness related to height less than 16.8 mm/m, is an independent predictor of mortality with an odds ratio of 2.5.

KEY POINTS

- Sarcopenia was associated with significantly decreased overall survival (p=0.035), with 2-year survival of 24% in sarcopenic patients versus 27% in non-sarcopenic patients, and was an independent mortality factor (OR=2.5, 95% CI 1.02-6.16, p=0.045).
- Sarcopenic patients experienced a higher number of complications per patient (p=0.013) and longer average hospitalization duration (p=0.001) during 21-month mean follow-up.
- Sarcopenia prevalence was 63% in this cohort of 70 cirrhotic patients with mean age 62 years, mean MELD score 12.81, and predominantly viral etiology (49%).
- Psoas muscle thickness related to height measured on sagittal CT at the umbilicus (TPMT/h) provided the diagnostic method, with cut-off less than 16.8 mm/m defining sarcopenia.
- This material would benefit clinicians managing cirrhotic patients in settings where hepatic transplantation is rarely available and prognostic stratification tools are needed.

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