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Summary

ELEVATED SERUM CYSTATIN C LEVELS ARE ASSOCIATED WITH AN INCREASED RISK OF CLINICAL DECOMPENSATION IN PATIENTS WITH LIVER CIRRHOSIS

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In a prospective study of 62 patients with Child-Pugh class A or B cirrhosis followed for 6 months, elevated baseline serum cystatin C (>0.95 mg/L) was significantly associated with hepatic decompensation events, with an odds ratio of 3.3.

KEY POINTS

- Among 27 patients (43.5%) who developed decompensation (ascites, encephalopathy, or variceal bleeding), 81.5% had elevated cystatin C at baseline versus 57.1% in non-decompensated patients ($p<0.001$).
- Mean cystatin C was significantly higher in the decompensated group (1.25 ± 0.40 mg/L) compared to the non-decompensated group (0.90 ± 0.40 mg/L).
- A dose-response relationship was observed across cystatin C quartiles, with the highest quartile (>1.25 mg/L) showing greatest decompensation risk ($p<0.001$ for linear trend), even after excluding patients with eGFR <60 mL/min/1.73 m^2.
- Decompensated patients also had significantly lower serum albumin (2.8 versus 3.4 g/dL, $p<0.001$), while the creatinine/cystatin C ratio difference was not statistically significant.
- The authors note the sample size was limited by exclusions and suggest cystatin C warrants prospective validation as a prognostic marker in cirrhosis.

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