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Summary

AMON-ALERT – EVALUATING THE PROGNOSTIC ROLE OF AMMONIA IN DECOMPENSATED ADVANCED CHRONIC LIVER DISEASE

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Hepatobiliary

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A prospective study of 82 hospitalized patients with decompensated advanced chronic liver disease found ammonia levels have prognostic significance for in-hospital infection and 6-month mortality but perform less well than classical scores for other outcomes.

KEY POINTS

- Ammonia measured at admission (D0) correlated with MELDNa+ score and in-hospital infection, while day-3 ammonia correlated with infection and in-hospital mortality ($p<0.05$ for all)
- For predicting 6-month mortality at day 3, ammonia showed an AUC of 0.622 compared to 0.468 for Child-Pugh and 0.351 for MELDNa+
- For predicting in-hospital infection at admission, ammonia AUC was 0.649, similar to Child-Pugh (0.648) and MELDNa+ (0.59)
- The study included 82 patients (mean age 61.5 years, 53.7% alcohol-related) with in-hospital mortality of 19.5%
- This single-center prospective cohort followed patients for one year after hospitalization for decompensated disease between December 2022 and December 2023

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