A377 - Variceal bleeding in cirrhotic patients: factors influencing poor outcome. a single-center serie

A Ramos 1; E Pizzo 1; A Dogliotti 2; D Latasa 1; M Perezlindo 1; S Ferretti 3; F Acharta 1; C Lovesio 1
1Sanatorio Parque, Critical Care, Rosario, Argentina, 2Grupo Oroño, Epidemiology and statistics, Rosario, Argentina, 3Sanatorio Parque, Hepatology, Rosario, Argentina

Introduction:
Variceal bleeding is one of the major causes of death in cirrhotic patients. We analyzed our database to identify factors determining poor outcome: the composite of in-hospital death from any cause and rebleeding after days 5 and 45.

Methods:
During the period 2007-2019, 87 patients with variceal bleeding were treated in our institution. On admission data including patient characteristics and laboratory findings were assessed and further analyzed. A multivariate analysis was performed to identify predictors of poor outcome.

Results:
Twelve patients died (10.4%) and 24 (20.8%) patients had a poor outcome. Integrated multivariate model: albumin (p=0.14), active alcoholism (p=0.09), portal thrombosis (p=0.01), mechanical ventilation assistance (p=0.24), creatinine (p=0.04), base excess (p=0.09), encephalopathy (p=0.07), heart rate (p=0.99), white blood cells (p=0.05), MELD (p=0.08), mean arterial pressure (p=0.04), platelets (p=0.48), prothrombin time (p=0.72) and gastric varices (p=0.01).
In the multivariate model the presence of portal thrombosis, elevated creatinine, diminished mean arterial pressure and gastric varices were independent associated with poor outcome in cirrhotic patients admitted for variceal bleeding. (AUC ROC 0.90; 95% IC: 0.82-0.95).

Conclusion:
The presence of portal thrombosis, elevated creatinine, diminished mean arterial pressure and gastric varices were independent associated with poor outcome in cirrhotic patients admitted for variceal bleeding.