

Category : **Liver disease**

A243 - Outcome of critically ill patients with liver cirrhosis and prolonged intensive care unit stay

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Introduction:

Critically ill patients with liver cirrhosis and acute-on-chronic liver failure (ACLF) suffer from exceeding high mortality. Different studies proposed to discontinue therapy when > 3 organs fail or a CLIF-C ACLF score of > 64 points at day 3-7 after admission is present. However, the outcome of critically ill cirrhotic patients with prolonged ICU stay (≥ 7 days) remains largely unclear.

Methods:

Retrospective analysis of prospectively collected data of all patients with liver cirrhosis admitted to the Department of Intensive Care Medicine of the University Medical Center Hamburg-Eppendorf (Hamburg, Germany) between 01/2009 and 01/2017. Demographics, clinical parameters, length of ICU stay and mortality as well as common ICU and liver specific scores were assessed.

Results:

We could identify 1041 patients with liver cirrhosis, of those 32% (n = 335) had a prolonged ICU stay (≥ 7 days). In the multivariate regression analysis, a prolonged ICU stay was independently associated with SAPS II [OR 0.981, 95% CI (0.971 to 0.991); p < 0.001], vasopressor therapy [OR 4.355, 95% CI (2.715 to 6.521); p < 0.001], mechanical ventilation [OR 4.208, 95% CI (2.715 to 6.521); p < 0.001], RRT [OR 2.531, 95% CI (1.809 to 3.541); p < 0.001] and antibiotic therapy [OR 6.475, 95% CI (2.508 to 16.718); p < 0.001]. After 28-/90 days 48% vs. 35% and 62% vs. 42% patients with prolonged or non-prolonged ICU stay had died or received liver transplantation, respectively (both p < 0.001). Best predictors for 28-day mortality of patients with prolonged ICU stay were CLIF-C ACLF_{Lactate} (AUC 0.781) and CLIF-SOFA (AUC 0.780) score.

Conclusion:

One third of critically ill patients with liver cirrhosis presents with a prolonged ICU stay. Although mortality was higher compared to patients with a short ICU stay outcomes were not futile.