



Letters to the editor

Platelets level variability during the first year after liver transplantation in the risk prediction model for recipients mortality



Dear Editor

We read with great interest the article by Jarmulski et al. [1] mainly developed a predictive model based on the results of hematology parameters to refine the risk stratification of patients after liver transplantation (LTx). At present, how to improve the prognosis of patients after LTx is an important clinical problem. The author's great efforts help to identify high-risk patients early and provide evidence for clinical intervention. However, we would like to point out the following issues.

First, it is not clear when blood samples were measured in this study. In particular, when were baseline hematological parameters measured? Were hematological parameters measured 2 h after admission? Or 12 h after admission? However, there is no detailed description in this article. We don't think such a description that **"Blood for the tests was taken during patients ambulatory visits"** is appropriate. Since such a description has too much subjectivity and uncertainty, and resulting in unreliable final results. One possible hypothesis is that the measurement time of hematology parameters in patients with severe liver disease is earlier than that in patients with mild liver disease, which leads to the incompatibility of hematology parameters measurement time between the survival patients and the non-survival patients. Thus, detailed description of the measurement time of hematology parameters helps to reduce measurement bias.

Second, we don't think the baseline characteristics provided in this article is enough. As a clinical study, it is necessary to provide more baseline characteristics (such as Child-Pugh score, body mass index, primary liver disease, with or without ascites, spleen stiffness, with or without portal hypertension and albumin level) [2–5] of patients, rather than just provide those predict prognosis variables based on the hematology parameters, which is not accurate. Since the prognosis of patients after LTx is related to a series of factors, not just only with hematology parameters. Without providing sufficient baseline features, another hypothesis is

that non-surviving patients have poorer nutritional status, more complications and more severe liver disease. In this case, it is not appropriate to predict the prognosis of patients after LTx based on hematological parameters.

Declaration of funding interests

None.

Conflict of interest

The authors have no conflict of interest to declare.

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Shuang Wu

Xiaofei Li*

Department of Infectious Diseases, YiWu Central Hospital, Zhejiang 322000, China

* Corresponding author.

E-mail address: icqwc46@163.com (X. Li)

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