

<0.001. The mean survival by grades was 17 months for grade 1, 13 months for grade 2, and 5 months for grade 3 (Figure 2)

Conclusions: The MELD 3.0 scale showed better performance as a tool to evaluate severity and predict short-term mortality risk in ACLF patients.

Ethical statement

The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

Declaration of interests

None

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

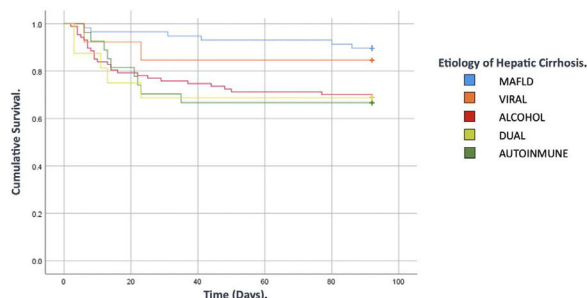


Figure 1. Comparative analysis between different scales in acute on chronic liver failures (ACLF). Meldlac: Meld Lactato

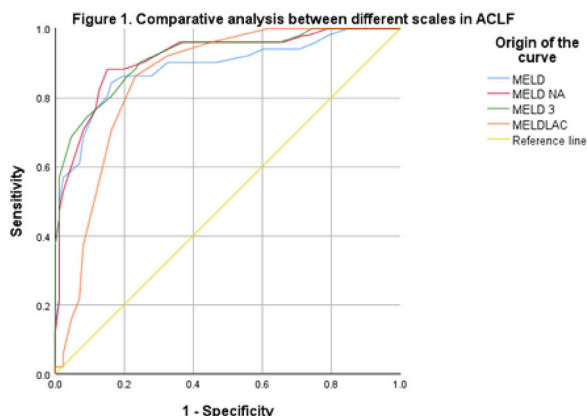


Figure 2. Kaplan-Meier. Survival by grades of acute on chronic liver failure (ACLF).

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BUN/creatinine ratio associated with mortality in patients with cirrhosis and acute kidney injury.

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Introduction and Objectives: Cirrhosis is a prevalent disease worldwide, with complications such as acute kidney injury (AKI) that increase the risk of fatal outcomes. A high BUN/creatinine ratio (IBC) has been associated with mortality in other diseases. Therefore, evaluating this index in patients with cirrhosis could predict mortality. To determine whether a high BUN/creatinine ratio is associated with mortality in patients with cirrhosis and AKI.

Materials and Patients: Retrospective analysis was conducted on a cohort of cirrhotic patients with and without AKI, calculating the IBC and assessing its association with mortality.

Results: A total of 201 patients with cirrhosis were included, of whom 106 were male (52.73%), with a mean age of 55±10.4 years. The distribution of Child Pugh scores was as follows: A (25, 12.43%), B (70, 34.82%), and C (106, 52.73%); the mean MELD-Na score was 21.8±9.45. The cumulative mortality rate at 28 days was 37 (18.4%) and at 90 days was 39 (24.4%). The model was not significant at 28 days but was significant at 90 days with a X² value of 48.18 (2) and p<0.001.

At 90 days, the model was significant with a x² value of 49.7 (2) and p<0.001, with an OR (IBC) of 2.78 (1.08-7.11, 95% CI, p=0.33), and for AKI OR of 7.97 (2.2-28.8, 95% CI, p=0.02) (Figure 1). Considering either factor present, the model was significant at 28 days with a X² of 27.75 (1) and p<0.001, with an OR of 7.2 (3-17.3, p<0.001), and at 90 days with a X² of 35.59 (1) and p<0.001, with an OR of 6.67 (3.23-13.76, p<0.001).

Conclusions: The Cox proportional hazards model was used to compare factors associated with mortality separately for AKI (present vs. absent) and IBC (>20 mg/dl vs. <20 mg/dl) at 28 and 90 days, as well as if both factors were present. The model was considered significant if the p-value was less than 0.5. The study concluded that a higher IBC (>20 mg/dl) could predict mortality in patients with cirrhosis, as the odds ratios at 28 and 90 days were significant.

Ethical statement

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Declaration of interests

None

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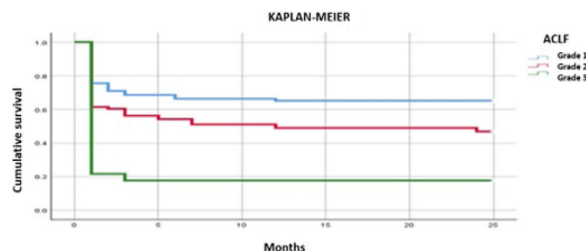


Figure 1. IBC and AKI at 90 days associated with mortality.

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Evaluation of the ALBI, MELD, MELD-Na, MELD 3.0 score in patients with hepatocellular carcinoma treated with Yttrium-90 (90y)

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