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Letters to the editor

Renal and brain failure predict mortality of patients with acute-on-chronic liver failure admitted to the intensive care unit

Dear Editor:

We appreciate the comments made to the article by Guerrero et al. [1], where the main objective of the article was to identify the predictors of mortality depending on the organ failure involved in the ACLF (brain, renal, liver, ventilatory, coagulation, or hemodynamic), not the acute damage that leads to the ACLF.

We know that cirrhosis is a chronic inflammatory process where ACLF can be considered the maximum degree of inflammation [2], and multiple insults can be trigger to the progression to ACLF, among them obesity,

Recently Duseja et al. demonstrated enrolled 1216 prospective patients with ACLF. 392 (32%) patients died at day 30 and 528 (43%) at day 90, and overweight / obesity were associated with increased day 30 mortality (HR 1.54, 95% CI 1.06 – 2–24, p = 0.023), and persists on multivariate analysis (HR 1.91, 95% CI 1.41 – 2–59, p < 0.001), independent of age, CTP, and MELD [3], establishing the role of obesity in the prognosis of ACLF.

Regarding the second comment, the use of vasopressors and mechanical ventilation are variables that determined hemodynamic and pulmonary failure, and as failure was analyzed in the initial bivariate analysis. In relation to glucocorticoids, there were no significant patients with glucocorticoid treatment.

Declaration of funding interests

None.

The authors declare that there is no conflict of interest.

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[1] Méndez-Guerrero O, Calle-Rodas DA, Cervantes-Alvarez E, Alatorre-Arenas E, Pérez-Escobar J, Navarro-Alvarez N, et al. Renal and brain failure predict mortality of patients with acute-on-chronic liver failure admitted to the intensive care unit. Ann Hepatol 2020, http://dx.doi.org/10.1016/j.aohep.2020.09.014.

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