

CRP, PCT added to MELD ups prediction of mortality in cirrhosis

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prediction (MELD-CRP: odds ratio, 2.71; MELD-PCT: odds ratio, 2.72; and MELD-CRP-PCT: odds ratio, 2.71). For MELD, MELD-CRP, MELD-PCT, and MELD-CRP-PCT, the C-statistics were 0.81, 0.83, 0.84, and 0.85, respectively. Thirty-day mortality prediction was also improved by adding CRP and/or PCT to the MELD score. For the MELD-CRP score, results were similar for the Mayo Clinic external validation cohort.

"The MELD-CRP, MELD-PCT, and MELD-CRP-PCT scores may be superior to the MELD score alone in predicting mortality in patients hospitalized with complications of cirrhosis," the authors write.

More information: [Abstract](#)

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(HealthDay)—For patients with cirrhosis, addition of C-reactive protein (CRP) and/or procalcitonin (PCT) to the model for end-stage liver disease (MELD) score improves prediction of mortality, according to a study published online Aug. 25 in the *Journal of Gastroenterology and Hepatology*.

Sakkarin Chirapongsathorn, M.D., from the Royal Thai Army in Bangkok, and colleagues conducted a prospective study involving consecutive [patients](#) admitted with complications of [cirrhosis](#). Patients had venous CRP, PCT, and laboratory values for MELD [score](#) calculation measured at the emergency department or admission. The MELD-CRP score was validated externally in 818 patients from Mayo Clinic using data from 1,288 patients with cirrhosis.

The researchers found that 177 patients were admitted during the study period, and 71 were eligible for analysis. The MELD score predicted 90-day mortality (odds ratio, 1.19). Adding CRP or PCT to the MELD score improved 90-day mortality

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