

Sarcopenia worsens liver transplant outcomes for patients with cirrhosis: Study

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Sarcopenia is associated with adverse outcomes after liver

transplantation (LT) in patients with decompensated cirrhosis (DC), according to a study published online Sept. 21 in the *Journal of Cachexia, Sarcopenia, and Muscle*.

Da Zhou, from Nanjing University in China, and colleagues investigated the association between sarcopenia and one-year overall survival (OS) in patients with DC after LT. The analysis included 177 consecutive patients undergoing LT (September 2020 to June 2022).

The researchers found that 41.2 percent of participants had sarcopenia, which was associated with a longer duration of intensive care unit stay (4.1 versus 3.1 days), a higher rate of major complications (45.2 versus 22.1 percent), and higher postoperative mortality (15.1 versus 2.9 percent).

Median one-year OS after surgery was shorter in patients with sarcopenia versus without. Independent risk factors associated with one-year OS included sarcopenia (hazard ratio [HR], 2.54), [weight loss](#) ≥ 5 percent (HR, 2.46), and model for end-stage liver disease (MELD) score (HR, 1.05).

The established dynamic nomogram had an area under the curve of 0.774, with the calibration curve showing good consistency and analysis of the decision curve showing more clinical benefits than the MELD score alone. The survival rate was significantly lower in [high-risk patients](#) (>102.9 points calculated using the nomogram).

"Sarcopenia is associated with [adverse outcomes](#) after LT in patients with DC," the authors write. "High-risk patients should be classified by dynamic nomogram upon admission."

More information: Da Zhou et al, Impact of sarcopenia on the survival of patients undergoing liver transplantation for decompensated

liver cirrhosis, *Journal of Cachexia, Sarcopenia and Muscle* (2023). DOI: [10.1002/jcsm.13334](https://doi.org/10.1002/jcsm.13334)

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