

Markers of inflammation can predict 180-day mortality in cirrhosis

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For patients with newly diagnosed cirrhosis, markers of inflammation can predict 180-day mortality, but not liver-related admissions, according to a study published online Nov. 16 in *Scientific Reports*.

Thit Mynster Kronborg, from Hvidovre University Hospital in Denmark, and colleagues collected plasma samples from 149 patients with newly

diagnosed cirrhosis and registered deaths and [hospital admissions](#) within 180 days to examine the possible correlation between systemic markers of inflammation with admissions and mortality. The disease courses were compared with those of a validation cohort of 86 patients with cirrhosis.

The researchers found that 20 of the 92 inflammatory markers correlated significantly with 180-day mortality, but no significant correlations were seen with liver-related admissions. Based on a variety of modalities (clinical variables, [inflammatory markers](#), clinical scores, or combinations), the logistic regression models yielded areas under the receiver operating characteristic curve of 0.73 to 0.79 for mortality and 0.61 to 0.73 for liver-related admissions. In the validation cohort, the models performed moderately well and were able to predict mortality better than they were liver-related admissions.

"We expected markers associated with mortality and admissions to overlap due to our assumption of the correlation between increased risk of death and admissions in general," the authors write. "Surprisingly, we did not find any [markers of inflammation](#) significantly associated with liver-related admissions in the [study group](#), nor in the validation cohort."

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More information: Thit Mynster Kronborg et al, Markers of inflammation predict survival in newly diagnosed cirrhosis: a prospective registry study, *Scientific Reports* (2023). [DOI: 10.1038/s41598-023-47384-2](#)

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