

论著

Child-Pugh分级和MELD评分对死亡的肝硬化患者的回顾性分析

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摘要:

目的:通过回顾性分析大出血死亡和非大出血死亡肝硬化患者中的Child-Pugh 分级(CP 分级) 和终末期肝病评估模型(MELD) 评分, 以了解这两种评分方法对肝硬化患者病情判断及预后预测的价值。方法:选择160例肝硬化患者为研究对象, 包括72 例已死亡的肝硬化病例组, 并且根据最终死亡主要原因是否与消化道大出血有直接关系进一步分为大出血死亡组和非大出血死亡组, 以及88 例肝硬化住院并好转出院的患者作为好转组, 记录他们入院首次的临床资料, 均进行MELD 和CP 评分和比较。结果:死亡组CP 分值为 10.264 ± 2.028 , MELD 评分为 22.230 ± 13.451 , 好转组CP 分值 9.318 ± 1.644 , MELD 评分 15.37 ± 6.201 , 两组之间两种评分差异均有统计学意义($P < 0.05$ 或 $P = 0.001$)。与好转组比较, 大出血死亡组的两种评分差异均无统计学意义($P > 0.05$), 而非大出血死亡组的差异均有统计学意义($P < 0.05$)。死亡组中CP 分级为C 级和高MELD 评分(≥ 30 分)的患者所占比例均高于好转组。死亡组中低MELD 评分(< 20 分)和CP 分级A 级的患者中上消化道大出血致死的占70% 以上。ROC 曲线分析显示剔除大出血死亡因素后, MELD 评分系统和CP 分级短期死亡风险预测精确度明显提高。结论:MELD 评分和CP 分级系统对肝硬化患者预后预测均有一定价值, 分值越高死亡的风险越大。在排除大出血死亡的前提下, MELD 评分系统和CP 分级系统均对肝硬化患者的短期生存预测更准确。 MELD 和CP 分级评分系统存在不足, 尤其对低MELD (< 20 分)和CP 分级A 级者的预后判断准确性不高, 需要联合食道胃底静脉曲张情况共同评估患者的预后。

关键词: 肝硬化 死亡 Child-Pugh 分级(CP 分级) 终末期肝病模型(MELD) 静脉曲张破裂大出血 预后

Respective analysis of dead patients with cirrhosis by Child-Pugh score and model of end-stage liver disease score

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Abstract:

Objective: To understand the value of Child-Pugh (CP) classification and model of end-stage liverdisease (MELD) score for patients with cirrhosis and their prognosis by retrospectively analyzing the two methods in hemorrhage death and non-hemorrhage death in patients with liver cirrhosis. Methods: A total of 72 patients who died of cirrhosis (the death group) were analyzed retrospectively, and the initial data in the hospital before death were collected. The initial information of the control group (88 patients) at the same time was also obtained. The death group was divided into two subgroups: esophagus varicosity burst massive hemorrhage death group and non-hemorrhage death group. Results: MELD score and CP score of the death group (22.230 ± 13.451 , 10.264 ± 2.028) were significantly higher than those of the control group (15.370 ± 6.201 , 9.318 ± 1.644 ; $P < 0.05$). The MELD score and CP score for the massive bleeding death group were close to those of the control group. There was significant difference between the non-hemorrhage death group and the control group. The ratio of patients with CP grade A and MELD scores < 20 died for massive bleeding in the death group was more than 70%, and that of CP grade C and MELD scores ≥ 30 in the death group was higher. ROC curve analysis found the accuracy of short-term predication of survival by MELD score and CP classification was improved after eliminating the risk factors of hemorrhage. Conclusion: MELD and CP play a role in evaluating the state and prognosis of patients with cirrhosis. MELD score and CP classification predict the short-term survival efficiently on the premise of excluding the risk factors of esophagus and/or stomach bottom varicosity burst massive bleeding. CP and MELD scores are deficiencies, especially for low MELD score (< 20) and CP level A patients. The prognostic accuracy may be improved when combining esophageal gastric fundal varices.

Keywords: cirrhosis death Child-Pugh classification model of end-stage liver disease varicosity burst massive bleeding prognosis

收稿日期 2012-01-04 修回日期 网络版发布日期

DOI: 10.3969/j.issn.1672-7347.2012.10.009

基金项目:

扩展功能

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国家自然科学基金(81270471)。

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