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Retrospective Cohort Study

Prognostic value of risk scoring systems for cirrhotic patients with variceal bleeding

Tantai XX *et al.* Risk scoring systems for variceal bleeding

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Abstract

BACKGROUND

Acute variceal bleeding is one of the deadliest complications of cirrhosis, with a high risk of in-hospital rebleeding and mortality. Some risk scoring systems to predict clinical outcomes in patients with upper gastrointestinal bleeding

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<https://www.hindawi.com/journals/grp/2014/787256>

Introduction. Unlike Rockall scoring system, AIMS65 is based only on clinical and laboratory features. In this study we investigated the correlation between the AIMS65 score and Endoscopic Rockall score, in cirrhotic and noncirrhotic patients. Methods. This is a retrospective study of patients admitted with overt UGIB and undergoing esophagogastroduodenoscopy (EGD).

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Dec 22, 2014 - There was a significant correlation between the length of hospitalization and AIMS65 scores in cirrhotic patients with variceal bleed (P value = 0.0002) but not in cirrhotic patients with nonvariceal bleed (P value = 0.4069) (Figure 8).

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liver disease at baseline. AIMS65 score does not provide additional scoring points to the presence of chronic liver disease. High mortality in patients with increased AIMS65 scores could therefore be a function of underlying severe liver disease itself, rather than that of UGIB. In this retrospective study, we intended to see the correlation between the AIMS65 score and Endoscopic Rockall

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determine the prognostic use fullness of MELD score in cirrhotic patients presented with acute variceal bleeding. Patients and methods: This prospective study included 200 consecutive patients with liver cirrhosis presented with first attack of acute variceal bleeding. After giving appropriate pharmacological and endoscopic therapy, each patient was assigned a Child and MELD score and all patients ...

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