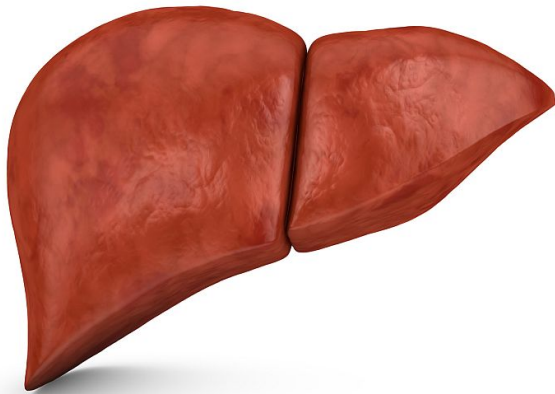


Serum cystatin C predicts mortality with cirrhotic ascites

23 September 2017



of the development of type 1 hepatorenal syndrome (HRS-1). There was not a significant association noted between serum creatinine level and mortality or development of HRS-1.

"Predictive models based on serum cystatin C level instead of [serum creatinine level](#) would be more helpful in the assessment of the condition and prognosis of patients with cirrhotic ascites," the authors write.

More information: [Abstract](#)
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(HealthDay)—Serum cystatin C level is an excellent predictor of mortality in patients with cirrhotic ascites, according to a study published online Sept. 14 in the *Journal of Gastroenterology and Hepatology*.

Yeon Seok Seo, M.D., Ph.D., from the Korea University College of Medicine in Seoul, South Korea, and colleagues prospectively enrolled 350 patients with cirrhotic ascites (mean age, 55.4 years; 76.3 percent male) from 15 hospitals (September 2009 through March 2013). The authors sought to evaluate the prognostic efficacy of [serum](#) cystatin C level in patients with cirrhotic ascites.

The researchers found that serum creatinine and cystatin C levels were 0.9 and 1.1 mg/L, respectively. International normalized ratio (INR) and [serum bilirubin](#), sodium, and cystatin C levels were independent predictors of mortality, in multivariate analyses, while INR and [serum sodium](#) and cystatin C levels were independent predictors

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