

# **Prognostic value of plasmatic fibronectin and Child-Pugh classification in alcoholic cirrhotic patients. A comparative study**

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## **Prognostic value of plasmatic fibronectin and Child-Pugh classification in alcoholic cirrhotic patients. A comparative study**

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## **Abstract**

To assess the prognostic value of plasmatic fibronectin (FN), compared to numeric Child-Pugh classification and its biochemical parameters in patients with alcoholic cirrhosis followed prospectively during a 18 months-period. Fifty patients with the diagnosis of cirrhosis by hepatic biopsy or clinical and biochemical criteria, were included in the study after the exclusion of hepatocarcinoma and GI bleeding, infection or continuous alcohol ingestion in the last 30 days. The mean age was 51.3+/-12.6 years, being 72% males and 17 of them were classified as Child-Pugh A, 18 as B and 15 as C. Serum bilirubin concentration was measured in autoanalyzer, protein electrophoresis was performed on cellulose acetate and prothrombin time by the Quick test. Plasmatic FN was assessed by radial immunodiffusion with anti-human FN in 1% agarose gel slabs. One patient was excluded because no natural death and 12 died owing to hepatic disease. The numeric Child-Pugh [score > 10, Relative Risk (RR)=11.33] and total bilirubins (> 2.5 mg/dL, RR=9.47) were the best predictors of death. Mean plasmatic FN concentration was significantly higher among those who survived when compared with those who died (185+/-66 mg/L x 131+/-38 mg/L, p<0.01), with a RR=6.59, for FN < 165 mg/L. Higher levels of FN, on the other hand, were the best variable to predict survival, since 96% of these 29 patients were alive at the end of follow-up. Although having less accuracy in predicting the risk of death of these patients, plasmatic FN > 165 mg/L was better predictor of survival than Child-Pugh score or any one of its biochemical parameters.

## **References**

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