

INFECTION IN CIRRHOTIC PATIENTS: PREVALENCE AND IMPACT ON PROGNOSIS IN THE HEPATO-GASTROENTEROLOGY DEPARTMENT OF DAKAR

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INTRODUCTION

Infection remains one of the main causes of mortality and morbidity in cirrhotic patients. It is the main decompensating factor in cirrhosis and is favoured by the state of immunosuppression secondary to hepatocellular failure. The aim of our study was to determine the prevalence and prognostic impact of infection in hospitalized cirrhotic patients.

PATIENTS AND METHOD

We conducted a retrospective, single-center, descriptive and analytical study in the hepato-gastroenterology department of Aristide Le Dantec Hospital over an 18-month period (January 2021-July 2022). All cirrhotic patients hospitalized during the study period were included. Data were collected from medical records and analyzed using sphinx version 23 software.

RESULTS

During the study period we included 130 patients. The mean age of patients was 44 years [18-87ans]. The sex ratio (M/F) was 2.96. Viral B cirrhosis was present in 60.4% of patients. It was classified as CHILD C in 50.76% of patients. Cirrhosis was decompensated in the ascitic mode in 76.61% of patients and in the icteric mode in 29.23%. Infection was noted in 47 patients, a prevalence of 36.15%. Fever was present in 27.66% of patients, abdominal pain in 38.29%, crepitus rales in 17.02% and urinary irritation syndrome in 4.61%. Hyperleukocytosis was noted in 19.15% of patients. Mean CRP was 74.51 mg/l. It was elevated in 50.85% of patients. Bacteriological investigation of ascites fluid revealed spontaneous infection of ascites fluid in 20.42% of patients. The ECBU was positive in 4 patients, including two cases of Escherichia coli infection. Chest X-rays revealed a focus of pneumonitis in 8.14% of patients. Complications of cirrhosis in patients with infection were dominated by acute renal failure in 29.07% of patients and hepatic encephalopathy in 12.76%. The overall mortality rate at 56 days was 39.23%. The mortality rate for patients with infection was 51.06% ($p<0.001$) versus 31.21% ($p<0.005$) for patients without infection. In multivariate analysis with multilogist regression, the presence of AKI was associated with death ($p<0.001$).

CONCLUSION

Infection is a frequent complication of cirrhosis. It must be detected and managed early in all hospitalized cirrhosis patients in order to improve prognosis.