Bibliografia Brasileira Internacional sobre Hepatologia (14)


Evaluation of reagent strips for ascitic fluid leukocyte determination: is it a possible alternative for spontaneous bacterial peritonitis rapid diagnosis?

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Abstract

In order to evaluate the accuracy of a urine reagent dipstick (Multistix 10SG) to determine ascitic fluid leukocyte count, we prospectively studied 106 cirrhotic patients from April 2003 to December 2004, in two different centers (Federal University of São Paulo - UNIFESP-EPM and Federal University of Juiz de Fora - HU-UJF) for the rapid bedside diagnosis of spontaneous bacterial peritonitis. The mean age 54 +/- 12 years, there was a predominance of males (eighty-two patients, 77%), and alcohol was the most frequent etiology (43%).


Rapid detection of spontaneous bacterial peritonitis by granulocyte elastase latex immunoassay and reagent strip.


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Abstract

Spontaneous bacterial peritonitis (SBP) is a serious complication in patients with liver cirrhosis that requires rapid recognition for effective antibiotic therapy. Elevated levels of granulocyte elastase (GE), an enzyme that is released from degranulated polymorphonuclear neutrophils (PMN), have been reported in ascitic fluid of SBP patients. The aim of this study was to assess the utility of GE measurement by a latex immunoassay (LIA) and by
reagent strips for rapid diagnosis of SBP. In 26 ascitic samples which had differing GE concentrations, the results of this LIA method closely correlated with those of a GE/alpha1-PI complex ELISA and an EIA using monoclonal antibodies against GE.


Is there yet any place for reagent strips in diagnosing spontaneous bacterial peritonitis in cirrhotic patients? An accuracy and cost-effectiveness study in Brazil.


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Diagnosis of spontaneous bacterial peritonitis (SBP) is currently based on ascitic cell counting, but there is a need for a more simple and rapid diagnostic tool. The objectives of this study are to evaluate the accuracy of reagent strips in diagnosing SBP and compare their costs with total and differential cell counts.

71 cirrhotic in- and outpatients were consecutively included (159 samples). Spontaneous bacterial peritonitis was defined as neutrophil cells ≥ 250/μL. The cutoff values for each reagent strip were defined by a receiver operating characteristic (ROC) curve. Sensitivity (S), Specificity (Sp), Positive and Negative Predictive Values (PPV and NPV), Accuracy (Ac) and cost-effectiveness (US$) in comparison to cell count exam were calculated.


Current indications for the use of albumin in the treatment of cirrhosis.

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The role of proteins in the maintenance of colloid osmotic pressure has been described by Starling since 1896. For many decades, the importance of albumin was associated exclusively to its colloid osmotic function. More recently, other properties of albumin have been demonstrated, such as: carrying different substances, anti-inflammatory activity, preserving capillaries permeability, anti-oxidant role.


Survival before and after model for end-stage liver disease score introduction on the Brazilian liver transplant waiting list.

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Abstract

To examine whether the official adoption of Model for End-Stage Liver Disease (MELD) as a criterion for organ allocation was effective, we studied risk factors for patient deaths and the accuracy of the MELD score to predict mortality.

Patients on the waiting list for liver transplantation were divided into two periods depending on whether they were on the waiting list before (period 1) or after (period 2) the MELD introduction in Brazil. The Kaplan-Meier method with log-rank tests were used to study patient survivals. Predictive factors were identified using the Cox regression method. A receiver operating characteristic (ROC) curve was used to analyze Child-Turcotte-Pugh (CTP) and MELD accuracy.

We analyzed 295 patients in period 1 and 240 in period 2. The survivals after 3, 6, 9, and 12 months in periods 1 and 2, were 95.6%, 90.5%, 84.9%, and 69.6% vs 95.7%, 92.1%, 85.3%, and 83.3%, respectively (P = NS).


Spontaneous and Secondary Bacterial Peritonitis in Cirrhotic Patients with Ascites. Article in German
Peritonitis is one of the most frequent infectious complications in patients with liver cirrhosis and ascites. In more than 95% it occurs as spontaneous bacterial peritonitis (SBP) as a result of bacterial translocation from intestinal bacteria and bacterial products into mesenteric lymph nodes and subsequent systemic circulation. Identified risk factors that justify antibiotic prophylaxis for SBP include a prior episode of SBP, gastrointestinal haemorrhage and low ascitic fluid protein in combination with renal or advanced liver failure. SBP requires conservative therapy.


Effects of pentoxifylline on intestinal bacterial overgrowth, bacterial translocation and spontaneous bacterial peritonitis in cirrhotic rats with ascites.


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Abstract

Prophylaxis of spontaneous bacterial peritonitis with norfloxacin has been associated to development of antibiotic resistance. We investigated whether pentoxifylline compared to norfloxacin reduces bacterial translocation and spontaneous bacterial peritonitis in rats with CCl(4)-induced cirrhosis and ascites.

After development of cirrhosis and ascites, animals were randomly allocated to receive pentoxifylline (16mg/kg/d every 8h, oral route, n=13) or placebo (n=12) for 15 days. An additional group of 8 cirrhotic rats was given norfloxacin (5mg/kg/d for 15 days). Six healthy rats served as controls.
