

Quantitative Liver Spleen Scan (QLSS) can predict the outcome in patients with Alcoholic Hepatitis: A pilot study

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Table 1: Baseline clinical and laboratory characteristics by the level of HMP

Variable (unit)	PHM (≥58) N= 6	PHM (<58) N= 6	P value
Age (year)	51.5 (30-71)	59.5 (42-70)	0.6
BMI (Kg/m2)	28.8 (20.6-33.8)	23.2 (19.3-28.9)	0.1
Maddrey's score	14.6 (5.9-73.2)	84.2(48.2-103.4)	0.02
INR	1.3 (1.2-1.7)	2.6 (1.9-3.1)	0.004
PT (Seconds)	15.8 (14.6-19.8)	26.8 (21.5-31.3)	0.004
AST (U/L)	51.5 (29-28.6)	59 (28-1.6)	0.9
ALT (U/L)	25.5 (4-65)	28.5 (16-134)	0.9
Bilirubin (mg/dl)	3.9 (.7-38.2)	8.4 (1.7-36.2)	0.6
Albumin (g/dl)	3.4 (2.2-4.3)	3.3 (2.1-3.8)	0.6
Creatinine (mg/dl)	1.6 (.9-11.2)	1.7 (.6-5.9)	0.6
Sodium (meq/l)	135.5 (133-140)	136 (132-143)	0.8
Hemoglobin (g/dl)	10.3 (7.7-12.6)	8.4 (7.6-9.4)	0.05
Platelets (K/ CU MM)	144 (90-311)	57 (40-79)	0.004
MELD Score	25 (10-40)	30 (26-41)	0.2
MELD_Na Score	24 (10-39)	28.5 (25-40)	0.2

12 patients presenting to Baylor St. Luke Medical Center between January and March 2020 with diagnosis of alcoholic hepatitis. Median follow up duration was 135 days. 4 patients either died (n=1) or received a liver transplant (n=3)

CONCLUSIONS

1. A baseline value of 58.5 units of PHM has the highest sensitivity (80%) and specificity (71%) for predicting the clinical outcome of the study participants.
2. Patients with higher PHM (> 58) were found to have significantly better liver function than patients with lower PHM values (< 58).
3. This is the first study to demonstrate that liver function as estimated by PHM using QLSS is significantly correlated with MELD score and may predict the clinical outcome of patients with alcoholic hepatitis.