

Acute Kidney Injury Predicts Poor Prognosis in HCC Patients with Spontaneous Bacterial Peritonitis

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Background/Aims: Spontaneous bacterial peritonitis (SBP) is an ominous complication of decompensated cirrhosis. This study aimed to assess the characteristics of hepatocellular carcinoma (HCC) patients who developed SBP and determine the factors associated with greater mortality.

Methods: A total of 36 HCC patients with a first episode of SBP between 2007 and 2016 were analyzed. Various clinical parameters including tumor stage and related risk factors of SBP including the ICA-AKI criteria were reviewed.

Results: All patients were at BCLC stage C when diagnosed with HCC and the median time to the development of SBP 773 days. Portal vein invasion was present in 8 patients (22.2%) and extrahepatic metastasis was noted in 4 patients (11.1%). The Child-Pugh class at the diagnosis of SBP was B in 15 patients (41.7%) and C in 21 patients (58.3%). The ICA-AKI stage at the diagnosis of SBP was stage 0 in 18 (50%), stage 1 in 9 (25%), stage 2 in 7 (19%), and stage 3 in 2 patients (5.6%). Stage progression within 48 h after SBP diagnosis was noted in 3 patients (8.3%). Hyponatremia (serum sodium ≤ 130 mmol/L) and the diagnosis of type 1 hepatorenal syndrome according to the ICA-AKI criteria were factors associated with greater mortality.

Conclusions: Acute kidney injury and its progression are significant risk factors for mortality in HCC patients with SBP. The application of the ICA-AKI criteria is important for the early detection and intervention for a better prognosis in HCC patients with SBP.