

13th International Conference on**Pediatric Gastroenterology Hepatology & Nutrition**

&

3rd International Conference on**Digestive and Metabolic Diseases**

October 22-23, 2018 Berlin, Germany

The prognostic value of 24-hour urine sodium (24-hr una) in cirrhotic patients with ascites on diuretics**Sukanta Chandra Das**

General Hospital, Narayanganj, Bangladesh

Background: Ascites due to cirrhosis can be mobilized with sodium restriction (88 mEq/day) and diuretics. Patients with non-responder to diuretics may have pre-hepatorenal syndrome and a poor prognosis. Diuretic response can be monitored by measuring 24-hr UNa which can also be a prognostic marker. The aim of this study was to evaluate the value of 24-hr UNa as a prognostic marker in cirrhotic patient with ascites on diuretics.

Methods: This cross-sectional study included 100 patients of cirrhosis on diuretics. 24-hour urine was collected properly and tested accordingly. At the same time liver and renal function tests were done to calculate MELD and CTP score.

Results: Out of 100, 48 (48%) subjects had excreted ≥ 78 mmol/d of sodium and 52 (52%) subjects excreted < 78 mmol/d. 64 subjects belong to CTPS "B" and 36 in CTPS "C" group. Majority of the cases (81.3%) of CTPS "B" group had excreted ≥ 78 mmol sodium/day and 51.9% patients of the CTPS "C" group had 24hr urinary sodium < 78 mmol/day. In patients who excreted < 78 mmol/day MELD score was 17.71 ± 4.51 and it was 14.60 ± 2.98 in patients who excreted ≥ 78 mmol/day of urinary sodium. These differences were statistically significant ($p < 0.001$).

Conclusion: This study showed that advanced cirrhosis have relatively lower natriuresis in response to diuretics. So, 24-hr UNa can be considered as a prognostic indicator. But multicentered studies are needed for further recommendation.

drsukantadmc@gmail.com