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HISTOLOGICAL PARAMETERS DEFINE LONG-TERM PROGNOSIS IN ASYMPTOMATIC ALCOHOLIC LIVER DISEASE
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Prognostic factors for long-term outcome in alcoholic liver disease (ALD) are not well defined. The aim of the present study was to investigate the prognostic impact of clinical, biochemical and histological parameters on liver-related long-term mortality of asymptomatic and symptomatic patients with biopsy-proven ALD.

Consecutive patients (n = 250) with history of alcohol abuse who underwent liver biopsy for differential diagnosis and/or classification of ALD were studied. Patients with concomitant or other etiologies of liver disease were excluded. The final study cohort consisted of 192 patients with histologically confirmed ALD (asymptomatic: n = 66; symptomatic: n = 126). Cox regression models were used for univariate and multivariate analyses of the prognostic utility of clinical, biochemical and histological parameters for the prediction of liver-related long-term mortality.

Multivariate Cox regression analysis identified sex, bilirubin, international normalized ratio (INR), fibrosis stage, pericellular fibrosis, hepatocellular ballooning and canalicular cholestasis as independent variables for prediction of liver-related death. In asymptomatic patients, fibrosis stage, hepatocellular ballooning, Mallory-Denk bodies and canalicular cholestasis were found to be prognostic while, in symptomatic patients, bilirubin, INR, platelet count, pericellular fibrosis and Mallory-Denk bodies remained as independent predictors of long-term prognosis.

Conclusion. Histological parameters add prognostic information to clinical and biochemical parameters in the prediction of long-term mortality in ALD, especially in asymptomatic patients.