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Diastolic dysfunction in patients with cirrhosis and the relationship between the clinical and laboratory findings and diastolic dysfunction

Mehmet Demir [1], **Fatih Şen** [2]

[1]*Department of Gastroenterology, Mustafa Kemal University, Hatay, Turkey*
[2]*Department of Cardiyology, Mustafa Kemal University, Hatay, Turkey*

INTRODUCTION: Cirrhotic cardiomyopathy (CCM) is associated with increased morbidity and mortality in patients with advanced cirrhosis. The aim of this study was to determine the frequency of diastolic dysfunction (DD) in patients with cirrhosis and to evaluate the relationship between the clinical and laboratory findings and DD.

METHODS: The study included consecutive 154 patients with cirrhosis. Conventional echocardiography and tissue doppler echocardiography were performed in all patients. Patients with cardiac disease, pulmonary hypertension, TIPS and hepatoma were excluded. DD defined as E/A ratio <1 and/or E/E' ratio ≥11. Deceleration time (DT), QTc, HR, MAP, left ventricular posterior wall diameter (LVPWD) and ejection fraction (EF) were recorded from 2-D echo with tissue doppler imaging.

RESULTS: The prevalence of DD was 41.6% (64/154) in patients with cirrhosis. The patients with decompensated cirrhosis had worse diastolic functions in comparison to the patients without decompensated cirrhosis. Multivariate analysis revealed that the presence of alcoholic cirrhosis, had ascites and renal failure, use of nonselective beta blockers, Na levels <125 mEq/L, the Child-Pugh score and the MELD score were independent predictive factors for DD (respectively, $p<0.001$, $p<0.001$, $p<0.001$ and $p< 0.001$).

CONCLUSION: In conclusion, DD is often ignored in clinical practice in patients with cirrhosis, but it is common in particularly decompensated cirrhosis.

Keywords: Diastolic dysfunction, cirrhosis, clinical findings

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