IN A NUTSHELL

The knowledge platform for general practitioners

Child-Pugh Score

The Child-Pugh score is used to classify the severity of chronic liver disease and cirrhosis to estimate prognosis and mortality. Hepatic encephalopathy is graded according to the West Haven criteria (see appendix).

Bilirubin

[ ]

?mol/l ?

☐ Cholestatic liver disease (PBC, PSC)

Albumin

[ ]

g/l ?

INR

[ ]

Hepatic Encephalopathy (Grading)

○ None ○ Grade I-II ○ Grade III–IV

Aszites

○ Absent ○ Slight ○ Moderate

Child-Pugh A (points)

1-year survival rate: 100 %

Perioperative mortality in abdominal surgery: 10 %

Child-Pugh B (points)

1-year survival rate: 79.7 %

Perioperative mortality in abdominal surgery: 30 %

Child-Pugh C (points)

1-year survival rate: 44.9 %

Perioperative mortality in abdominal surgery: 82 %

Interpretation

Child-Pugh	A	B	C
1-year survival rate [4]	100 %	79.7 %	44.9 %
Perioperative mortality in abdominal surgery [5]	10 %	30 %	82 %

Appendix

West Haven criteria for the diagnosis of hepatic encephalopathy [1]

Grade I	Minor loss of consciousness, euphoria or anxiety, shortened attention span, impaired calculations (addition, subtraction), altered sleep patterns
Grade II	Lethargy or apathy, chronological disorientation, significant alteration in personality, inappropriate behavior, dyspraxia, asterixis
Grade III	Somnolence and stupor, reaction only to stimuli, confusion, severe disorientation, bizarre behavior
Grade IV	Coma

References

1. Vilstrup H, Amodio P, Bajaj J et al. Hepatic encephalopathy in chronic liver disease: 2014 Practice Guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. Hepatology 2014; 60: 715-735
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4. Infante-Rivard C, Esnaola S, Villeneuve JP. Clinical and statistical validity of conventional prognostic factors in predicting short-term survival among cirrhotics. Hepatology 1987; 7: 660-664
5. Mansour A, Watson W, Shayani V et al. Abdominal operations in patients with cirrhosis: still a major surgical challenge. Surgery 1997; 122: 730-735; discussion 735-736