

# 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

μmol/l ?

☐ Cholestatic liver disease (PBC, PSC)

Albumin

g/l ?

INR

Hepatic Encephalopathy ([Grading](#))

☐ None ☐ Grade I-II ☐ Grade III-IV

Ascites

☐ 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**

<b>Child-Pugh</b>	<b>A</b>	<b>B</b>	<b>C</b>
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**

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3. Pugh RN, Murray-Lyon IM, Dawson JL et al. Transection of the oesophagus for bleeding oesophageal varices. *Br J Surg* 1973; 60: 646-649
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