Introduction: Ascitis and undernutrition are frequent complications of cirrhosis, however ascitis volume and anthropometric assessment are not routinely documented or considered in prognostic evaluation. In a homogeneous cohort followed during two years these variables were scrutinized, aiming to ascertain relevance for long-term outcome. Methods: Population (N = 25, all males with alcoholic cirrhosis) was recruited among patients hospitalized for uncomplicated ascitis. Exclusion criteria were refractory or tense ascitis, cancer, spontaneous bacterial peritonitis, bleeding varices and critical illness. Measurements included ultrasonographically estimated ascitis volume, dry body mass index/BMI, upper arm anthropometrics, hematologic counts and liver function tests. Results: Population (age 48.3 ± 11.3 years, BMI 21.1 ± 3.5 kg/m², serum albumin 2.5 ± 0.8 g/dL) was mostly in the Child-Pugh C category (77.8%) but clinically stable. During the follow-up period of 22.6 ± 3.8 months, additional hospitalizations numbered 1.7 ± 1.0 and more than one quarter succumbed. Admission ascitis volume corresponded to 7.1 ± 3.6 L and dry BMI to 18.3 ± 3.5 kg/m². Child Pugh index was relevant for both mortality and rehospitalization. Nevertheless, similar matches for mortality were documented with ascitis volume and dry BMI, and arm circumference below the 5th percentile was highly significantly associated with rehospitalization. Conclusions: A greater association than hitherto acknowledged, between ascitis volume and anthropometric measurements from one side, and long-term rehospitalization and mortality from the other, was demonstrated in male stable alcoholic cirrhotics. Further studies with alcoholic and other modalities of cirrhosis including women are recommended.

Keywords
Alcoholic cirrhosis, Ascitis, Malnutrition, Dry body mass, Ascitis volume, Anthropometric assessment, Rehospitalization, Mortality.