

Improved prediction of nontransplant surgical mortality in patients with cirrhosis

The Child–Turcotte–Pugh classification system is routinely used to calculate the severity of cirrhotic liver disease, and to determine prognosis in medical management of the condition; however, this scheme has limitations, and performs poorly in prediction of postoperative survival in cirrhotic patients.

The Model for End-Stage Liver Disease (MELD) is based on three objective, easily obtained variables (serum International Normalized Ratio, total bilirubin, and creatinine levels) and is highly predictive of mortality rates in many clinical scenarios. The ability of MELD to predict 30-day postoperative mortality rates in patients with cirrhosis was assessed in a study of 131 patients undergoing a total of 140 nontransplant surgical procedures.

Overall, the 30-day mortality rate was 16.4%. The mean MELD score at admission was significantly higher in patients who died compared with those who survived beyond 30 days (23.3 versus 16.9, respectively; $P=0.0003$). Those patients who underwent intra-abdominal surgery had a higher mortality rate (23.9%), and again the mean MELD score at admission was significantly higher in patients who died compared with those who survived (24.8 versus 16.2, respectively; $P=0.0001$). Generally, for patients with MELD scores <20 , there is a 1% increase in mortality rate for each extra point on the MELD scale; for those with MELD scores >20 , each point increase on the scale correlates with a 2% increase in mortality rate.

The authors conclude that the MELD score shows promise as a preoperative predictor of surgical mortality rate in patients with varying degrees of cirrhosis.

Carol Lovegrove

Original article Northup PG *et al.* (2005) Model for End-stage Liver Disease (MELD) predicts nontransplant surgical mortality in patients with cirrhosis. *Ann Surg* 242: 241–251

A population-based study of fecal incontinence in women

Studies have suggested that fecal incontinence is more prevalent in the general population

than previously thought. Many published studies have been limited to samples of older individuals. Bharucha and colleagues recently used the Fecal Incontinence and Constipation Questionnaire to evaluate the prevalence and severity of fecal incontinence, and its impact on quality of life, in a population of women.

The questionnaire was completed by 2,800 women from Olmsted County (MN, USA); it requested specific information regarding fecal incontinence, but excluded leakage during flatus or diarrheal illness. Women who had experienced fecal incontinence during the past 12 months were then asked additional questions regarding its impact on their quality of life.

The results indicated an age-adjusted occurrence of fecal incontinence of 12.1%, with prevalence increasing with older age; however, severity did not increase with older age. Moderate to severe fecal incontinence was recorded for almost 1 in 15 women. In 23% of the sampled women, one or more quality-of-life domains were reported as being moderately or severely impacted by fecal incontinence, with the impact being related to the severity of symptoms experienced. With regards to health-seeking behavior, only 10% of the women suffering from fecal incontinence had consulted a physician for this condition in the previous 12 months.

The authors conclude that fecal incontinence is common in this sample population, and in those with moderate or severe symptoms there is a significant impact on quality of life. In addition, the need for further studies of the risk factors for and mechanisms of fecal incontinence is highlighted.

Katy Cherry

Original article Bharucha AE *et al.* (2005) Prevalence and burden of fecal incontinence: a population-based study in women. *Gastroenterology* 129: 42–49

Long-term use of aspirin and NSAIDs reduces the risk of colorectal cancer

Short-term trials have shown that regular use of aspirin reduces the risk of recurrent colorectal adenoma; however, long-term data on the effects of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) on the risk of colorectal cancer are limited.