Reviewer's report

**Title:** Utility of the Mayo End-Stage Liver Disease (MELD) score in assessing prognosis of patients with alcoholic hepatitis

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**Reviewer:** Dr Yoshiyuki Ueno

**Level of interest:** A paper of considerable general medical or scientific interest

**Advice on publication:** Accept after discretionary revisions

In this report, the authors examine the validity of the Model for End-Stage Liver Disease (MELD) score as a disease severity index for patients with alcoholic hepatitis. This model was originally developed to assess the short-term prognosis of patients with cirrhosis undergoing the transjugular intrahepatic portosystemic shunt (TIPS) procedure. While its development was based on a highly selected subgroup of patients with cirrhosis, the model is able to provide a reliable estimate of short-term survival over a wide range of liver disease severity and diverse etiology. While the previous model to evaluate prognosis of patients with alcoholic hepatitis was discriminant function (DF), which utilize prothrombin time (PT). As authors mentioned, the PT is not universal value and tends to be replaced by INR. Thus it is important to evaluated the efficacy of MELD in patients with alcoholic hepatitis. Moreover, the authors' major findings: i) close co-relation between MELD and DF, i simple clinical observation - the presence of both ascites and an elevated bilirubin greater than 8 mg/dL indicated poor clinical outcome, are quite useful in clinical decision making. Hence, this important report will provide quite important information for hepatologists in not only transplant center but also in usual hepatobiliary clinic of medical urgency who require a more refined model that accurately represents disease severity.
Very few further information will provide more strength of this reports such as: 1) patients' disease backgrounds (i.e. how many percentage of patients were acute alcoholic hepatitis and same for acute exacerbation of chronic alcoholic hepatitis?), 2) percentage of patients undergoing liver biopsy and the results of pathological findings.

Apart from these questions, I believe this study will provide strong rationale for the usage of MELD in stead of DF, which was introduced almost twenty years ago when other etiologies such as hepatitis C could not be ruled out.

**Competing interests:**

None declared.