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## Letters to the editor

**Correspondence on “prognostic scores for patients with cirrhosis hospitalized with SARS-CoV-2 infection”**


Dear Editor,

We would like to share ideas on “Comparison of different prognostic scores for patients with cirrhosis hospitalized with SARS-CoV-2 infection [1].” Mendizabal et al. concluded that “SARS-CoV-2 infection is associated with elevated mortality in patients with cirrhosis. CLIF-C had better performance in predicting mortality than NACSELD, CTP, and MELD-Na in . . . [1].” Different scoring systems are based on other parameters; therefore, the efficacy for prediction is different. The difference in predictive properties is reported in patients with liver problems regardless of COVID-19 [2]. The system that is based on many clinical chemistry parameters might also be affected by laboratory analytical error. For example, any score based on serum bilirubin might be affected by the underlying hemoglobin disorder. In the present report, the CLIF-C, which is based on few clinical chemistry parameters, has a better predictive property than another scoring system.

**Conflict of interest**

None.

**References**

- [1] Mendizabal M, Ridruejo E, Piñero F, Anders M, Padilla M, Toro LG, et al. Comparison of different prognostic scores for patients with cirrhosis hospitalized with SARS-CoV-2 infection. *Ann Hepatol* 2021;(April):100350, <http://dx.doi.org/10.1016/j.aohep.2021.100350>. Online ahead of print.
- [2] Kuo CC, Huang CH, Chang C, Chen PC, Chen BH, Chen WT, et al. Comparing CLIF-C ACLF, CLIF-C ACLF<sub>lactate</sub>, and CLIF-C ACLF-D prognostic scores in acute-on-Chronic liver failure patients by a single-center ICU experience. *J Pers Med* 2021;11(February (2)):79.

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