

P-05 Association between the Albumin-Bilirubin score and bleeding and mortality events in patients with lower extremity arterial disease

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The Albumin-Bilirubin (ALBI) score has been shown to have some prognostic value in liver and heart diseases. However, its association with bleeding and mortality in patients undergoing endovascular treatment (EVT) for lower extremity peripheral artery disease has not been fully investigated. We investigated the relationship between the ALBI score and bleeding and mortality events in LEAD patients who underwent EVT in the femoropopliteal region. We analyzed 245 patients who underwent EVT between January 2018 and December 2024. ALBI score was calculated using the established formula, $ALBI = (\log_{10} \text{bilirubin } [\mu\text{mol/L}] \times 0.66) + (\text{albumin } [\text{g/L}] \times -0.085)$. Patients were stratified into standard grades based on their ALBI score. There were 124 patients in Grade 1 (≤ -2.60), 115 in Grade 2 ($-2.60 < \sim \leq -1.39$), and 6 in Grade 3 (> -1.39); the patients were classified into Grade 1 (124 patients) and Grades 2-3 (121 patients). The primary endpoints were Bleeding Academic Research Consortium (BARC) Grade 3 or 5 bleeding and all-cause mortality. As a result, 24 major bleeding events occurred (Grade 1: 5.6% vs. Grade 2-3: 14.0%; $p = 0.005$), and there were 35 all-cause deaths. (Grade 1: 6.5% vs. Grade 2-3: 22.3%; $p = 0.00003$) Conclusion: In LEAD patients, the ALBI score was shown to be associated with all-cause mortality and major bleeding events. The ALBI score is expected to be useful as a future risk stratification indicator.