Conclusions
VII. CONCLUSIONS:

The comparison of conventional liver function tests with MEGX test in Part I of the study showed that:
1. MEGX test is more discriminatory and recognizes early damage to the liver than conventional liver function tests.
2. The overlapping of the MEGX values amongst patients shows wide inter-individual variability, which can interfere with the test results.
3. MEGX test can complement other liver function tests in knowing residual function of the liver and hence can be used as reliable index of hepatic function.
4. Thus, MEGX test is superior to conventional liver function tests.

Part II of the study showed that:
1. MEGX test has more sensitive, specific and accurate prognostic ability in predicting short term mortality in liver cirrhosis.
2. MELD score and MEGX test are superior prognostic models than CTP and DF scores.
3. MEGX60 is significantly associated with both three and six months mortality.
4. Albumin, bilirubin and prothrombin time are important variables of CTP scoring system while bilirubin and creatinine are important variables of MELD scoring system, which were found significantly associated with mortality after logistic regression analysis.
5. Thus, MEGX test alongwith MELD, is important prognostic tool for cirrhosis.

Part III of the study showed that:
1. CYP3A4 modifiers erythromycin and rifampicin have no significant effect on MEGX test.
2. Thus, MEGX test should not be used as a sensitive marker of CYP3A4 activity.

It can be concluded from above three studies that, MEGX test is a simple, rapid and superior liver function test, which can be used routinely in Indian hospital settings, along with other conventional liver function tests, particularly if prognostic information is of importance.