

of chronic liver disease. To assess the relationship of obesity and DM 2 as risk for chronic liver disease.

**Material and methods:** 200 patients with a diagnosis of chronic liver disease for 5 years in Gastroenterology were evaluated. 177 with a diagnosis of chronic liver disease. With support: ultrasound, fibroScan, biopsy, endoscopy; HbA1c, BH, PFH INR, ALBUMINE, (HVC, HVB, AML, AMA, ANA and Ant-LKM-1 antibodies); Quantitative PCR; BMI.

**Results:** Patients with steatohepatitis and cirrhosis secondary to obesity and DM 68%, alcohol liver disease 14%, VHB and VHC liver disease 13%, autoimmune hepatitis 4%. The average age in steatohepatitis was 53.5 and in cirrhosis 63.4 years. The metabolic syndrome appeared in 47% of the patients with obesity and diabetes; the mean obesity was BMI > 35. The average glycated hemoglobin was 7.9% in patients with steatohepatitis and in patients with cirrhosis it was 7.6%. Cirrhosis secondary to obesity and diabetes accounted for 50% of all causes of cirrhosis in this study; steatohepatitis was also the leading cause of chronic liver damage.

**Conclusions:** Obesity and diabetes represent the first cause of chronic liver disease at the ISSSTE Dr. Valentin Gómez Fariás Regional Hospital, both diseases are highly prevalent problems in Mexico and require preventive programs to avoid the high costs and income of third-level care for effect of its complications.

**Conflicts of interest:** The authors have no conflicts of interest to declare.

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### Normal values and diagnostic errors of psychometric tests and critical flicker frequency in vulnerable Mexican population



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**Background and aim:** Gold standard for diagnosis of minimal encephalopathy is psychometric tests (PHES) and critical flicker frequency (Flicker) is an adjunct method. The aim of this study is to determine the normal values of PHES and Flicker in a population without chronic liver disease and to identify risk factors to obtain abnormal values.

**Material and methods:** Study carried out in Tlapa, Guerrero between 2017 and 2018. Subjects older than 18 years were included. Liver disease was ruled out by fibroscan®, examination and screening for hepatitis C. Illiterate patients, visual or motor impairment, dementia, cognitive impairment or liver diseases were excluded. Sociodemographic data were collected; PHES and Flicker were applied to participants.

Student's *T*-test was used for continuous variables and Fisher's exact test for categorical variables. Results are expressed with measures of central tendency and dispersion. A univariate and multivariate analysis was performed to identify risk factors for presenting abnormal values. A value of  $P < 0.05$  was considered.

**Results:** 96 subjects were included, 63% female, BMI of  $28.3 \pm 4.6$  kg/m<sup>2</sup>, aged  $42 \pm 12$  years and schooling of  $10 \pm 3$  years, 73% worked outside the office. Fibroscan® was performed in 43 participants, none presented fibrosis.

26 abnormal values were obtained with PHES and 11 with Flicker; Identifying 3 false positives for MHE. Occupation and schooling were associated with abnormal values in the PHES; No

independent risk factors were identified in the multivariate analysis. No risk factors were identified for the Flicker.

**Conclusions:** Performing a single test leads to diagnostic errors, which is reduced by using both tests.

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### Main clinical characteristics of hospitalized cirrhotic patients with acute on chronic liver failure



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**Background and aim:** ACLF is a dynamic syndrome. It may improve, follow a steady course or worsen during hospitalization. Although there is considerable variability between patients, some broad principles regarding the course of the condition can be put forward. ACLF in cirrhosis frequently develops in the setting of an acute event that acts as a precipitating factor. The aim was to describe the main characteristics of hospitalized cirrhotic patients who met acute on chronic liver failure (ACLF) criteria.

**Material and methods:** Study design. Observational, descriptive, transversal study. A case series. Procedure: The clinical data of hospitalized cirrhotic patients, from October 2019 to February 2020, who met criteria for ACLF, were collected. Descriptive statistics were used to summarize the main characteristics of the series of patients.

**Results:** A total of 24 admissions of cirrhotic patients who met criteria of ACLF were registered in the study period, 20 (83.3%) were men, mean age  $52.2 \pm 13.3$  years, the most common cause of liver disease was heavy alcohol intake in 19 (79.2%) cases, followed by 3 (12.5%) with NASH, 1 (4.2%) autoimmune hepatitis, and 1 (4.2%) cryptogenic origin. Mean MELD-Na was  $30.2 \pm 6.7$ . The most important cause of acute decompensation was gastro-intestinal bleeding 13 (54.2%), followed by hepatic encephalopathy 4 (16.7%), recent increase on alcohol intake 3 (12.5%), bacterial infections 2 (8.4%), ascites 1 (4.2%), development of jaundice 1 (4.2%). The distribution according to the ACLF category is shown on Table 1.

**Table 1**

Distribution of studied patients through the different ACLF categories.

ACLF	Number of patients	%
0	4	16.7
1	3	12.5
2	8	33.3
3	9	37.5
Total	24	100.0

**Conclusions:** Alcohol intake remains as an important cause of chronic liver disease in México. Gastrointestinal bleeding is the most important cause of acute decompensation in our cirrhotic patients.

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