that shows excessive accumulation of liver fat interpreted by the same radiologist doctor. 4. Full fasting lipid. Data was obtained from the clinical dossier and processed in the statistical program Jamovi 1.1.9, for obtaining means, medians and percentages. Chi squared test was used for categorical variable analysis and one-way variance analysis (ANOVA) for continuous variables, setting a p-0.05 to significant.

Results: In total 102, mean age 52 years (20-79), female 80 (78.4%), nos previous history 63 (61.8%) metabolic syndrome 90 (88.2%) diabetics 46 (45.1%) obesity 64 (62.7%).

AUMB for fat infiltration: Grade I, 8 (7.8%) grade II 48 (47.1%) and grade III 46 (45.1%) being by FIB4 scale (Ishak 2-3) and NAFLD score for indeterminate fibrosis.

The median TC/HDL was correlated with the degree of hepatic fat infiltration by AUMB, grade I: 3.65 (2.81- 4.10) II, 4.06 (2.04-6.83) III, 4.81 (1.95-10.3), $p < 0.001$ value.

TG/HDL was also correlated with degree of hepatic fat infiltration being: grade I, 2.27 (1.31-3.05), II, 4.32 (0.887- 12.5) III, 6.05 (1.80-16.9) with p value <0.0011 III, 6.05 (1.80-16.9) p value < 0.0011 III, 6.05 (1.80-16.9) with p value $p < 0.0011$.High triglyceride levels and metabolic syndrome correlate with the degree of hepatic fat infiltration value of <0.001.

Conclusions: The TC/HDL and TG/HDL ratio correlates with the degree of hepatic fat infiltration by AUMB, however, it should be considered that in patients with high body mass index this study lowers its sensitivity and specificity so it should be performed in addition to other imaging modalities.

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

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Incidence and impact of bacterial infection on the forecast of patients with acute liver failure on chronic "ACLF", hospital juárez de México

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Background and aim: Cirrhosis is associated with the deterioration of the immune system and the altered systemic inflammatory response, which predisposes to bacterial infections and a four-fold increase in mortality. Regarding ACLF, a study published by EF-Clif reported a 33% infection at diagnosis. Another study by Shalimar et al. He reported 10.8% of infections at diagnosis, with a 30-day survival of 24.0%; Infections were associated with ACLF-3 50%. Therefore, we consider it relevant to recognize this condition, since it confers a worse prognosis. Aim: To determine the incidence and impact of bacterial infection on the prognosis of patients with ACLF.

Material and methods: Retrospective descriptive observational study of patients diagnosed with ACLF according to the criteria of the European and American associations, bacterial infections were identified on admission, the records were reviewed, survival curves were evaluated using the Kaplan-Meier method, and the Cox regression with the SPSS statistical program.

Results: In our study, we identified 58 patients who met the ACLF criteria during 2019, of these 53.44% (n31) presented infection on admission. Most frequently, 41.9% (n13) presented urinary tract infection (UTI) followed by 22.5% (n7) spontaneous bacterial peritonitis (SBP), and more than one focused UTI/ SBP 25.8% (n8). Survival at 30 days was compared between patients without infec-

tion and with infection, using the Kaplan-Meier method reported a survival of 20% and 19% respectively ($p = 0.71$). A Cox regression was performed to assess whether the type of infection affects mortality, reporting HR = 1.14 ($p = 0.22$). In relation to the ACLF degree in patients with G1 infection 29.04% (n9) G2 45.16% (n14) G3 25.8% (n8) without significant difference in relation to mortality HR 1.06 ($p = 0.83$) With a 30-day survival 12.5% Y 30.7 for G1 and G2 ($p = 0.38$ 95% CI).

Conclusions: In our population, unlike previous studies, infections were higher, occurring in more than half, with a more frequent UTI followed by SBP, although this does not have an impact on prognosis, giving a survival similar to those patients without infection. Nor was a worse prognosis identified in relation to the types of infection. Grade 2 ACLF was the most frequent but with no significant impact on mortality.

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

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"CLIF-C ACLF mortality predictive utility in patients with acute liver failure in chronic "ACLF" in the hospital Juarez de Mexico population

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Background and aim: ACLF is a condition associated with high mortality. The CANONIC trial developed a score that classifies the ACLF grade according to the number of extrahepatic organic failures. Useful to determine prognosis of mortality with 33% ACLF-1, 35% ACLF-2 and 74% ACLF-3. Furthermore, it was identified that a score >70 at admission is associated with a 90% mortality in 90 days. That is why we consider it relevant to objectify the risk of mortality associated with the degree of complication in our population. Aim: To determine ACLF grade and CLIF-C score that predicts 28-day mortality in patients with chronic acute liver failure at the Juárez hospital in Mexico.

Material and methods: Retrospective descriptive observational study of patients diagnosed with ACLF according to the criteria of European and American associations, 2019 records were reviewed, severity was classified according to CLIF-C, survival curves were assessed using the Kaplan-Meier method and Cox Regression with the SPSS statistical program.

Results: In our study, 58 patients who met ACLF criteria were collected, of these 36.2% (n 21) ACLF-1, 39.7% (n 23) ACLF-2, 24.1% (n 14) ACLF-3. Survival curves were performed using the Kaplan-Meier method, reporting a 28-day survival of 25%, 18%, and 7.7%, respectively. It was compared between these without showing statistical significance ($p = 0.25$). It was decided to carry out a multivariate analysis using the Cox regression method, analyzing the degree of ACLF, CLIF-C score, age, sex, infection, gastrointestinal bleeding, acute kidney injury (AKI), resulting among these that AKI is the only variable with significant association in survival ($p = 0.017$).

Conclusions: In our population, it was identified that there is no significant statistical impact on survival between ACLF grades, nor the number of organic failures (Clif-C score). The presence of LRA proved to be a better independent predictor of mortality.