

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

<https://doi.org/10.1016/j.aohep.2020.08.026>

26

Precipitating factors and epidemiological characteristics in acute on chronic liver failure of a unity medical of high speciality

M.E. Wade Isidro¹, B.A. Priego Parra²

¹ Unity Medical of High Speciality Manuel Ávila Camacho Puebla, Puebla, México

² Clinical Research/ Institute of Medical-Biological Research of the University of Veracruz, Veracruz, México

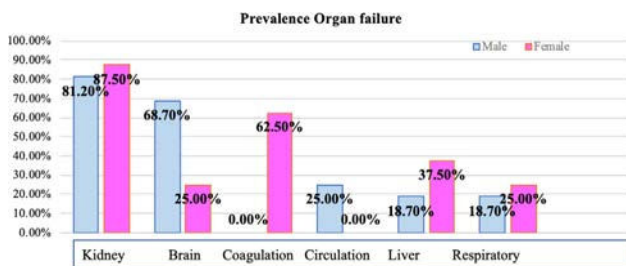
Background and aim: Acute on chronic liver failure (ACLF) is an acute decompensation in a patient with chronic liver disease associated with organ failure. The precipitating factors described most prevalent in the West are alcohol and bacterial infections, in a considerable proportion it is not possible to identify a factor. Aim. Identify the precipitating factors of ACLF and determine the epidemiological characteristics in patients of a Unity Medical of High Speciality.

Material and methods: Descriptive, retrospective and observational study, with analysis of 24 patients diagnosed with ACLF from January 01, 2019 to February 01, 2020 of Unity Medical of High Speciality Manuel Ávila Camacho Puebla. The data collected was from clinical files and digitized in Excel, analyzed in the IBM SPSS version 24 program.

Results: From the 24 patients, (M: 16 and F: 8) the precipitating factors of ACLF were determined in 16 patients (66.7%). The most prevalent etiology of cirrhosis by sex found (M: alcoholic 43.7%, cryptogenic 25%, Hepatitis C Virus (HCV) 18.7% and NASH 12.5%). (F: cryptogenic 37.5%, HCV 25.5%, NASH 12.5% and Autoimmune 15.6%). Previous recorded decompensations M: 68.7% and F: 62.5%. By CLIF score (F: 62.5% with grade 3, 25% grade 2 and 12.5% grade 1), (M: 75% with grade 2 and 25% grade 3). In both sexes, the most affected organ was the kidney.

Conclusions: The ACLF represents a big challenge in clinical practice, the early identification of precipitating factors will allow the timely diagnosis and treatment for decrease in their morbimortality.

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



<https://doi.org/10.1016/j.aohep.2020.08.027>

27

The clinical expression of lysosomal acid lipase severity in patients with cryptogenic cirrhosis

A. Solano-Urrusquieta¹, E. Cerda-Reyes², N. Álvarez-Licona³, J. Morales-González³, R. Fierros-Oceguera⁴

¹ Military Hospital, Mexico

² Department of Gastroenterology, Central Military Hospital, Mexico City, Mexico

³ Post Graduate and Research Department, National Polytechnic Institute, Mexico City, Mexico

⁴ Physician, The Good Samaritan Hospice, Mexico

Background and aim: The liver cirrhosis is a global public health problem with an estimated prevalence of 0.27%, and a prevalence of chronic liver disease in the Latin American population of 61.1%. The lysosomal acid lipase (LAL) is an enzyme involved in the last steps of lipid metabolism to hydrolyze esters of cholesterol and triacylglyceride, therefore its deficiency generates a disease by lysosomal deposit. The patients with cryptogenic cirrhosis (CC) presents a clear LAL deficiency without a mechanism yet established.

Material and methods: The present study has a retrospective and analytical design of a sample of 55 patients diagnosed with CC. It was determined the degree of association of LAL with the results of the ALT and ALP enzymes, likewise with the clinical manifestation of portal hypertension (PH). Next the sensibility and specificity of the test for the diagnosis of PH manifestation was determined.

Results: The most frequent complication of PH was the variceal bleeding with a 40% ($n=22$), followed by ascites with 32.7% ($n=18$) and lastly hepatic encephalopathy with 18.2% ($n=10$). The association by test of χ^2 with Fisher's test did not present a statistically significant association with values of 0.177, 0.299 and 0.184 for encephalopathy, variceal bleeding and ascites respectively. Through ROC curves it was obtained results of area under the curve (AUROC) near to 0.5.

Conclusions: It is established that there was no tendency or statistical significance of the correlation between LAL with the enzymes alanine aminotransferase and alkaline phosphatase, as well as the complications of portal hypertension. In our population the complication of portal hypertension most frequent was the variceal bleeding, unlike other studies in patients with cryptogenic cirrhosis, so it would be important to recognize which are the risk factors that increases the bleeding rate in our population, since this complication is considered the one with the highest mortality in patients with liver cirrhosis.

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

<https://doi.org/10.1016/j.aohep.2020.08.028>

28

Hepatocellular carcinoma is a major risk factor for the development of portal ven thrombosis in cirrhotic patients

C.A. Espinoza^{1,2}, F. Higuera de la Tijera^{1,2}, J.A. Meléndez-Andrade^{1,2}, A. Servín-Caamaño^{1,2}

¹ Gastroenterology, Hospital General de México "Dr. Eduardo Liceaga", Mexico City, Mexico

² Internal Medicine, Hospital General de México "Dr. Eduardo Liceaga", Mexico City, Mexico

Background and aim: Portal vein thrombosis (PVT) is a rare complication in cirrhotic patients specially in advanced

stages, multiple series demonstrated 5–20% prevalence in cirrhotic patients.

Aim: To identify risk factors for the development of PVT in cirrhotic patients.

Material and methods: Research Design: Case-control study. Procedure: We searched medical records from inpatients during 2019 with the diagnosis of PVT; cirrhotic patients with PVT were used as cases and paired in a 1:2 ratio with cirrhotic patients without PVT. Qualitative variables were depicted as frequencies and percentage, numeric variables as mean and standard deviation. X², Fisher's exact, student's t and Mann-Whitney's U were used to compare groups accordingly. Logistic regression was used to examine risk factors. P value <0.05 was considered statistically significant.

Results: Out of 1371 records, 40 patients with PVT were found (2.92%); 30 of them with cirrhosis were paired with 60 non-PVT cirrhotic patients. 53 (58.9%) were male; mean age: 56.2 ± 13.9 years. According to Child-Pugh: 49 (54.4%) A, 22 (24.4%) B and 19 (21.1%) C. Fifteen (16.7%) had hepatocellular carcinoma (HCC). PVT was more prevalent in women than men (17/37 vs. 13/53 [45.9 vs. 24.5%]; OR = 2.6, IC95%: 1.1–6.4; P = 0.03). Patients with HCC had a higher prevalence of PVT against those without HCC (11/15 vs. 19/75 [73.3 vs. 25.3%]; OR = 8.1, IC95%: 2.3–28.5; P = 0.001). Decompensated cirrhosis patients had a higher rate of PVT than compensated patients (19/41 vs. 11/49 [46.3 vs. 22.4%]; OR = 2.9, IC95%: 1.2–7.4; P = 0.02). Adjusted multivariate logistic regression model is shown in Table 1.

Table 1
Adjusted multivariate logistic regression model exploring risk factors for PVT in patients with cirrhosis.

Variables	P	OR	95%CI	
			Lower	Upper
Female	0.06	2.690	0.951	7.606
Hepatocellular carcinoma	0.005	7.722	1.876	31.783
Child-Pugh B	0.86	1.114	0.325	3.820
Child-Pugh C	0.07	3.184	0.889	11.400
Constant	0.000	0.165		

Conclusions: PVT is more frequent in women and decompensated cirrhosis, the presence of HCC in cirrhotic patients is the main prothrombotic factor.

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

<https://doi.org/10.1016/j.aohep.2020.08.029>

29

Prevalence and characteristics of cirrhotic patients with portal vein thrombosis admitted in the Gastroenterology Department of the Hospital General de Mexico

C.A. Campoverde-Espinoza^{1,2},
F. Higuera de la Tijera^{1,2},
J.A. Meléndez-Andrade^{1,2}, A. Servín-Caamaño^{1,2}

¹ Gastroenterology, Hospital General de México “Dr. Eduardo Liceaga”, Mexico City, México

² Internal Medicine, Hospital General de México “Dr. Eduardo Liceaga”, Mexico City, México

Background and aim: Portal vein thrombosis (PVT) is a complication in the natural history of liver disease, a “rebalanced” coagulation system can promote bleeding or thrombotic tendency. The prevalence of PVT in cirrhosis is 1% among compensated patients and 8–25% in decompensated patients. Aim. To determine the prevalence and characteristics of cirrhotic patients with PVT.



Material and methods: Research design: Descriptive, cross-sectional / prevalence. Procedure: We analyzed medical records of patients admitted during 2019, all cirrhotics subjects with PVT were included. Qualitative variables were expressed in frequencies and percentages and numerical variables in mean and standard deviation.

Results: Of 491 cirrhotic patients hospitalized to the Gastroenterology department in 2019, we found 24 patients with PVT (4.89%), 15 (62.5%) were women, mean age was 58.13 ± 13.51 year. 6 (25.0%) with malignancy, of those latter 6/6 (100.0%) with hepatocellular carcinoma. Regarding of cirrhosis etiology: 9 (37.5%) were of unknown cause, 6 (25.0%) ASH, 3 (12.5%) from NASH, 1 (4.2%) from hepatitis-C, 1 (4.2%) autoimmune hepatitis and 1 (4.2%) CBP. Regarding Child-Pugh: 11 (45.8%) B, and 13 (54.2%) C. Mean MELD was 21.58 ± 9.74. Upper gastrointestinal bleeding was present in 17 (70.8%) subjects, of those 15 (88.2%) due to esophageal varices and 11 (64.7%) for esophageal-gastric varices. 5 (41.7%) presented spontaneous bacterial peritonitis (SBP). 9 (37.5%) admitted with hepatic encephalopathy. 21 (87.5%) with ascites, of those: 6 (28.6%) grade I, 12 (57.1%) grade II, only 3 (14.3%) grade III. Complementary studies in patients without acute infection: leukocytes: 8,058 ± 4.41, creatinine 1.54 ± 0.86, albumin: 2.5gr/dl ± 0.62, AST: 127 U/L ± 224.83, ALT: 70 U/L ± 107.44, ALP: 155.75 U/L ± 74.51, GGT: 62.58 U/L ± 52.04, total bilirubin: 5.41 mg/dl ± 7.34, PT: 18.20 ± 4.32, INR: 1.57 ± 0.40. Regarding the location of the thrombus: 14 (58.3%) presented in the portal vein trunk, 6 (25.0%) in the trunk and its branches, and 4 (16.7%) only in one branch.

Conclusions: PVT is more frequent in cirrhotic women, decompensated cirrhosis, alcohol related and the presence of hepatocarcinoma. The most frequent location was in the portal vein trunk.

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

<https://doi.org/10.1016/j.aohep.2020.08.030>

30

Prevalence and characteristics of non-cirrhotic patients with thrombosis of the portal system



C.A. Campoverde-Espinoza^{1,2},
F. Higuera de la Tijera^{1,2},
J.A. Meléndez-Andrade^{1,2}, A. Servín-Caamaño^{1,2}

¹ Gastroenterology, Hospital General de México “Dr. Eduardo Liceaga”, Mexico City, Mexico

² Internal Medicine, Hospital General de México “Dr. Eduardo Liceaga”, Mexico City, Mexico

Background and aim: Portal vein thrombosis (PVT) is the blood clot formation within the trunk of the portal vein or its main branches. PVT prevalence is ~1% in the general population. Aim: To determine the prevalence and characteristics of non-cirrhotic patients with PVT.

Material and methods: Research design: Descriptive, cross-sectional/prevalence. Procedure: We reviewed the medical records of all the patients admitted in 2019 with diagnosis of PVT. Of those we included only non-cirrhotic patients with a diagnosis of PVT. Qualitative variables were expressed as frequencies and percentages, numerical variables as mean and standard deviation.

Results: From 1371 patients admitted in the Gastroenterology Department in 2019, we found 40 patients with PVT (2.92%), of those only 10 non-cirrhotic patients were included. The prevalence was 0.76%; eight (80%) were men, mean age was 48.38 ± 12.4 years-old. 1 patient had autoimmune hepatitis (10.0%) and 2 (20.0%)