

acute pancreatitis. 4 (40.0%) neoplasia, of them 1 (25.0%) with hepatocellular-carcinoma, 1 (25.0%) with cholangiocarcinoma, 1 (25.0%) with colon cancer and 1 (25.0%) with pancreatic cancer. Upper gastrointestinal bleeding was found in up to 5/10 (50.0%), of them: 2 (40.0%) had isolated gastric varices. 3 (30.0%) presented infection, of those 100.0% presented liver abscess. 9 (90.0%) had ascites, of them 7 (77.8%) grade I and 2 (22.2%) grade II. The results of complementary studies in patients without acute infection: leukocytes: $13,657 \pm 7.87$, neutrophils: $12,314 \pm 8.12$, albumin: $2.8 \text{ gr/dl} \pm 0.64$, AST: $54.55 \text{ U/L} \pm 40.96$, ALT: $38.57 \text{ U/L} \pm 22.08$, ALP: $212.57 \text{ U/L} \pm 171.27$, GGT: $233.43 \text{ U/L} \pm 155.98$, total-bilirubin: $1.37 \text{ mg/dl} \pm 0.70$, PT%: 74.71 ± 20.87 , DHL: $396.80 \text{ U/L} \pm 270.17$. Regarding thrombus localization: 6 (60.0%) were in the portal vein and its branches, 3 (30.0%) in the portal vein trunk and 1 (10.0%) in a single branch. The mean flow of the portal vein was $20.70 \text{ cm/s} \pm 15.52$.

Conclusions: PVT in non-cirrhotic patients is more frequent in men, with protrombotic entities such as neoplasms, autoimmune diseases, pancreatitis and liver infections. The main pattern found in the liver function tests was cholestatic predominance and the most frequent localization was the portal vein trunk.

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Characteristics of ascitic fluid and flow of the portal system in cirrhotic patients with diagnosis of portal vein thrombosis



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Background and aim: Portal vein thrombosis (PVT) in cirrhotic patients is most commonly detected incidentally on routine ultrasound (US), but should be suspected in any patient with worsening or liver decompensation and in patients with a portal vein flow $<15 \text{ cm/s}$. Patients with acute PVT may develop or worsen ascites. The detection of multiple small vessels flow at the usual portal vein site is considered cavernous (chronic) transformation that can form in as little as 6 days. Aim. To determine the characteristics of the ascitic fluid and the portal vein flow of cirrhotic patients with PVT.

Material and methods: Research design: Descriptive, cross-sectional / prevalence. Procedure: Ascitic fluid cytology and Doppler ultrasound (DUS) results of patients admitted during 2019 were reviewed, from these all the cirrhotics with PVT were selected. The qualitative variables were expressed in frequencies and percentages and numerical variables in mean and standard deviation.

Results: Of 491 cirrhotic patients admitted to the Gastroenterology department in 2019, we found 24 cirrhotic patients with PVT (4.89%), of them regarding the composition of the ascitic fluid: the mean protein value was $1.71 \text{ gr/dl} \pm 1.37$, DHL: 88.00 ± 5.56 , and glucose was 165.67 ± 66.52 . On the other hand, the mean cell count in the cytological exam of patients with PVT was 144.67 ± 191.44 . Regarding the flow characteristics in the DUS, 14 (58.3%) presented chronic characteristics reported as cavernomatosis of the portal vein. The mean flow of the portal vein was $19.04 \text{ cm/s} \pm 4.71$, lastly, 13 (54.2%) cirrhotic patients diagnosed with PVT 4 (16.7%) had flow less than 15 cm/s .

Conclusions: In our hospital, according to the laboratory normal ranges, most patients diagnosed with PVT presented an increase in LDH and had an increase in the number of cells in the ascites fluid, and more than half were diagnosed in the late stage with recanalization and more than ten percent of these patients were at high risk for new thrombosis due to a reduced flow of the portal vein.

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Most commonly liver function test alterations on adult patients with septic shock



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Background and aim: Liver function test (LFT) alterations in critically ill patients are frequent. The objective of the following investigation is: to describe the prevalence, patterns and clinical implications of liver function test alterations in adult patients with septic shock in ISSEMyM Medical Center.

Material and methods: Observational, retrospective study, realized from January 2016 to February 2020. Inclusion criteria: adult patients admitted in Internal Medicine and Surgery services with septic shock diagnosis, with no evidence of preexistent chronic liver disease and complete medical records. Analyzed variables: age, sex, shock etiology, LFT, concomitant diseases and outcome of the hospitalization. The "R" factor (R) was calculated to classify patients in three groups; cholestatic ($R = <2$), hepatocellular ($R = >5$), mixed pattern ($R = 2$ to 5), an analysis per subgroup was performed.

Results: 550 clinical records were reviewed, 360 met inclusion criteria. 48.3% ($n = 174/360$) presented LFT alterations. According to R, cholestatic pattern was predominant in 81% ($n = 141/174$), followed by the mixed pattern with 10.3% ($n = 18/174$) and the hepatocellular with 8.6% ($n = 15/174$). The main etiology of septic shock was pneumonia in all three groups. On the comorbid diseases, the highest prevalence in the cholestatic group was diabetes mellitus (57.4%) and hypertension in the mixed and hepatocellular group with 72.2% (13/18) and 66.7% (10/15) respectively. Mortality rate in the group without LFT alterations was 30% (55/186), and 38% (66/174) in LFT group with alterations. In subgroup analysis, the group with the highest mortality was the mixed pattern with 11/18 deaths (61.1%), followed by the hepatocellular group with 9/15 (60%) and lastly the cholestatic with $n = 46/141$ (42.6%).

Conclusions: LFT alterations in patients with septic shock are common; in our study, the general prevalence and predominant pattern was the cholestatic group, similar to international literature. The group with the highest mortality reported in the international literature is the hepatocellular (57%), however, in our study, hepatocellular and mixed pattern presented a similar mortality rate (60% and 61.1%, respectively).

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