

cirrhosis, being the main gastrointestinal bleeding, in addition to presenting a larger diameter of the portal vein on ultrasound and a higher percentage of large esophageal varices. And we observed this group of patients presented difficult management of glucose levels being treated with combinations of insulin and metformin.

The authors declare that there is no conflict of interest.

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COMPLICATION ASSOCIATED WITH UPPER GASTROINTESTINAL BLEEDING AMONG MEXICAN PATIENTS WITH CIRRHOSIS

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Introduction and Objectives: Upper gastrointestinal bleeding is a common complication among cirrhotic patients and holds high mortality and morbidity; the most common cause is variceal hemorrhage. Nonetheless, non-variceal hemorrhage is also frequent; this study aims to determine the prevalence of upper gastrointestinal bleeding complications among Mexican patients with cirrhosis.

Methods: Retrospective, cross-sectional, an analytic study among patients with cirrhosis of all etiologies admitted to the Gastroenterology department of the Hospital General de Mexico "Dr. Eduardo Liceaga" with acute upper gastrointestinal bleeding of both etiologies (variceal and non-variceal hemorrhage) in the period comprised from January 2017 to May 2021. Complications associated with the bleeding events were evaluated. For statistical analysis, quantitative variables were described as mean and standard deviation for qualitative variables in frequencies and percentages.

Results: A total of 295 patients were included, 55.3% male, mean age was 54.6 ± 11.8 years, 16.27% patients were staged as Child A, 49.15% Child B y 34.57% Child C, with and an average MELD score of 16. Main cirrhosis etiology was alcohol-related liver disease in 39.7%, viral hepatitis 6.4%, NASH 5.8% and others 3.4%; however, in 44.7% of patients, we were not able to determine the etiology of liver disease. The main cause of gastrointestinal bleeding was variceal hemorrhage in 71.1% and 28.9% non-variceal. The shock was identified in 5.76% (17) of patients, 9 of them required vasopressors, hepatic encephalopathy was present in 42.71% (126), Ascites in 18.64% (55), jaundice in 16.94% (50), acute kidney injury in 31.52% (93), bacterial infections in 24.06% (71), four patients (1.35%) died. Complications related to gastrointestinal bleed according to disease severity are depicted in table 1.

Discussion and Conclusions: Complications associated with upper gastrointestinal bleeding among Mexican patients with cirrhosis are frequent. Encephalopathy is the most common (42.71%) followed by acute kidney injury (31.52%) preponderantly of high grade, patients with more advanced disease are more prone to present infections, mainly UTI and ascites. Therefore they must be monitored closely.

The authors declare that there is no conflict of interest.

COMPLICATION	CHILD A (N=48)	CHILD B (N=145)	CHILD C (N=102)
SHOCK %(N)	2.08% (1)	6.89% (10)	5.88% (6)
ENCEPHALOPATHY %(N)	20.8% (10)	34.44% (50)	64.7% (66)
ASCITES %(N)	8.3% (4)	16.55% (24)	26.47% (27)

(continued)

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COMPLICATION	CHILD A (N=48)	CHILD B (N=145)	CHILD C (N=102)
JAUNDICE %(N)	0% (0)	7.58% (11)	38.23% (39)
ACUTE KIDNEY INJURY %(N)	2.08% (1)	28.90% (42)	49.01% (50)
Grade 1a	0	0	0
Grade 1b	0	54.76% (23)	44% (22)
Grade 2	100% (1)	21.42% (9)	26% (13)
Grade 3	0	23.8% (10)	30% (15)
INFECTIONS %(N)	6.25% (3)	20% (29)	38.23% (39)
SBP	0	0	12.82% (5)
UTI	100% (3)	55.17% (16)	56.41% (22)
Pneumonia	0	17.24% (5)	23.07% (9)
Others	0	6.8% (2)	17.94% (7)
MORTALITY %(N)	0	2.06% (3)	0.98% (1)

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TRENDS OF CHRONIC LIVER DISEASES IN THE UNIVERSITY HOSPITAL, UANL FOR 25 YEARS. A SINGLE-CENTER EXPERIENCE

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Introduction and objectives: Liver cirrhosis is one of the main leading causes of death in Mexico. Some chronic liver diseases (CLD) are Alcoholic Liver Disease (ALD), Autoimmune Liver Disease (AILD), Hepatitis B (HBV), Hepatitis C (HCV), and Non-Alcoholic Steatohepatitis (NASH). In Mexico, ALD and HCV are the leading causes of CLD. Objective: To analyze the incidence of CLD in a liver unit (LU) over 25 years.

Methods and materials: Clinical records of patients who attended for the first time to LU, from January 1995 to December 2019 were reviewed. There were 2780 patients with CLD, and 2668 filled the inclusion criteria with available clinical records. The diagnosis of CLD was made according to international guidelines. Inclusion criteria: patients with CLD in their first visit, with or without cirrhosis. Exclusion criteria: acute liver disease, <18 years old. Patients were divided by etiology. This study was observational, descriptive and the sampling was carried out in a non-probabilistic and convenient way. Intervals of time were group A (G^A) 1995-2003, group B (G^B) 2004-2011 and group C (G^C) 2012-2019. A one-way ANOVA was used to determine the differences between these groups.

Results: A statistically significant difference was found in the AILD, ALD and NASH groups, as determined by a one-way ANOVA ($p=0.036$, $p=0.011$ and $p<0.00$). A Tukey post hoc test showed that AILD cases in GB were higher than GA ($p=0.029$). The same trend was observed in ALD cases, which also showed an increase between the GA and GC ($p=0.012$). For NASH cases, each period showed an increase ($p=0.005AB$, $p<0.001AC$, $p=0.013BC$). HCV and HBV showed no statistically significant changes (Figure).

Discussion: In Mexico, there is scarce information on the incidence of CLD. This study showed a higher NASH incidence (43%) than the previously reported (29%)¹ as well as prevalence (23%)² in cirrhotic patients. The incidence of HAI in this study was 17%, similar to a previous study of 16%¹ in cirrhotic. Previously reported prevalence was 7.3%² in cirrhotic patients. ALD incidence was 15%, previously reported in 23%¹, and a prevalence of 31%² in cirrhotic patients. HCV