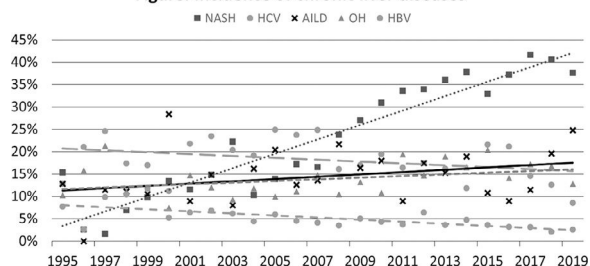


incidence had no significant changes (16%), but it was lower than previously reported (22%)¹.

Conclusions: This is the first study that reports an incidence of CLD in patients with or without cirrhosis. In the northeast of the country, the incidence of NASH has increased significantly during the last 25 years, becoming the most common CLD. This study found an AILD incidence similar to a previous report.¹ ALD showed moderate elevation compared to NASH, and HCV began to decrease.

The authors declare that there is no conflict of interest.

Figure. Incidence of chronic liver diseases



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CAUSES OF DECOMPENSATION IN HOSPITALIZED CIRRHOTIC PATIENTS

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Introduction and Objectives: Decompensation of liver cirrhosis represents a turning point in the prognosis of cirrhotic patients presenting more complex medical needs that can lead to a prolonged hospital stay and a significant risk of in-hospital death. Likewise, mean survival decreases from 12 years for compensated cirrhosis to almost two years for decompensated cirrhosis. Apica BS et al. (2013) reported ascites as the most frequent cause of decompensation in 95.3% cases in the African population. On the other hand, the Colombian study of Sanchez (2016) conducted with the Latin population indicates as the leading cause of decompensation ascites (36.1%), variceal bleeding (28.4%). Unfortunately, in Mexico, we do not have data indicating the most frequent cause of decompensation in hospitalized patients. Therefore, knowing the frequency and most common causes of decompensation will direct prevention and timely treatment strategies. Objective: To determine the cause and prevalence of liver cirrhosis decompensation in patients admitted to the Hospital General de México.

Material and Methods: Observational, descriptive, retrospective study, Inpatients, hospitalized in the Gastroenterology Service of the General Hospital of Mexico "Dr. Eduardo Liceaga" with a diagnosis of liver cirrhosis, during the period from March 2019 to March 2021. The results were analyzed by descriptive statistics, frequency measures, and measures of central tendency (to obtain percentages, mean and average).

Results: We reviewed 454 records of patients diagnosed with liver cirrhosis with an average age of 59 years with a range of 18-75 years, predominantly male 59.25%. The most frequent etiology was alcohol in 44.71%, followed by non-alcoholic steatohepatitis 9.91%, autoimmune causes 7%, and viral (hepatitis B and C) 3.30%;

however, up to 31.7% the etiology cannot be determined. According to the Child-Pugh classification, the predominant one was C up to 53.96%. The most frequent decompensation was gastrointestinal bleeding with 52.64%, of which 47.57% were of variceal origin, acute kidney injury with 50%, hepatic encephalopathy 46.03%, and ascites 40.96%. It should be noted that 15.19% presented acute on chronic hepatic failure, and 11.23% toxic-alcoholic hepatitis: less frequently hyponatremia 8.37%, spontaneous bacterial peritonitis (SBP) 7.92%, hepatorenal syndrome 1.98%, and hepatopulmonary syndrome 1.10%. See table 1.

Conclusions: In this study, the most frequent cause of decompensation was variceal bleeding, which differs from that reported in the literature in previous studies; however, this may be because the study population attends assessment in advanced stages of the disease and sometimes in the terminal phase to receive specialized care.

The authors declare that there is no conflict of interest.

Table 1

Anthropometric characteristics, Child-Pugh, etiology, and decompensations of Chronic Liver Disease.

PARAMETER	n= 454	interval or %
Average age (years)	59	18-75
GENDER		
Male	269	59.25%
female	184	49.75%
CHILD PUGH		
A	42	9.25%
B	167	36.78%
C	245	53.96%
ETIOLOGY		
ALCOHOL	203	44.71%
UNAFFILIATED	143	31.50%
NASH	45	9.91%
PRIMARY BILIARY CHOLANGITIS	23	5.07%
C VIRUS	14	3.08%
AUTOIMMUNE HEPATITIS	8	1.76%
CARDIAC	7	1.54%
HEPATOCARCINOMA	5	1.10%
BILIARY TRACT LESION	3	0.66%
BILIARY TRACT ATRESIA	1	0.22%
PRIMARY SCLEROSING CHOLANGITIS	1	0.22%
B VIRUS	1	0.22%
DECOMPENSATIONS		
GASTROINTESTINAL HEMORRHAGE	239	52.64%
VARICEAL	216	47.57%
NON - VARICEAL	16	3.52%
VARICEAL/NON VARICEAL	7	1.54%
HEPATIC ENCEPHALOPATHY	209	46.03%
I	0	0%
II	158	34.80%
III	51	11.23%
IV	0	0%
ACUTE KIDNEY INJURY	225	50%
IA	80	17.62%
IB	14	3%
II	60	13.21%
III	55	12.11%
CKD	16	3.52%
ASCITES	186	40.96%
GI	4	0.88%
GII	115	25.33%
GIII	67	14.75%
SBP	36	7.92%
HYPONATREMIA		
<125	38	8.37%
ACLF		
1	69	15.19%
2	21	4.62%
3	34	7.48%
4	14	3%
HEPATORENAL SYNDROME	9	1.98%
HEPATOPULMONARY SYNDROME	5	1.10%
TOXIC ALCOHOLIC HEPATITIS	51	11.23%

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