	UC n=88	CROHN n=37
Sex (%)		
Mujeres	48 (55)	20 (54)
Hombres	40 (45)	17 (46)
Age(years)		
Average	50 (± 16)	48 (± 17)
Comorbidities (%)		
NAFLD	12 (13.6)	8 (21.6)
HBP	25 (28.4)	10 (27)
T2D	21 (23.9)	5 (13.5)
Insulin resistance	22 (25)	3 (8.1)
Dyslipidemia	43 (48.9)	13 (35.1)
Hypothyroidism	9 (10.2)	2 (5.4)
EII treatment (%)		
Infliximab	22 (25)	2 (5.4)
Certolizumab	28 (31.8)	10 (27.0)
Adalimumab	16 (18.2)	11 (29.7)
Ustekinumab	8 (9.0)	5 (13.5)
Mesalazina	14 (15.9)	7 (18.9)
Diagnostic scales in NAFLD		
FIB-4 (%)		
< 1.45	7 (58.3)	6 (75)
>1.45 <3.25	3 (25)	0 (0)
>3.25	2 (16.7)	2 (25)
NAFLD fibrosis score (%)		
<-1.455	8 (66.6)	6 (75)
-1.455- 0.675	4 (33.3)	1 (12.5)
> 0.675	0 (0)	1 (12.5)

Table 1. Demographic characteristics of patients with inflammatory Bowel Disease
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Effect of zinc supplementation in patients with cirrhosis and dysgeusia

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Introduction and Objective: The prevalence of dysgeusia in patients with cirrhosis is higher than 50%; the aim of the study was to evaluate the effect of zinc supplementation in patients with cirrhosis and dysgeusia.

Materials and Methods: Randomized clinical trial, double-blind, controlled with placebo of 34 patients. The intervention consisted of 100mg/day of zinc for six months. Improvement of dysgeusia was evaluated according to changes in perception (PT) and recognition (RT) thresholds of five flavors. Nutrient consumption was evaluated by SNUT questionnaire. Meanwhile, quality of life (QoL) was evaluated by LDQOL questionnaire. The trial was approved by the research ethics committee, and informed consent was obtained.

Results: 50% (n=17) of patients were male, 76.5% (n=26) presented PT dysgeusia, meanwhile 85%(n=29) presented RT dysgeusia; salty and umami were the most affected flavors. Twenty-eight patients accomplished the follow-up. PT dysgeusia showed significant improvement in the intervention group. (28.6% vs 57.1%, p=0.004) (Figure). Changes in RT and evaluation of each flavor did not show. Patients of intervention group increased protein consumption (61.8 g [48.6-67.1] vs 57.1g [39.5-60.5], p=0.05). According to QoL, patients with zinc supplementation showed higher punctuation of the worry domain (6.0 [5.2-6.4] vs. 4.4[2.9-5.5], p=0.007) and global QoL. (5.5[5.1-6.1] vs 5.0[4.7-5.8], p=0.05)

Discussion: The presence of dysgeusias in patients with cirrhosis could have a negative impact on nutritional status and its consequences; zinc supplementation seems to be a treatment option in these patients.

Conclusions: Zinc supplementation improves the PT, protein consumption and global QoL in patients with cirrhosis and dysgeusia.

Funding: The resources used in this study were from the hospital without any additional financing.

Declaration of interest: The authors declare no potential conflicts of interest.

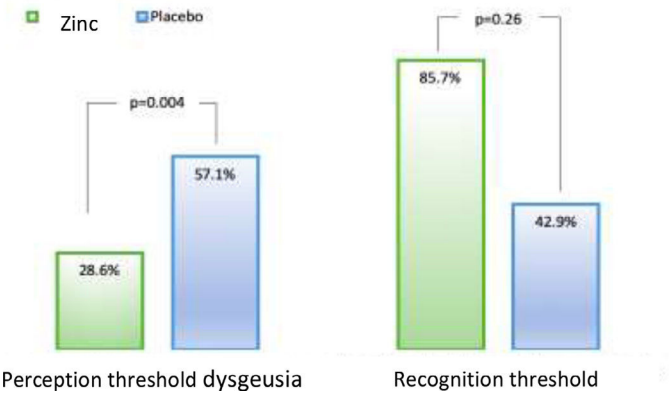

Figure1. Differences in prevalence of dysgeusia in PT and RT after six months
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6-Week mortality predictors in patients with acute variceal bleeding from the western national medical center of the Mexican social security institute

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Introduction and Objectives: To identify the predictive factors for mortality at six weeks in patients with variceal bleeding.

Materials and methods: A retrospective cohort study in the Department of Gastroenterology of the National Medical Center of the West, from January-December 2021.

Results: Seventy patients with variceal bleeding were included (table 1). The 6-week mortality was 25.7% and the early rebleeding rate was 22.9%. The main predictors of mortality were a Child-Pugh class C score OR 7.67(95% CI, 2.25-26.15, p=0.0011), a MELD score ≥20 OR 20.0(95% CI, 5.58-94.74, p=<0.0001), ABC score ≥8 OR 32.0 (95% CI, 3.91-261.54, p=0.0012) and Blatchford score ≥15 OR 9.60 (95% CI, 2.51-38.16, p=0.0013); Similarly, the presence of other decompensations such as acute kidney injury (OR 4.77, p=0.0088), hepatic encephalopathy (OR 18.85, p=<0.0001), ACLF (OR 65.0, p=<0.0001), and a no-SBP infection (OR 3.83, p=<0.0001) were identified as predictors