

	UC n=88	CROHN n=37
<b>Sex (%)</b>		
Mujeres	48 (55)	20 (54)
Hombres	40 (45)	17 (46)
<b>Age(years)</b>		
Average	50 (± 16)	48 (± 17)
<b>Comorbidities (%)</b>		
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)
<b>EII treatment (%)</b>		
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)
<b>Diagnostic scales in NAFLD</b>		
<b>FIB-4 (%)</b>		
< 1.45	7 (58.3)	6 (75)
>1.45 <3.25	3 (25)	0 (0)
>3.25	2 (16.7)	2 (25)
<b>NAFLD fibrosis score (%)</b>		
<-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.

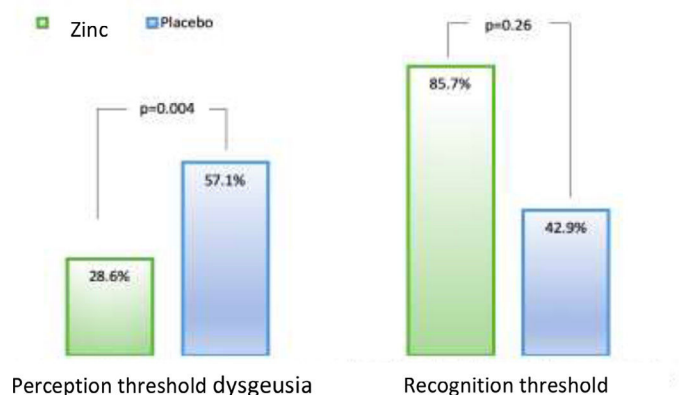


Figure1. Differences in prevalence of dysgeusia in PT and RT after six months  
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**6-Week mortality predictors in patients with acute variceal bleeding from the western national medical center of the Mexican social security institute**

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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

**Discussion:** The mortality at six weeks and early rebleeding, as well as mortality predictors, match what is reported in the international literature.

**Conclusions:** Poor hepatic function reserve, which is related to higher comparisons of Child-Pugh and MELD scores, are independent predictors of mortality in variceal bleeding due to the high portal venous pressure gradients managed by these patients. Similarly, the presence of other decompensations, such as acute kidney injury, hepatic encephalopathy, and ACLF, also increase the risk of death when they occur in conjunction with variceal bleeding.

**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.

TABLE 1. Variables				
Age (mean)	58 years	Types of varicose veins	Esophageal 42(60%)	
Cirrhosis etiology	Viral 16(22.9%)	Endoscopy-bleeding time	Gastrofundic 11(15.7%)	
	Alcohol 14 (20%)		Both 15(21.4%)	
	HAFLD 9(12.9%)		Less than 12 hours 27(38.6%)	
	Autoimmune 7(10%)		less than 24 hours 34(48.5%)	
Bleeding episode number	Not determined 22(31.4%)	Triggers/decompensations	More than 24 hours 8(11.4%)	
	No cirrhosis 2(2.8%)		Portal thrombosis 13(18.5%)	
	First episode 25(35.7%)		AKI 18(25.7%)	
	Second episode 28(40%)		HE 15 (21.4%)	
Child-Pugh score	Third or more 17(24.2%)	ACLF 15(21.4%)	SBP 0(0)	
	Class A 14(20%)		Other infections 12(17.1%)	
	Class B 17(24.3%)		ABC score (mean)	7 pts
	Class C 17(24.3%)		Glasgow-Blatchford (mean)	11 pts
MELD (mean)	15 pts	Rockall score (complete) (mean)	6 pts	
Active bleeding (jet)	7(10%)	AIMS 65 (mean)	1 point	
Transfusion (mean)	1.5 globular concentrates			
Hospital stay (mean)	5.2 days			

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**An unusual complication after variceal band ligation: complete esophageal obstruction, a case report and review of the literature**

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**Introduction and objectives:** Endoscopic ligation is the standard therapy for secondary prophylaxis of variceal bleeding, being a simple procedure, although not without complications. A case of a rare complication is presented.

**Clinical case summary:** 73-year-old woman with cirrhosis and a history of variceal bleeding in secondary prophylaxis. Endoscopy was performed, presenting large esophageal varices with high-risk bleeding stigmas data with ligation of 2 varices. Twenty-four hours later, he started with chest pain and progressive dysphagia to liquids and solids. Tomography showed esophageal dilatation with air-fluid level and distal narrowing. She was admitted for hospital surveillance with no response to symptomatic management and no tolerance to oral administration; an endoscopy was performed 72 hours later, observing complete obstruction of the esophagus lumen due to the tissue surrounding varix with edema and necrosis that prevented the passage of the endoscope. Conservative management was decided, with strict fasting and central parenteral nutrition for three days, with complete resolution of symptoms and tolerance to oral administration on day 5. At 12 weeks later, she reported dysphagia; the control endoscopy showed concentric stenosis in the previous ligation site, requiring dilation with a pneumatic balloon to 13 mm. Figure 1.

**Discussion:** Among the complications after endoscopic band ligation of esophageal varices, the presentation of complete obstruction is the least frequent, finding only 14 cases reported in the literature. Conservative management and monitoring for the development of posterior stenosis are recommended.

**Conclusions:** Physicians should be aware of all the probable subsequent complications derived from this procedure.

**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.

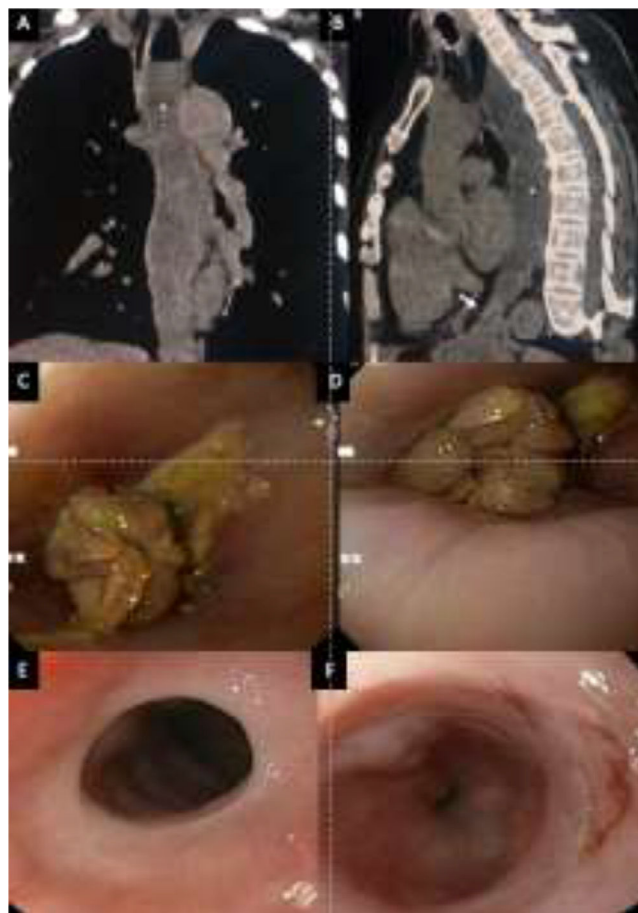


Figure 1. a) Chest CT (coronal) with dilation of the esophagus and an air-fluid level b) Sagittal chest CT, with stenosis in the distal third, c and d) post-ligation endoscopy with a varicose band that obstructs the esophageal lumen, edema and necrosis e) follow-up endoscopy with stenosis due to fibrosis f) post-dilation  
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**Comparison of the meld-la model as a predictor of early mortality in Mexican patients with chronic decompensated liver disease**

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**Introduction and Objectives:** Here are several scales used to predict early and long-term mortality in patients with chronic decompensated liver disease; the sensitivity is different in each one. A study published in the AASLD 2002 evaluated the MELD-LACTATE scale with good results. This scale has not yet been evaluated in the Mexican population. Evaluate the sensitivity and specificity of MELD-LA to predict early mortality in patients with decompensated cirrhosis in Mexican patients