**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%) | | Gastrofundic 11(15.7%) |
| | Alcohol 14 (20%) | | Both 15(21.4%) |
| | MAFLD 9(12.9%) | Endoscopy-bleeding time | Less than 12 hours 27(38.6%) |
| | Autoinmune 7(10%) | | less than 24 hours 34(48.5%) |
| | Not determined 22(31.4%) | | More than 24 hours 8(11.4%) |
| | No cirrhosis 2(2.8%) | Triggers/descompensations | Portal thrombosis 13(18.5%) |
| Bleeding episode number | First episode 25(35.7%) | | AKI 18(25.7%) |
| | Second episode 28(40%) | | HE 15 (21.4%) |
| | Third o more 17(24.2%) | | ACLF 15(21.4%) |
| Child-Pugh score | Class A 14(20%) | | SBP 0(0) |
| | Class B 37(52.9%) | | Other infections 12(17.1%) |
| | Class C 17(24.3%) | ABC score (mean) | 7 pts |
| MELD (mean) | 15 pts | Glasgow-Blatchford (mean) | 11 pts |
| Active bleeding (jet) | 7(10%) | Rockall score (complete) (mean) | 6 pts |
| Transfusión (mean) | 1.5 globular concentrates | AIMS 65 (mean) | 1 point |
| 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.

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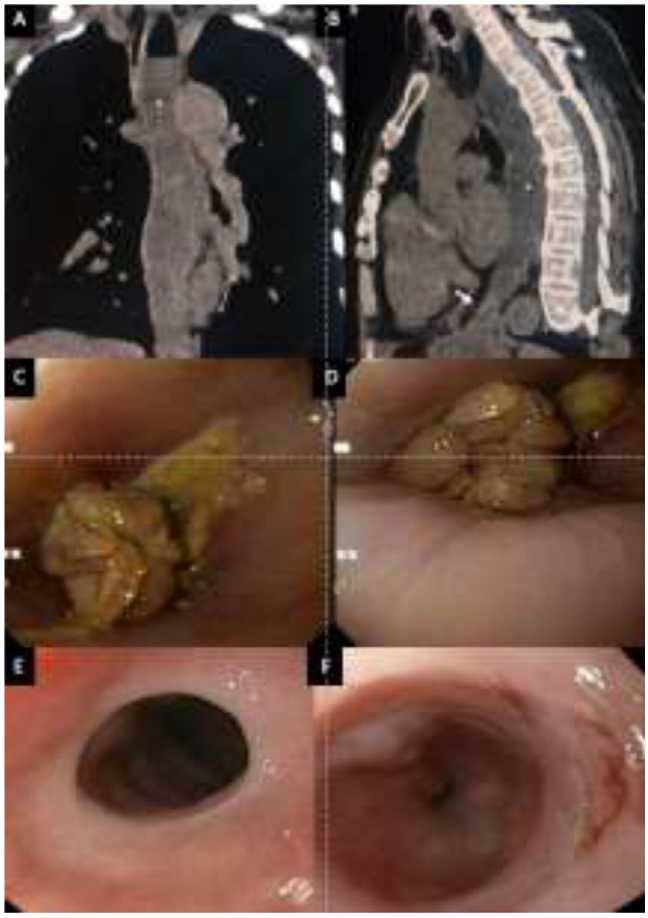


Figure 1. a) Chest CT (coronal) with dilation of the esophagus and an air-fluid level b) Sagittal chest CT, with stenosis in the distal third, c and d) post-ligation endoscopy with a varicose band that obstructs the esophageal lumen, edema and necrosis e) follow-up endoscopy with stenosis due to fibrosis 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