Efficacy and safety of treatment with terlipressin infusion vs. bolus in gastrointestinal bleeding of variceal origin in a third-level hospital

N Moreno Aguilar, DE Meléndez Mena,
MA Mendoza Torres

UMAE. Puebla Specialty Hospital. IMSS. Mexico

Introduction and Objectives: Digestive bleeding of variceal origin represents an event with high mortality and pharmacological treatment is the mainstay in its management. In our setting, bolus terlipressin is the available treatment, although with frequent adverse effects, so we compared the efficacy and safety of bolus terlipressin vs. infusion for variceal bleeding.

Materials and methods: Experimental, randomized and comparative study in which adult patients from the Hospital de Especialidades Puebla were included from March 1, 2021, to October 31, 2021, with portal hypertension who presented with upper gastrointestinal bleeding of variceal origin and were administered terlipressin in infusion and in boluses. The protocol was approved by the local ethics committee and all patients participated with informed consent. Statistical analysis was performed in the IBM SPSS v. 28.

Results: 14 patients were randomly admitted, 7 to the infusion group and 7 to the bolus group. There were significant differences in the variables (Table 1) of days of hospital stay (p=0.023), adverse effects (p=0.018) and drug requirement (p=0.001); in the rest of the variables, there were no significant differences. Table 1.

Conclusions: Given the size of our sample and study design, larger studies with better statistical power are needed to corroborate our results.

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. Comparative table of results of the study variables between the control group (bolus) and the experimental group (infusion)

Study variables	Bolus (n=7)	Infusion (n=7)	P Value (CI 95%)	Correlation	RR
Treatment failure	0 (0.0%)	0 (0.0%)	NA	NA	NA
Adverse effects	4 (57%)	0 (0.0%)	0.018	5.60	3.33 (1.2-8.5)
Requirement of red cell concentrates	1 (0-2)	0.86 (0-3)	0.196	0.311	NA
Days of hospital stay	3.643 (3-5)	3.171 (3-3.5)	0.023	1.590	NA
Rebleeding at 6 weeks	0 (0.0%)	0 (0.0%)	NA	NA	0
Drug requirement	22.29	12.14	0.001	0.0	NA

https://doi.org/10.1016/j.aohep.2022.100801

Evaluation of the early response to empirical treatment and its association with cultures in patients with spontaneous bacterial peritonitis (SBP)

ST Carrión, F Garcia-Juarez, P Diego-Salazar,
E Medina-Ávalos, M Carmona-Castillo,
C Dorantes-Nava, F Higuera-de la Tijera,
JL Pérez-Hernández

General Hospital of México "Dr. Eduardo Liceaga." Mexico City, Mexico

Introduction and Objectives: Spontaneous bacterial peritonitis (SBP) is a frequent complication in cirrhotic patients; the start of treatment is empirical and is adjusted with cultures. The antibiotic of choice is cephalosporins, which have reported high resistance. Improving SBP conditions has an impact on the evolution of patients. This study aimed to assess the early treatment response of SBP treated with empiric antibiotics.

Patients and Methods: Patients with a diagnosis of cirrhosis and SBP were included who underwent diagnostic paracentesis and paracentesis thee days after starting treatment; a decrease in ascites cellularity was evaluated as a criterion of response to treatment and the culture report. Descriptive and inferential statistics were performed. The trial was approved by the research ethics committee, and informed consent was obtained.

Results: Six hundred twenty-one patients diagnosed with liver cirrhosis were included. Forty-seven met the criteria for SBP. Thirty men (63%) and 17 women (36%); the causes of cirrhosis were: Alcohol 25 (53%), MAFLD 9 (19%), autoimmune 2 (4%) and unknown 10 (21%) By Child-Pugh B 12 (25%) and 35 (74%) C. 89% (42) received cephalosporins, of which 78% (33) responded to treatment (figure 1), of which 66% (23) did not isolated agent in culture, only 31% (10) developed bacterial agent, mainly E. coli (60%).

Conclusions: SBP is the most common cause of infections in cirrhotic patients, with a high impact on morbidity and mortality. Despite reports of resistance to cephalosporins in our population, the response to empirical treatment with cephalosporins is still optimal.

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.

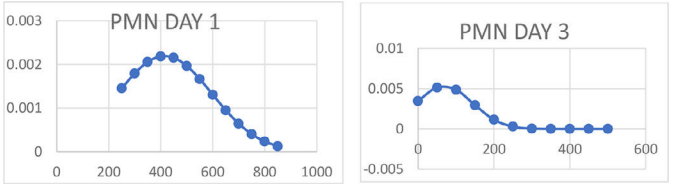

Figure 1: Comparative table of neutrophils on day zero and day three of treatment.

https://doi.org/10.1016/j.aohep.2022.100802

MELD Na and MELD 3.0 have the best performance in predicting the risk of death at 28 days in patients with severe alcoholic hepatitis in the Mexican population

CL Dorantes-Nava[1], F Higuera-de la Tijera[1],
A Servín-Caamaño[2], F Salas-Gordillo[1],
JM Abdo-Francis[3], G Gutiérrez-Reyes[4],
P Diego-Salazar[1], MY Carmona-Castillo[1],
S Teutli- Carrion[1], EJ Medina –Avalos[1],
A Servín-Higuera[1], JL Pérez-Hernández[1]

[1] *Gastroenterology and Hepatology Service. General Hospital of Mexico "Dr. Eduardo Liceaga." Mexico City, Mexico*
[2] *Internal Medicine Service. General Hospital de Mexico "Dr. Eduardo Liceaga." Mexico City, Mexico*
[3] *Angeles Hospital Acoxpa, Mexico City, Mexico*
[4] *Liver, Pancreas and Motility Laboratory (HIPAM). Department of Experimental Medicine. Faculty of Medicine. UNAM; Mexico City, Mexico*

Introduction and Objective: To compare various prognostic scales to verify which one has the best performance in predicting 28-day mortality in patients with severe toxic-alcoholic hepatitis (AH).