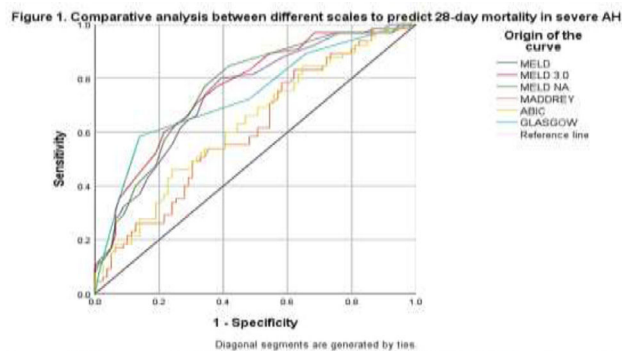**Materials and Methods:** Observational, cohort study. Data were collected from patients with severe AH who were hospitalized between January 2010 and May 2022. MELD, MELDNa, MELD3.0, ABIC, Maddrey, and Glasgow scale for AH were calculated at admission and their outcome at 28 days was verified. ROC curves were constructed to compare the different prognostic scales.

Results: A total of 144 patients were included, 129 (89.6%) men, with a mean age of 43.3±9.3 years, and median grams of alcohol consumed/day was 320 (range: 60-1526). 65 (45.1%) died. The mean of MELD, MELDNa and MELD3.0 was higher among the deceased vs. survivors (33.5±7.5 vs. 27.1±6.2; 34.6±5.7 vs. 29.1±5.7; and 35.8± 6.0 vs. 30.1±5.5 respectively; $p<0.0001$). The ROC curve analysis comparing the prognostic scales is shown in Figure 1.

Conclusions: AH mortality is high. MELDNa and MELD3.0 have the best performance in predicting on admission which patients with AH are at risk of dying in the following 28 days and can be useful tools for prioritizing patients who are candidates for liver transplantation.

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

Figure 1. Comparative analysis between different scales to predict 28-day mortality in severe AH

Scale	Area under the curve	95% confidence interval	P
MELD	0.743	0.663 - 0.823	< 0.0001
MELD 3.0	0.760	0.682 - 0.838	< 0.0001
MELDNa	0.761	0.682 - 0.839	< 0.0001
Maddrey	0.611	0.519 - 0.702	0.023
ABIC	0.630	0.539 - 0.721	0.007
Glasgow	0.735	0.652 - 0.818	< 0.0001

Characterization of acute kidney injury among Mexican patients with cirrhosis

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Introduction and Objectives: Acute kidney injury is common in patients with cirrhosis and consists of various phenotypes; the first stage was divided into 2 phases; stage 1B has similar mortality to the higher stages; creatinine is not the best marker, limited by sarcopenia in cirrhosis. This study aimed to determine the characteristics of acute kidney injury in Mexican patients with cirrhosis and to evaluate its progression.

Materials and Methods: Retrospective, descriptive study, including cirrhotic patients of any etiology who developed acute kidney injury. The characteristics and progression of the disease were evaluated according to treatment and possible markers, describing the quantitative variables as mean and standard deviation for the qualitative variables in frequencies and percentages.

Results: Ninety patients were included, 62.2% men, mean age 52 ±11, 55.5% of alcoholic etiology followed by unknown and NASH (26 and 13% respectively), 4.4% in stage A, 3.5% in stage B and 58.8% in stage C for Child-Pugh; 31.1% with ACLF. The characteristics of renal failure are shown in Table 1 and the progression in Table 2.

Conclusions: Renal failure in Mexican cirrhotic patients is low (30%), as is mortality (4%).

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

Table 1. Characteristics of patients with Acute Kidney Injury by Stage according to the International Ascites Club.

Characteristic	Acute Kidney Injury				
	AKI ICA Ia (N=23)	AKI ICA Ib (N=22)	AKI ICA II (N=32)	AKI ICA III (N=13)	TOTAL
MEAN AGE – yr	54.31 ± 11.89	53.7 ± 13.43	52 ± 11.34	58 ± 14.44	-
GENDER %(N)					
Male	15.5 (14)	17.7(16)	22.2 (20)	6.6 (6)	62.2 (56)
Feminine	10 (9)	6.6 (6)	13.3 (12)	7.7 (7)	40 (36)
ETIOLOGY OF CIRRHOSIS %(N)					
Alcoholic	13.3 (12)	14.4 (13)	22.2 (20)	5.5 (5)	55.5 (50)
Cardiac	1.1 (1)	-	-	-	1.1 (1)
AIH	-	-	1.1 (1)	-	1.1 (1)
NASH	2.2 (2)	1.1 (1)	6.6 (6)	3.3 (3)	13.3 (12)
NOT AFFILIATED	8.8 (8)	8.8 (8)	4.4 (4)	4.4 (4)	26.6 (24)
HBV	-	-	-	1.1 (1)	1.1 (1)
HCV	-	-	1.1 (1)	-	1.1 (1)
CHILD PUGH %(N)					
A	2.2 (2)	-	1.1 (1)	1.1 (1)	4.4 (4)
B	13.3 (12)	8.8 (8)	11.1 (10)	2.2 (2)	35.5 (32)
C	10 (9)	15.5 (14)	23.3 (21)	11.1 (10)	58.8 (53)
ASSOCIATED COMPLICATIONS					
Hemorrhage %(N)	14.4 (13)	7.7 (7)	8.8 (8)	4.4 (4)	35.5 (32)
Ascites %(N)	42.2 (38)				
GI	-	-	2.2 (2)	-	2.2 (2)
GII	3.3 (3)	6.6 (6)	12.2 (11)	6.6 (6)	28.8 (26)
GIII	2.2 (2)	3.3 (3)	3.3 (3)	2.2 (2)	11.1 (10)
ENCEPHALOPATHY (WH) %(N)	58.8 (53)				
I	-	-	-	-	-
II	13.3 (12)	7.7 (7)	16.6 (15)	6.6 (6)	44.4 (40)
III	-	5.5 (5)	3.3 (3)	5.5 (5)	14.4 (13)
IV	-	-	-	-	-
ACLF %(N)	31.1 (28)				
I	-	5.5 (5)	3.3 (3)	1.1 (1)	9.9 (9)
II	-	2.2 (2)	6.6 (6)	6.6 (6)	15.5 (14)
III	-	1.1 (1)	3.3 (3)	1.1 (1)	5.5 (5)
Associated Infections %(N)	34.4 (31)				
UTI	7.7 (7)	7.7 (7)	7.7 (7)	7.7 (7)	31.1 (28)
SBP	-	1.1 (1)	1.1 (1)	1.1 (1)	3.3 (3)
USE OF DIURETICS %(N)	25.5 (23)				
NO	21.1 (19)	20 (18)	22.2 (20)	11.1 (10)	74.4 (67)
YES	4.4 (4)	4.4 (4)	13.3 (12)	3.3 (3)	25.5 (23)

Table 2. Progression of kidney injury in cirrhotic patients.

PROGRESSION	SI 51.1% (N = 46)					NO 48.8 % (N = 44)				
AKI ICA% (N)	IA	IB	II	III	TOTAL	IA	IB	II	III	TOTAL
AKI	15.2 (7)	21.7 (10)	32.6 (15)	10.8 (5)	80.4 (37)	-	-	-	-	-
CKD	-	-	10.8 (5)	6.5 (3)	17.3 (8)	-	-	-	-	-
HRS	-	-	-	2.1 (1)	2.1 (1)	-	-	-	-	-
TREATMENT %(N)										
Albumin	-	10.8 (5)	26 (12)	13 (6)	50 (23)	-	18.1(8)	13.6(6)	4.5(2)	36.3(16)
Hyperhydration	15.2 (7)	10.8 (5)	17.3 (8)	6.5 (3)	50 (23)	32 (14)	13.6(6)	13.6(6)	4.5(2)	63.6(28)
NGAL >220mcg/g%(N)	23.91 (11)					11.36 (5)				
SEDIMENT %(N)										
Bacteria	-	-	4.3 (2)	-	4.3 (2)	4.5 (2)	2.2 (1)	2.2(1)	2.2 (1)	11.3(5)
Soft	-	-	-	-	-	11.3(5)	9 (4)	2.2(1)	-	22.7(10)
epithelial cells	-	-	2.1 (1)	-	2.1 (1)	-	-	-	-	-
Erythrocytes	-	-	-	-	-	2.2 (1)	2.2 (1)	-	-	4.5 (2)
Granular Casts	2.1 (1)	2.1 (1)	10.8 (5)	2.1 (1)	17.9 (8)	-	2.2 (1)	2.2 (1)	6.8 (3)	11.3 (5)
Hyaline Casts	-	-	6.5 (3)	2.1 (1)	8.6 (4)	-	-	2.2 (1)	-	2.2 (1)