

Precipitating factors of kidney injury in patients with liver cirrhosis

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Introduction and Objectives: This study aimed to determine the precipitating factors of acute kidney injury (AKI) in hospitalized patients with ACLD (Advanced chronic liver disease)

Materials and methods: Retrospective, descriptive, cross-sectional study at HJM Gastroenterology service. We included all patients with ACLD hospitalized in the last six months who presented AKI, with a previous baseline creatinine, without proteinuria in the general urinalysis, renal ultrasound without alterations and who met the criteria for AKI by KDIGO. Prognostic scales (Child-Pugh, Meld Na and CLIF Score) were determined to classify into two groups: Those with ACLF and Non-ACLF. The results were analyzed with measures of central tendency.

Results: A total of 47 patients entered the study, divided into two groups: ACLF (N=18) and no-ACLF (N=29) (Table 1).

Conclusions: As can be seen, regardless of the comorbidities and etiology of cirrhosis, the most important factor in acute kidney injury is an impaired liver function associated with infectious processes that can precipitate ACLF and death.

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	ACLF 18 (38.29%)	NO ACLF 29 (61.72%)
GENDER		
MALE	15 (83.5%)	21 (72.41%)
FEMALE	3 (16.6%)	6 (20.68%)
AGE	53.1	56.4
ETIOLOGY		
UNDETERMINED	1 (5.3%)	3 (10.34%)
ALCOHOL	12 (66.6%)	21 (22.14%)
NASH	2 (11%)	2 (6.8%)
AIH	2 (11%)	2 (6.8%)
PBC	1 (5.5%)	0
VIRAL	1 (5.5%)	1 (3.44)
CHRONICDEGENERATIVES		
NONE	12 (66.6%)	15 (51.7%)
DIABETES MELLITUS	1 (5.5%)	6 (20.6%)
HYPERTENSION ARTERIAL	3 (16.6%)	4 (13.7%)
CANCER	1 (5.5%)	1 (3.4%)
HYPOTHYROIDISM	0	1 (3.4%)
DYSLIPIDEMIA	1 (5.5%)	1 (3.4%)
EPOC	0	1 (3.4%)
EPILEPSY	0	1 (3.4%)
KIDNEY INJURY		
ICA- AKI I	2 (11.11%)	21 (72.14%)
ICA- AKI II	4 (22.22%)	4 (13.79%)
ICA- AKI III	12 (68.66%)	4 (13.59%)
ETIOLOGY KIDNEY INJURY		
DEHYDRATION	1 (5.5%)	5 (17.24%)
INFECTION	8 (44.44%)	5 (17.24%)
ALCOHOL	7 (38.81%)	3 (10.34%)
THROMBOSIS	1 (5.55%)	0
HEMORRHAGE VARICEAL	1 (5.55%)	14 (48.21%)
GRADE III ASCITES	0	2 (6.89%)
CHILD PUGH		
A	0	4 (13.79%)
B	0	17 (58.62%)
C	18 (100%)	8 (27.58%)
MELD NA	35.11 points	22.17 points
MORTALITY	8 (44.44%)	0

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Frequency of the association of metabolic syndrome in patients with liver cirrhosis hospitalized for variceal hemorrhage at Hospital Juárez de México

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Introduction and Objectives: Clinical studies show a high prevalence of components of the metabolic syndrome (MS) in patients with liver cirrhosis not associated with NAFLD as a factor that increases portal hypertension (PH) and the frequency of variceal hemorrhage. This study aimed to determine the frequency of variceal hemorrhage among hospitalized patients with non-NAFLD liver cirrhosis who meet the criteria for MS and patients without MS in the Gastroenterology Service of the HJM from January to April 2022.

Materials and Methods: Comparative, descriptive, retrospective and cross-sectional study of a cohort of patients with liver cirrhosis hospitalized for variceal hemorrhage. Forty files were reviewed, excluding those with NAFLD etiology, divided into group A with MS and group B without MS.

Results. Of the sample (n=40), 70% were men and 30% were women.

Results: Table 1. characteristics of patients with variceal hemorrhage with and without metabolic syndrome

Conclusions: Despite the small number of patients, it is observed that MS, diabetes mellitus and arterial hypertension are independent factors for the development and evolution of PH, so they should be considered in the primary and secondary prevention of variceal hemorrhage.

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	Group A. Liver cirrhosis and metabolic syndrome (14 PATIENTS-40%)	Group B. Liver cirrhosis without metabolic syndrome. (14 PATIENTS-40%)
WOMEN AND THEIR AVERAGE AGE	25% 72.7 YEARS	37.5% 61.1 YEARS
MEN AND THEIR AVERAGE AGE	75% 50.4 YEARS	62.5% 52.2 YEARS
SMOKING	29.1%	25%
ALCOHOLISM	64.6%	43.75%
ETIOLOGY		
BY CONSUMPTION OF ALCOHOL	64.6%	43.75%
AUTOPHAGINE	12.3%	25%
HCV	12.3%	18.75%
INDETERMINATE	8.2%	12.5%
COMORBIDITIES	87.5% WITH AT LEAST ONE COMORBIDITY	37.5% WITH AT LEAST ONE COMORBIDITY
DIABETES MELLITUS TYPE 2	37.1%	12.5%
SYSTEMIC ARTERIAL HYPERTENSION	9.5%	12.5%
DIABETES MELLITUS TYPE 2, SYSTEMIC ARTERIAL HYPERTENSION	28.5%	12.5%
CHILD PUGH		
A	41.6%	56.2%
B	41.6%	37.5%
C	16.6%	4.35%
MELD-NA AVERAGE	15 POINTS	14.4 POINTS
APRI AVERAGE	1.66	1.58
FB-4 AVERAGE	5.4	5.1
HBA1C AVERAGE	6.2%	6%
DMC AVERAGE	29.1 KG/CM2	25.3 KG/CM2

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Prevalence of hepatobiliary manifestations in patients with inflammatory bowel disease

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Introduction and Objectives: This study aimed to analyze the prevalence of hepatobiliary manifestations in patients diagnosed with chronic nonspecific ulcerative colitis (UC) and Crohn's disease (CD), in a tertiary care hospital in Mexico.

Materials and Methods: A retrospective observational study was conducted based on clinical records of patients diagnosed with UC or Crohn's disease who attended the Gastroenterology service of the Centro Medico Nacional La Raza in the period from 2017 to 2022 in the gastroenterology. The data was collected from the clinical file. Means and standard deviation were used for the analysis of