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.

Funding: The resources used in this study were from the hospital without any additional financing

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	Group A. Liver cirrhosis and metabolic syndrome (24 PATIENTS-60%)	Group B. Liver cirrhosis without metabolic syndrome. (16 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%, 53.2 YEARS
SMOKING	29.1%	25%
ALCOHOLISM	66.6%	43.75%
ETIOLOGY		
BY CONSUMPTION OF ALCOHOL AUTOIMMUNE HCV INDETERMINATE	66.6% 12.5% 12.5% 8.3%	43.75% 25% 18.75% 12.5%
COMORBIDITIES	87.5% WITH AT LEAST ONE COMORBIDITY	37.5% WITH AT LEAST ONE COMORBIDITY
DIABETES MELLITUS TYPE 2 SYSTEMIC ARTERIAL HYPERTENSION DIABETES MELLITUS TYPE 2, SYSTEMIC ARTERIAL HYPERTENSION	57.1% 9.5% 28.5%	12.5% 12.5% 12.5%
CHILD-PUGH		
A B C	41.6% 41.6% 16.6%	56.2% 37.5% 6.25%
MELD-NA AVERAGE	15 POINTS	14.6 POINTS
APRI AVERAGE	1.66	1.58
FIB-4 AVERAGE	5.4	5.1
HBA1C AVERAGE	6.2%	6%
IMC AVERAGE	29.1 KG*M2	25.3 KG*M2

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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

quantitative variables, and frequencies (percentages) were used for qualitative variables.

Results: A sample of one hundred and twenty-two patients (56.5% were men and 43.4% were women) was analyzed, of which 87 (71.3%) corresponded with a diagnosis of UC and 35 (28.7%) with a diagnosis of CD. Hepatobiliary manifestations were found in 27 patients (22%), with steatosis (9%) and PSC (5.6%) being the most frequent. Only in one patient, two simultaneous manifestations were found (HAI and PSC). Thirty-eight patients presented alterations in hepatic biochemical tests, of which 29% did not correspond to any known hepatic complication at that time. (Figure 1).

Discussion: Although the best-described manifestation in IBD is PSC, in our study, they stand out because a considerable percentage of patients present alterations in hepatic biochemical tests or in imaging studies, which are not related to a known hepatobiliary pathology and which may be of multifactorial etiology.

Conclusions: The prevalence of hepatobiliary alterations in IBD is considerable, which is why clinical, biochemical and imaging studies monitoring are required periodically to perform the appropriate diagnostic and therapeutic procedures in a timely manner.

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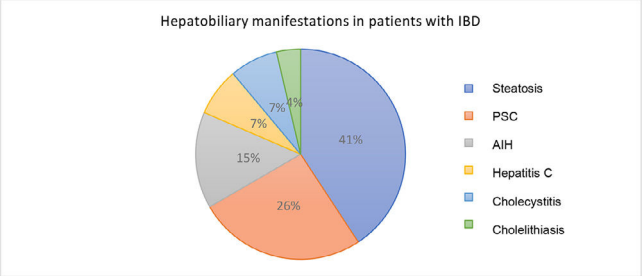

Figure 1.
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Left-sided portal hypertension as a complication of chronic pancreatitis in a young patient. A case report

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Introduction and Objectives: Left-sided portal hypertension occurs due to obstruction, stenosis, or thrombosis of the splenic vein. The most common causes are pancreatic, including chronic pancreatitis (31.8%-53.8%), pancreatic pseudocyst, and neoplasms.

Clinical Case: A 22-year-old man with an 11-year history of transflective pain episodes every three months, without any other symptoms. In the last six months, increased frequency and intensity. He was admitted to the emergency room for mild acute pancreatitis, amylase 181u/l, lipase 230u/l, CRP 35.7mg/L, Procalcitonin 0.04ng/ml, INR 2.4. Abdominal USG is performed with pancreatitis and intra and extrahepatic bile duct dilatation; Contrast-enhanced CT: pancreas with dilation of the main duct of 12 mm and intraductal and intraparenchymal calcifications, portal vein with a diameter of 11.8 mm with stenosis of 80% of its lumen, perigastric, periesophageal and perisplenic collateral veins, stomach with thickening of its folds (14.3 mm) and splenomegaly. He developed hematemesis and melena, panendoscopy showed a large esophageal varix which was ligated, gastric varix GOV 1. Bleeding persists, so arterography and portography were performed, which was ligated, gastric varix GOV 1. Bleeding persists, so arterography and portography were performed, which showed: splenic vein occlusion data and partial portal vein stenosis in its proximal segment. Figure 1.

Discussion: Left portal hypertension is an etiology related to pancreatic pathologies. It should be suspected if there is a history of pancreatitis coupled with de novo digestive bleeding, splenomegaly without data of cirrhosis or hematological diseases and in a patient with IGV.

Conclusion: It should always be considered regardless of the age of the patients, especially with gastrointestinal bleeding, in order to provide proper treatment.

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.

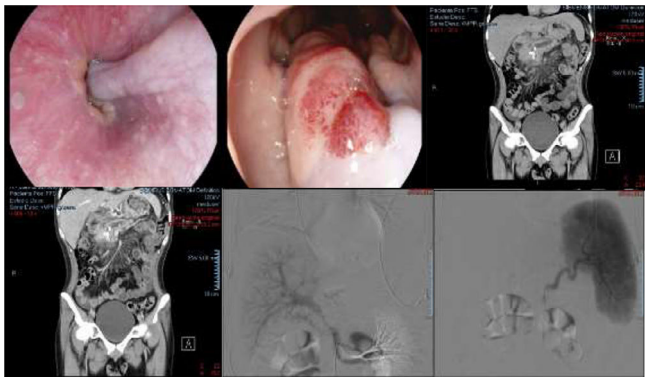

Figure 1. Endoscopy A) esophageal varix B) Thickened gastric folds with areas of subepithelial hemorrhage. Contrast-enhanced CT c) Intraductal calcifications and dilation of the main duct. d) Gastric enhancement is observed after contrast administration of perigastric veins. Arteriography and portography E) proximal portal vein stenosis F) splenic vein stenosis.
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Frequency of bleeding due to ulcer associated with H. Pylori (HP) in patients with liver cirrhosis at Hospital Juárez de México

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Introduction and Objectives: There are few clinical studies that report the prevalence of ulcers associated with H. pylori in cirrhotic patients determined by endoscopic biopsies 5% to 20% vs. 2%-4% of the general population. The risk of ulcer bleeding is higher in this