

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

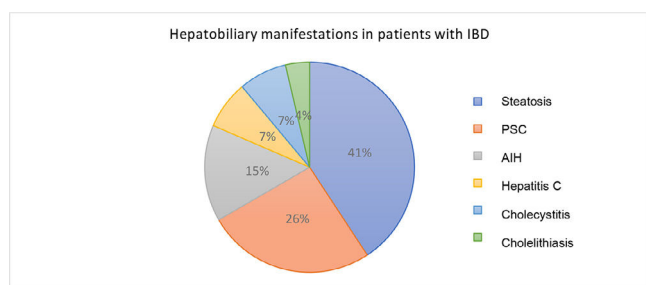


Figure 1.

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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 transfective 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 arteriography and portography were performed, which was ligated, gastric varix GOV 1. Bleeding persists, so arteriography 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.

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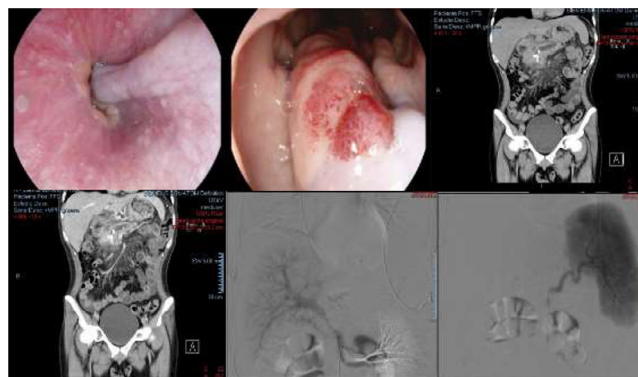


Figure 1. Endoscopy A) esophageal varix B) Thickened gastric folds with areas of subepithelial hemorrhage. Contrast-enhanced CT c) Intraductal calcifications and dilation of the main duct. d) Gastric enhancement is observed after contrast administration of perigastric veins. Arteriography and portography 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

group than in the general population. This study aimed to determine the frequency of ulcers due to HP as a cause of hemorrhage in patients with liver cirrhosis who were admitted to Gastroenterology from January 2022 to January 2023.

Materials and Methods: Descriptive, retrospective, observational and cross-sectional study of a cohort of cirrhotic patients hospitalized due to gastrointestinal bleeding secondary to an ulcer associated with *H. pylori*. Two hundred sixty-three endoscopies of cirrhotic patients were reviewed, excluding variceal hemorrhage, obtaining epidemiological data, cirrhosis etiology, biopsy report, and Child-pugh. Data are analyzed with measures of central tendency.

Results: Two hundred sixty-three reports reviewed; 40 due to ulcer with *H.pylori* (N=40), 57.5% men (n=23) average 51 years old, 42.5% women (n=17) average 61 years old. Cirrhosis due to alcohol consumption 57%, MAFLD 20%, Autoimmune 17.5%, HCV 7.5%. 7.2%, 92.5% of biopsies with HP activity, 55% duodenal and 45% gastric.

Discussion: 15% of the cirrhotic patients presented hemorrhage due to duodenal or gastric ulcer associated with PH, more frequent in men with cirrhosis due to alcohol, Child-pugh A.

Conclusions: The association of ulcer bleeding with PH was presented in a percentage to be considered where the deterioration of liver function did not have an influence. However, the impact that has on the evolution, decompensation and prognosis of cirrhotic patients and the effectiveness of the treatment should be further investigated.

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Notable intestinal dysbiosis orchestrated by *Escherichia/Shigella*, decreased levels of SCFTA (short chain fatty acids) and alterations in metabolic pathways characterize patients with alcohol-decompensated cirrhosis in western Mexico

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Introduction and Objectives: To evaluate the composition and functions of the intestinal microbiota in patients with alcohol-decompensated cirrhosis.

Materials and methods: Fecal samples of eighteen patients and eighteen healthy controls (HC) were obtained. Microbial composition was characterized by 16S rRNA amplicon sequencing, SCFAs quantification was performed by gas chromatography (GC), metagenomic predictive profiles were analyzed by PICRUSt2.

Results: Gut microbiota in the cirrhosis group revealed a significant increase in the pathogenic genera *Escherichia/Shigella* and *Prevotella*, a decrease in beneficial bacteria, such as *Blautia*, *Faecalibacterium*, plus a decreased α -diversity ($p<0.001$) compared to HC. Fecal SCFAs concentrations were significantly reduced in the cirrhosis group ($p<0.001$). PICRUSt2 analysis indicated a decrease in acetyl-CoA fermentation to butyrate, as well as an increase in pathways related to antibiotics resistance and aromatic amino acid biosynthesis.

Discussion: The gut microbiota dominated by the *Escherichia/Shigella* general correlates with low SCFA concentrations and an increase in metabolic pathways related to pathogenicity and the production of substances associated with endotoxemia.

Conclusions: Gut microbiota of these patients possesses a pathogenic/inflammatory environment. Therefore, future strategies to balance intestinal dysbiosis should be implemented. These findings are described for the first time in the population of western Mexico.

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Epidemiologic profile of non-alcoholic fatty liver disease in apparently healthy blood bank donors

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Introduction and Objectives: To determine the prevalence of non-alcoholic fatty liver disease in a healthy population of the blood bank from Hospital General de México "Dr. Eduardo Liceaga," as well as to describe the characteristics of the subjects who experience this disease.

Materials and methods: Prolective, cross-sectional, descriptive, and analytical study. We included donors ≥ 18 years old. We excluded subjects with known liver disease and dangerous alcohol consumption. Vibration-controlled transient hepatic elastography was the method of estimation of steatosis and hepatic fibrosis. We used descriptive statistics.

Results: A total of 258 donors were included. 67 (25.96%) had non-alcoholic fatty liver disease, 29 were women (43.28%) and 38 (56.72%) men. S1 steatosis was found in 14 subjects (20.90%), S2 in 23 (34.32%), and S3 in 30 (44.78%). 23 (34.32%) were overweight, 23 (34.32%) grade 1 obese, 11 (16.44%) grade 2 obese, and 5 (7.46%) grade 3 obese; only 5 (7.46%) had normal body mass index. 21 (72.41%) women have waist circumference ≥ 88 and 23 (60.52%) men ≥ 102 cm. 28 (41.79%) subjects have blood pressure $\geq 130/85$ mmHg;