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

TA Baltazar-Díaz[1], LA González-Hernández[2], JM Aldana-Ledesma[3], M Peña-Rodríguez[4], AN Vega-Magaña[4,5], ASM Zepeda-Morales[6], RI López-Roa[6], S Del Toro-Arreola[1], MR Bueno-Topete[1]

[1] *Chronic-Degenerative Diseases Research Institute. University Center for Health Sciences. Guadalajara University. Guadalajara. Jalisco*
[2] *VIH Unity. Hospital Civil Fray Antonio Alcalde. Guadalajara, Jalisco*
[3] *Gastroenterology Service. Hospital Civil Fray Antonio Alcalde. Guadalajara. Jalisco*
[4] *Diagnostic Laboratory for Emerging and Reemerging Diseases. University Center for Health Sciences. Guadalajara University. Guadalajara. Jalisco. México*
[5] *Research Institute in Biomedical Sciences. Guadalajara University. Guadalajara. Jalisco. México*
[6] *Pharmaceutical Research and Development Laboratory. University Center of Exact Sciences and Engineering. Guadalajara University. Guadalajara. Jalisco. México*

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

JE Lira-Vera[1], O Morales-Gutiérrez[2], FY Vargas-Durán[2], P Alagón-Fernández del Campo[2], AK Soto Martínez[2], D Montemira-Orozco[2], A Burak-Leipuner[2], C Hinojosa-Segura[2], G Gutiérrez-Reyes[2], M Martínez-Castillo[2], S Sánchez-Valle[2], MA Lemus-Peña[2], D Montes de Oca-Ángeles[2], A Hernández-Barragán[2], M Hernández-Santillán[2], MF Higuera-de la Tijera[2], YL Béjar-Ramírez[2], JL Pérez-Hernández[2]

[1] *Hospital Ángeles. San Luis Potosí. México*
[2] *General Hospital of Mexico "Dr. Eduardo Liceaga". Mexico City, Mexico*

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 ≥130/85 mmHg;