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 ≥130/85 mmHg;

24 (35.82%) have glucose ≥100 mg/dl; and 40 (59.70%) triglycerides ≥150 mg/dl. Advanced fibrosis (F4) was found in 3 (4.47%) donors.

Discussion: One in four apparently healthy subjects has non-alcoholic fatty liver disease. These subjects are a sample of the Mexican population that could represent the behavior of the population of our country.

Conclusions: Non-alcoholic hepatic steatosis is a prevalent disease that is closely related to the increase in overweight and obesity in the Mexican population.

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Susceptibility to liver damage in women due to risky alcohol consumption

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Introduction and Objectives: Liver damage from alcohol consumption is different between genders, and the susceptibility shown by women is greater than that of men; there are several factors for this difference to exist. We evaluated the complications of cirrhosis due to alcohol in a group of women and compared it with a group of men. This study aimed to compare the effect of alcohol consumption and complications between both genders.

Materials and methods: An observational, descriptive, and analytical study compares the pattern of alcohol consumption, the number of grams of alcohol between men and women, and its complications.

Results: Two hundred and twenty-two patients were included; 122 women (55.0%) with 51.7±11.5 years of age, Child-Pugh A=24 (10.8%), B=69 (30.6%) and C=130 (58.6%). The grammage/day of alcohol was Women 175.6.9±131.4 and Men 301.5±106.7. The type of consumption was regular risk M=6.6%; excessive M=45.9% and H=58.0%; intoxication M=11.5% and H=8.0%; binge M=36.1% and H=34.0%.

Next, the comparison of medians with the Mann-Whitney U test for MIH by type of consumption with significant differences is described. Table 1.

Conclusions: It was found that women develop more liver damage and more complications with lower consumption of grams of alcohol.

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Table 1.

Factors	Men	Women	P
HTDA- excessive consumption OH	51(56,48)	60 (65,51)	p<0.0001
HTDA- Grams of oH	195(412,180)	135(180,120)	p<0.0001
Water retention- excessive OH consumption	18(19,16)	18(25,18)	p=0.039
Kidney damage- excessive consumption of OH	390(450,312)	107(106,60)	p=0.046.
Hepatitis toxic A- excessive OH intake	52(55,51)	40(47,36)	p=0.09
Encephalopathy- excessive consumption in weight/day	315(357,277)	136(225,88)	p=0.034
ACLF-atracón	50(53,31),	39(43,25)	p=0.025

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Differences in mortality and prognostic scales according to ACLF grade

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Introduction and Objective: ACLF is a syndrome characterized by acute decompensation of hepatic cirrhosis, organ failure(s) and high short-term mortality. The most used diagnostic criteria are those proposed by EASL-CLIF, according to the CANONIC study. This study aimed to compare severity scales and mortality according to ACLF grade.

Materials and Methods: Retrospective analysis of patients with hepatic cirrhosis admitted consecutively to the Gastroenterology Department of CMNO. ACLF diagnosis was made according to EASL-CLIF criteria; patients were followed for 28 days. As to statistical analysis, Anova or Kruskal Wallis was used for continuous variables and Chi-Square for categorical variables. Significance was set at p<0.05.

Results: Of 268 admitted patients with hepatic cirrhosis, 87 (32.4%) met ACLF criteria, of which 45 (51.7%) were female, with a mean age of 61.7 years (10.4 SD). The most common cirrhosis etiology was alcoholic, followed by chronic HCV infection. As to ACLF grade, 40 patients (45.9%) were grade 1, 17 (19.5%) grade 2 and 30 (34.4%) grade 3. Statistically significant differences were found in Child-Pugh, CLIF-C and MELD-Na, as well as in 28 days mortality (p<.0001) and biochemical variables (Table 1).

Discussion: Our study found higher mortality than that reported in other series, probably due to the availability of liver transplants.

Conclusion: ACLF is an entity related to high short-term mortality.

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Table 1.- Patient characteristics according to ACLF grade. Variables are reported as mean and standard deviation (SD) or median and interquartile range according to their distribution.

	Grade 1 (n=40)	Grade 2 (n=17)	Grade 3 (n =30)	p-value
Age (y)	61.8 (11.3)	61.2 (10.1)	61.8 (9.4)	.983
Child-Pugh	10 (9-11.75)	11 (9-12.5)	12 (11.75-13.25)	<.0001
CLIF-C	47 (10.6)	51.1 (8.4)	62 (8.7)	<.0001
MELD-Na	24.4 (5.2)	25.3 (7.7)	32.4 (6.7)	<.0001
28 days mortality	16 (40%)	10 (58.8%)	28 (93.3%)	<.0001
Leukocytes × 10^9/L	8.08 (4.75-10.67)	8.5 (6.4-14.6)	11.5 (7.4-18.4)	.02
Creatinine (mg/dl)	2.02 (1.5-2.2)	2.2 (1.5-3.2)	24 (1.5-3.3)	.145
Total bilirrubin (mg/dl)	2.7 (1.5-5.2)	3.1 (1.5-12.8)	10.7 (5.1-17.3)	<.0001
INR	1.4 (1.2-1.8)	1.7 (1.4-2)	2.3 (1.8-3)	<.0001

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Acute-on-chronic liver failure or Alcoholic Hepatitis? In patients with chronic alcoholic liver disease

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