

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 175.69 ± 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 consumption OH	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 $\times 10^9/L$	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 bilirubin (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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