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.

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.

https://doi.org/10.1016/j.aohep.2022.100813

Susceptibility to liver damage in women due to risky alcohol consumption

E Morales-Mairena, F Higuera-de la Tijera, A Enríquez-Constantino, DA Santana Vargas, JL Pérez-Hernández

General Hospital of Mexico "Dr. Eduardo Liceaga." Mexico City, Mexico

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.

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.

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

https://doi.org/10.1016/j.aohep.2022.100814

Differences in mortality and prognostic scales according to ACLF grade

R Nava-Arceo, BA Priego-Parra, P González-Ballesteros

Department of Gastroenterology and Digestive Endoscopy. High Specialty Medical Unit. Specialty Hospital. Western National Medical Center. Instituto Mexicano del Seguro Social. Guadalajara, Jalisco

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.

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.

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

https://doi.org/10.1016/j.aohep.2022.100815

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

R Chicas López[1], S Mejía Loza[1], O García Rodas[1], L Pinto García[2], F Sánchez Salinas[2], C Jaen Villanueva[1], P Guillermo[3], G Castañón García[4]

[1] *Gastroenterology. Hospital Juárez de México. México City, México*
[2] *Internal Medicine Service. Hospital Juárez de México. México City, México*
[3] *Emergencies. Hospital Juárez de México. México City, México*

[4] *Endoscopy. Hospital Juárez de México. México City, México*

Introduction and Objectives: This study aimed to determine if there is an overlap of alcoholic hepatitis and ACLF criteria and if the presence of ACLF predicts a poor prognosis.

Material and methods: Retrospective, cross-sectional, descriptive study of patients with chronic liver disease due to alcohol admitted under the Gastroenterology department (July to December 2021) to whom criteria for alcoholic hepatitis and ACLF were applied. ACLF was defined using the EASL-CLIF criteria. The American College of Gastroenterology criteria were used for the diagnosis of alcoholic hepatitis.

Results: ***Table 1.*** *Characteristics of patients with ACLF and alcohol hepatitis*

Discussion: Alcoholic hepatitis constitutes an acute deterioration of alcoholic liver disease than can transform into ACLF, accompanied by high short-term mortality. Diagnosis and treatment are currently insufficient due to a poor understanding of pathogenesis and the multiple etiologies involved.

Conclusions: There is an overlap in diagnostic criteria for ACLF and alcoholic hepatitis. Half of the patients who presented both entities died, so the presence of ACLF represents a poor prognosis for alcoholic hepatitis.

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.

			ACLF + alcoholic hepatitis	Alcoholic hepatitis
Demographic data	Male(*n*)		17	7
	Female(*n*)		2	0
	Mean age in years (*range*)		47.5*(25-58)*	53.8*(33-76)*
Clinical data	Type 2 diabetes mellitus		3	1
	Arterial Hypertension		1	0
	Ischemic cardiomyopathy		1	0
	Child-Pugh A		0	0
	Child-Pugh B		1	1
	Child-Pugh C		18	6
	Mean MELD score(*range*)		34.5*(26-42)*	24.5*(13-37)*
	Mean Maddrey's discriminant function (*range*)		88.2*(31-154.7)*	46.7*(16-139)*
	Mean total serum bilirubin (*range*)		16.62 mg/dl(3.19-48.52 mg/dl)	10.52 mg/dl(2.15-43 mg/dl)
	Mortality (%)		9(47.36%)	0(0%)
	Cause of death	SBP	5	-
		Pneumonia	1	-
		Variceal hemorrhage	1	-
		UTI	1	-

https://doi.org/10.1016/j.aohep.2022.100816

Characteristics of patients with acute over chronic liver failure (ACLF) and risk of mortality due to amount of alcohol, MELD and MELD NA

EJ Medina Avalos, MF Higuera de la Tijera, JL Pérez Hernández, MY Carmona Castillo, S Teutli Carrión, CL Dorantes Nava, G Rangel Zavala

Liver clinic. General Hospital of Mexico 'Dr. Eduardo Liceaga'. Mexico City, Mexico

Introduction and Objective: To assess patients with ACLF, MELD and MELDNA scales and the amount of alcohol consumption as predictors of mortality.

Materials and Methods: Retrospective, analytical, and retrolective study, the records of patients who met the criteria of ACLF, age, gender, cause of liver disease, degree of ACLF, alcohol consumption, MELD and MELDNA were reviewed, descriptive and inferential statistics were performed, RR was calculated with a p< 0.5.

Results: We included 88 patients, 23 women (26%) and 65 men (74%) of alcoholic origin 62 (70%) and non-alcoholic 26 (30%). By grade of ACLF, 26 (30%) grade I, 41 (47%) grade II, and 21 (24%) grade III. Mortality of 40 (45%), grade I 9 (23%), grade II 17 (43%), and grade III 14 (35%). Deaths in the alcohol group 25 (62.5%) and non-alcohol 15 (37.5%). Pearson correlation calculation was performed death p=0.21 with R1, for MELD NA p=0.15 R2 and MELD p=.003 R3. The grams of alcohol ingested per day ranged from 30 to 1600, with a median of 120.

Discussion: Patients with ACLF in our population are mostly men, of alcoholic origin, with mortality in grade 2 of ACLF of 45%, which is high. The correlation was made with the amount of alcohol they consumed, without finding that it is a factor that impacts the development of ACFL or mortality; this suggests that the inflammatory response is multifactorial, as well as its outcome. The MELD scale better predicts mortality risk.

Conclusions: The amount of alcohol in our population does not increase the risk of mortality.

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.

https://doi.org/10.1016/j.aohep.2022.100817

Characterization of primary biliary cholangitis in a Mexican population in patients from the *Hospital General de México*

PF Domínguez Cardoso, F Higuera de la Tijera, V López Ladrón de Guevara

Gastroenterology Service. General Hospital of Mexico "Dr. Eduardo Liceaga." Mexico City, Mexico

Introduction and Objectives: Primary biliary cholangitis (PBC) is characterized by the presence of specific antimitochondrial autoantibodies (AMA), antinuclear autoantibodies (ANA), or documented by liver biopsy, treatment with ursodeoxycholic acid (UDCA) has implication in disease progression and survival without a liver transplant. This study aimed to know the clinical characteristics of patients with PBC.

Materials and Methods: Observational, descriptive, longitudinal and retrospective study, case series study. It included patients aged 18 to 80 years seen in the Liver Clinic consultation with a diagnosis of PBC in the Hospital General de Mexico from 2015 to 2022.

Results: Sixty patients were evaluated; 95% were women, the most frequent age of presentation was between the fifth and sixth decade of life, the prevalence of AMA was 95%, the other 5% were diagnosed by liver biopsy or specific ANA, the presence of other antibodies was 26% of which the most frequent, were ANA. Transitional elastography was performed in 68% of the patients and documented significant fibrosis in 68% and some degree of steatosis in 30%. The association with autoimmune diseases is 33%; Sjögren's syndrome and scleroderma are the most representative. Overlap with autoimmune hepatitis was documented in 25%. Osteometabolic disease was present in up to 35%. The response to treatment to AUDC, as measured by the Paris II Score, was 31%.

Conclusions: The clinical characteristics are similar to those described in the literature. The low response rate to UDCA is striking, which is a factor implicated in the progression of the disease, which correlate with the high degree of documented fibrosis.

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.

https://doi.org/10.1016/j.aohep.2022.100818