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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.

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

	ACLF + alcoholic hepatitis	Alcoholic hepatitis	
Demographic data	Male(n)	17	
	Female(n)	2	
	Mean age in years (range)	47.5(25-58)	53.8(33-76)
Clinical data	Type 2 diabetes mellitus	3	
	Arterial Hypertension	1	
	Ischemic cardiomyopathy	1	
	Child-Pugh A	0	
	Child-Pugh B	1	
	Child-Pugh C	18	
	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	

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

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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 ACLF 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.

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

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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.

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