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Precipitating factors and epidemiological characteristics in acute on chronic liver failure of a unity medical of high speciality

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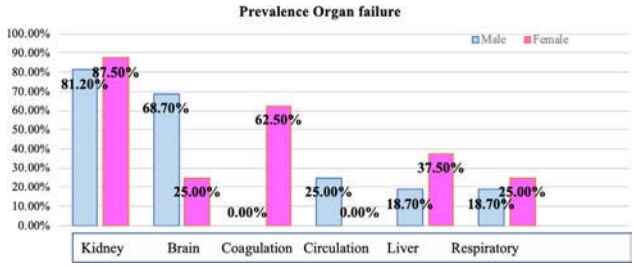
Background and aim: Acute on chronic liver failure (ACLF) is an acute decompensation in a patient with chronic liver disease associated with organ failure. The precipitating factors described most prevalent in the West are alcohol and bacterial infections, in a considerable proportion it is not possible to identify a factor. Aim. Identify the precipitating factors of ACLF and determine the epidemiological characteristics in patients of a Unity Medical of High Speciality.

Material and methods: Descriptive, retrospective and observational study, with analysis of 24 patients diagnosed with ACLF from January 01, 2019 to February 01, 2020 of Unity Medical of High Speciality Manuel Ávila Camacho Puebla. The data collected was from clinical files and digitized in Excel, analyzed in the IBM SPSS version 24 program.

Results: From the 24 patients, (M: 16 and F: 8) the precipitating factors of ACLF were determined in 16 patients (66.7%). The most prevalent etiology of cirrhosis by sex found (M: alcoholic 43.7%, cryptogenic 25%, Hepatitis C Virus (HCV) 18.7% and NASH 12.5%). (F: cryptogenic 37.5%, HCV 25.5%, NASH 12.5% and Autoimmune 15.6%). Previous recorded decompensations M: 68.7% and F: 62.5%. By CLIF score (F: 62.5% with grade 3, 25% grade 2 and 12.5% grade 1), (M: 75% with grade 2 and 25% grade 3). In both sexes, the most affected organ was the kidney.

Conclusions: The ACLF represents a big challenge in clinical practice, the early identification of precipitating factors will allow the timely diagnosis and treatment for decrease in their morbimortality.

Conflicts of interest: The authors have no conflicts of interest to declare.



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The clinical expression of lysosomal acid lipase severity in patients with cryptogenic cirrhosis

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Background and aim: The liver cirrhosis is a global public health problem with an estimated prevalence of 0.27%, and a prevalence of chronic liver disease in the Latin American population of 61.1%. The lysosomal acid lipase (LAL) is an enzyme involved in the last steps of lipid metabolism to hydrolyzeesters of cholesterol and triacylglyceride, therefore its deficiency generates a disease by lysosomal deposit. The patients with cryptogenic cirrhosis (CC) presents a clear LAL deficiency without a mechanism yet established.

Material and methods: The present study has a retrospective and analytical design of a sample of 55 patients diagnosed with CC. It was determined the degree of association of LAL with the results of the ALT and ALP enzymes, likewise with the clinical manifestation of portal hypertension (PH). Next the sensibility and specificity of the test for the diagnosis of PH manifestation was determined.

Results: The most frequent complication of PH was the variceal bleeding with a 40% ($n = 22$), followed by ascites with 32.7% ($n = 18$) and lastly hepatic encephalopathy with 18.2% ($n = 10$). The association by test of x^2 with Fisher's test did not present a statistically significant association with values of 0.177, 0.299 and 0.184 for encephalopathy, variceal bleeding and ascites respectively. Through ROC curves it was obtain results of area under the curve (AUROC) near to 0.5.

Conclusions: It is established that there was no tendency or statistical significance of the correlation between LAL with the enzymes alanine aminotransferase and alkaline phosphatase, as well as the complications of portal hypertension. In our population the complication of portal hypertension most frequent was the variceal bleeding, unlike other studies in patients with cryptogenic cirrhosis, so it would be important to recognize which are the risk factors that increases the bleeding rate in our population, since this complication is consider the one with the highest mortality in patients with liver cirrhosis.

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Hepatocelullar carcinoma is a major risk factor for the development of portal ven thrombosis in cirrhotic patients

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Background and aim: Portal vein thrombosis (PVT) is a rare complication in cirrhotic patients specially in advanced