

including gastrointestinal bleeding. Observing that with this number of patients, there is a great implication in mortality and in the number of days of hospital stay.

**Conclusions:** It was possible to characterize cardiac function alterations in patients with a diagnosis of decompensated chronic liver failure, being more affected patients with arterial hypertension, etiology attributable to alcoholism, Child-Pugh C, MELD of > 27 points and MELD-NA of > 18 points and mainly CLIF 1 and PSAP of 31. It is expected to increase the number of patients to obtain greater clinical relevance.

The authors declare that there is no conflict of interest.

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#### EFFICACY AND SAFETY OF TERLIPRESSIN INFUSION VS BOLUS TREATMENT IN DIGESTIVE BLEEDING OF VARICEAL ORIGIN AT THE PUEBLA SPECIALTY HOSPITAL, PRELIMINARY RESULTS

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**Introduction and Objectives:** Digestive bleeding of variceal origin represents an emergency medical event, with a mortality rate close to 20% and drug treatment is one of the pillars of management. In our environment and according to international recommendations, terlipressin administered in boluses is the treatment of choice for this entity, with a high percentage of adverse effects related to its use, so it is relevant to find other strategies in its use, but without reducing its use effectiveness. Some studies suggest that the use of terlipressin by continuous infusion could represent a more effective or comparable strategy for the control of bleeding, a lower rate of adverse effects and a lower risk of rebleeding, so the objective of this study is to compare the efficacy and safety of terlipressin in intermittent dose vs. infusion for acute bleeding of variceal origin in patients with portal hypertension.

**Material and methods:** this is a randomized, open, comparative and prospective study that included adult patients with a diagnosis of portal hypertension of any origin, with manifest gastrointestinal bleeding, treated at the Puebla Specialty Hospital since March 1, 2021, who were randomly administered terlipressin by infusion and boluses. Study variables: treatment failure, adverse effects, days of hospital stay and transfusion requirement. The protocol was approved by the local committee and conbioethics 21-CEI-002-20180731, all patients participated with informed consent. Results were analyzed with frequency measures, Fisher's exact test was used to demonstrate hypotheses, and Student's t-test was used for unrelated normal distribution variables.

**Results:** Up to now, 10 patients have been admitted to the study, in which no significant differences have been obtained in the study variables; however, in the bolus terlipressin group, three of the five patients have presented adverse effects, unlike the infusion terlipressin group in which they have not been presented.

**Discussion:** At the moment, a total of 10 patients has demonstrated comparable effectiveness in both groups; however, in the bolus group, 60% of the patients have presented adverse effects that have led to the change of vasoactive drug, unlike the infusion group where there have been no adverse effects, however, no significant differences have been found between both groups, which is explained by the small number of patients at the moment.

**Conclusions:** We consider that a larger number of patients is required to demonstrate our hypothesis.

The authors declare that there is no conflict of interest.

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#### DIABETES AS A CAUSE OF DECOMPENSATION IN HEPATIC CIRRHOSIS

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**Introduction and objectives:** Cirrhosis and diabetes mellitus are two chronic diseases with a significant impact on quality of life glucose intolerance has been observed in about 80% of patients with cirrhosis, 30-60% of patients with advanced cirrhosis develop diabetes. The development of diabetes as a complication of cirrhosis is referred to as hepatogenic diabetes and type 2 diabetes which the patient develops prior to the presence of cirrhosis. Hepatogenic diabetes, unlike diabetes mellitus, lacks a family history, less obesity, and a lower incidence of micro and macrovascular complications. Diabetes increases morbidity and mortality in patients with liver cirrhosis. The effect of type 2 diabetes and hepatogenic diabetes on the clinical outcome of cirrhosis has been evaluated in a few studies. Diabetes mellitus has been shown to be associated with an increased risk of complications and mortality. We consider it important to assess the association between the type of diabetes (hepatogenic and non-hepatogenic) with the presence of decompensation of cirrhosis (hemorrhage, hepatic encephalopathy, ascites, spontaneous bacterial peritonitis).

**Material and methods:** Ambispective, observational, descriptive study. Patients with a diagnosis of liver cirrhosis and diabetes from an outpatient clinic at the General Hospital of Ticomán and a review of the clinical record are included, collecting information on decompensation events (hemorrhage, hepatic encephalopathy, spontaneous bacterial peritonitis, ascites). Descriptive analysis is performed of the variables.

**Results:** Twenty-eight patients were included, of whom 15 suffer from type 2 diabetes mellitus and 13 of them were diagnosed with hepatogenic diabetes. Hepatogenic diabetes was diagnosed in 9 patients with impaired fasting glucose levels and in 4 patients with a glucose tolerance curve. In both groups, the male gender predominated (53.3 and 61% respectively), the main etiology of alcohol cirrhosis. In the group with hepatogenic diabetes, 76.92% presented some decompensation event, the most frequent being upper gastrointestinal bleeding in 80%. In this group of patients, they correspond to Child A 53.84%, Child B 38.46 and Child C 7.69%. 76.92% of the patients had a portal diameter greater than 10mm, 61.53% of the patients had large esophageal varices. In 53.84% of the patients, they were difficult to control, receiving treatment with a combination of insulin and metformin. On the other hand, in the group of patients with diabetes mellitus 69.23% presented decompensation, the most common hemorrhage in 46.66%, of these patients 33.3% Child A, 53.33% Child B and 13.33% Child C. 53.33% had a diameter of the portal greater than 10mm and 61.53 large esophageal varices. 33.33% of the patients were difficult to manage, being treated with combinations of insulin, metformin and linagliptin.

**Discussion:** The association of diabetes with decompensation events has been observed in some studies, Del Vecchio et al. found that diabetes was more frequent in subjects with decompensation than in those with compensated cirrhosis, with a prevalence of 63%. Targest et al. Diabetes is commonly associated with a significant increase in the development of spontaneous bacterial peritonitis. Goh et al. Diabetes is associated with an increased risk of mortality in patients with cirrhosis.

**Conclusions:** In our study, we observed that decompensation events were more common in the group of patients with hepatogenic