13.88;95%IC) p=0.28, ACLF grade 2 OR 2.73 (1.001-7.43;95%IC) p=0.05, ACLF grade-3 OR 5.94 (1.83-19.2;95%IC) p=0.03, and infection OR 1.96 (1.014-3.79;95%IC) p=0.45

**Conclusions:** In our study group, the factors associated with mortality were the degree of ACLF, greater degree of encephalopathy and development of renal failure, with HD standing out with an OR of 11.95.

### Ethical statement

The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

### Declaration of interests

None

### Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

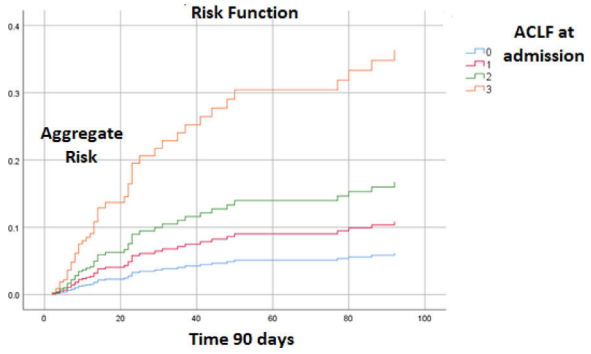


**Figure 1.** ACLF grade and its relationship with 90-day mortality

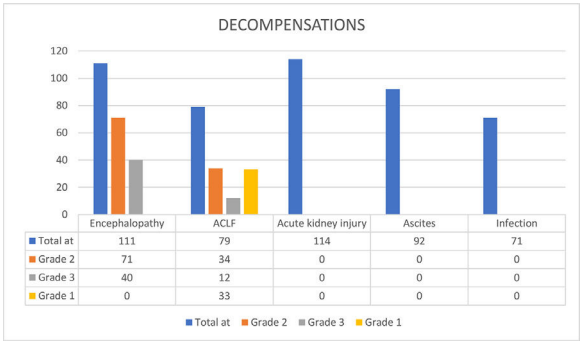


**Figure 2.** Main decompensations in patients with cirrhosis

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## Impact of spontaneous bacterial peritonitis on the outcome of patients with cirrhosis

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**Introduction and Objectives:** Spontaneous bacterial peritonitis (SBP) is a severe complication that can occur in patients with cirrhosis and is associated with high mortality rates. Evaluating SBP as a risk factor in the outcome of patients with cirrhosis is important because it helps understand the impact of this complication on the overall prognosis of these patients. Therefore, the objective of this study is to identify risk factors, treatment outcomes, and mortality rates associated with SBP in this population.

**Materials and Patients:** A retrospective and analytical study was conducted on patients with cirrhosis who developed SBP. The cause of cirrhosis and Child-Pugh score were evaluated. They were classified into early responders (ER) (more than 25% decrease in polymorphonuclear cells on the second day of effective antibiotic treatment), development of renal injury, acute-on-chronic liver failure (ACLF), and 28-day mortality. Statistical analysis included evaluating the mortality rate using the Kaplan-Meier curve, log-rank test, considering significance at $p \leq 0.05$. Renal injury, ACLF, and non-early responders were independently compared.

**Results:** A total of 79 patients were included in the study, 40 males (50.63%) and 39 females (49.36%). Alcohol-related in 49.36% of cases. Child-Pugh C was found in 67 cases (84.81%). Antibiotics were cephalosporins in 66 cases (84.81%) and carbapenems in 13 cases (16.45%). There were 6 deaths among early responders and 29 among non-early responders, with a mean survival of 25.76 days for early responders versus 9.78 days for non-early responders, $p < 0.001$ (Figure 1). Regarding Acute-on-Chronic Liver Failure (ACLF), there were 2 deaths in patients without ACLF and 33 deaths in patients with ACLF. The mean survival for patients without ACLF was 26.93 days, compared to 14.6 days for those with ACLF, $p < 0.001$. Patients without renal injury had 3 deaths, while those with renal injury had 32 deaths. The mean survival for patients without renal injury was 25.65 days, compared to 16.17 days for those with renal injury, $p < 0.001$ (Figure 2)

**Conclusions:** SBP in patients with cirrhosis is associated with a high mortality rate. However, several factors such as treatment response, the presence of ACLF, and renal injury have a significant impact on patient survival.

### Ethical statement

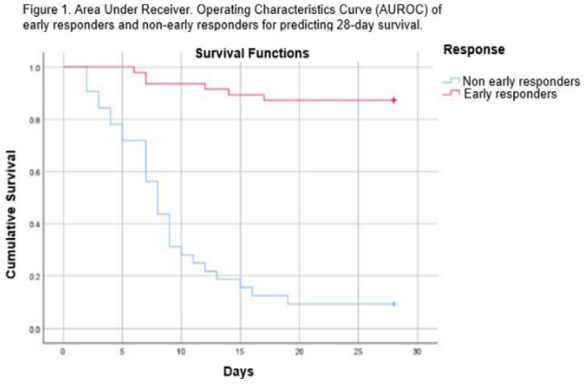
The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

### Declaration of interests

None

### Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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