

<0.001. The mean survival by grades was 17 months for grade 1, 13 months for grade 2, and 5 months for grade 3 (Figure 2)

Conclusions: The MELD 3.0 scale showed better performance as a tool to evaluate severity and predict short-term mortality risk in ACLF patients.

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.

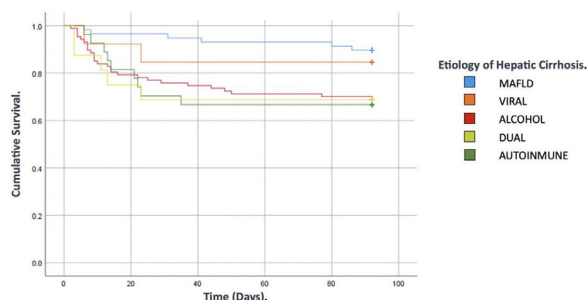


Figure 1. Comparative analysis between different scales in acute on chronic liver failures (ACLF). Meldlac: Meld Lactato

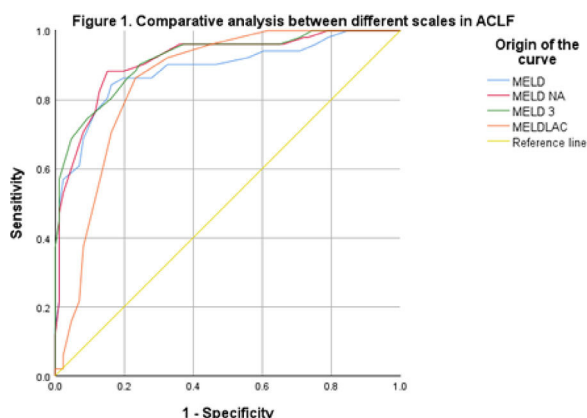


Figure 2. Kaplan-Meier. Survival by grades of acute on chronic liver failure (ACLF).

<https://doi.org/10.1016/j.aohep.2024.101438>

BUN/creatinine ratio associated with mortality in patients with cirrhosis and acute kidney injury.

Diego F. Abendaño-Rivera¹,
Cristian Y Sánchez-Sánchez¹,
Karina Cazarín-Chávez¹, Paloma M. Diego-Salazar¹,
Daniel Santana-Vargas²,
María F. Higuera-De La Tijera¹,
José L. Pérez-Hernández¹

¹ Department of Gastroenterology and Hepatology
General Hospital of Mexico "Dr. Eduardo Liceaga",
Mexico City, Mexico

² Research Department General Hospital of Mexico "Dr. Eduardo Liceaga", Mexico City, Mexico

Introduction and Objectives: Cirrhosis is a prevalent disease worldwide, with complications such as acute kidney injury (AKI) that increase the risk of fatal outcomes. A high BUN/creatinine ratio (IBC) has been associated with mortality in other diseases. Therefore, evaluating this index in patients with cirrhosis could predict mortality. To determine whether a high BUN/creatinine ratio is associated with mortality in patients with cirrhosis and AKI.

Materials and Patients: Retrospective analysis was conducted on a cohort of cirrhotic patients with and without AKI, calculating the IBC and assessing its association with mortality.

Results: A total of 201 patients with cirrhosis were included, of whom 106 were male (52.73%), with a mean age of 55±10.4 years. The distribution of Child Pugh scores was as follows: A (25, 12.43%), B (70, 34.82%), and C (106, 52.73%); the mean MELD-Na score was 21.8±9.45. The cumulative mortality rate at 28 days was 37 (18.4%) and at 90 days was 39 (24.4%). The model was not significant at 28 days but was significant at 90 days with a X2 value of 48.18 (2) and p<0.001.

At 90 days, the model was significant with a x2 value of 49.7 (2) and p<0.001, with an OR (IBC) of 2.78 (1.08-7.11, 95% CI, p=0.33), and for AKI OR of 7.97 (2.2-28.8, 95% CI, p=0.02) (Figure 1). Considering either factor present, the model was significant at 28 days with a X2 of 27.75 (1) and p<0.001, with an OR of 7.2 (3-17.3, p<0.001), and at 90 days with a X2 of 35.59 (1) and p<0.001, with an OR of 6.67 (3.23-13.76, p<0.001).

Conclusions: The Cox proportional hazards model was used to compare factors associated with mortality separately for AKI (present vs. absent) and IBC (>20 mg/dl vs. <20 mg/dl) at 28 and 90 days, as well as if both factors were present. The model was considered significant if the p-value was less than 0.5. The study concluded that a higher IBC (>20 mg/dl) could predict mortality in patients with cirrhosis, as the odds ratios at 28 and 90 days were significant.

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.

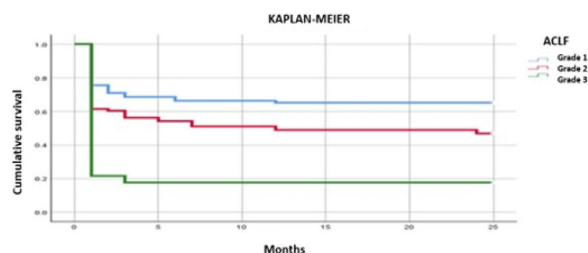


Figure 1. IBC and AKI at 90 days associated with mortality.

<https://doi.org/10.1016/j.aohep.2024.101439>

Evaluation of the ALBI, MELD, MELD-Na, MELD 3.0 score in patients with hepatocellular carcinoma treated with Yttrium-90 (90y)

Stefanny Cornejo-Hernandez¹,
Mayra C. Galena-Hernández²,
Blanca Zapote-Hernández³, Itzia Verduzco-Flores³,
Salvador Amezcua-Pérez³,
Erika Santiago-González³,

Yailin F. Velasquez-Palacios⁴,
Juan S. García-Hernández¹,
Miguel A.G. Mendoza-Meléndez¹, Eira Cerda-Reyes¹

¹ Research Department Hospital Central Militar

² Hospital Central Militar Medical Oncology Section

³ Hospital Central Militar Radiology Department

⁴ Military Graduate School of Health

Introduction and Objectives: Hepatocellular carcinoma (HCC) occupies the third cause of mortality worldwide. 10% of patients receive curative therapy. There are loco-regional therapies to improve patient survival such as (TACE) and radioembolization with Yttrium-90. There are prognostic scales, such as ALBI, MELD, MELD-Na, MELD 3.0, to identify those who will respond better to treatment.

To evaluate the potential of the ALBI, MELD, MELD-Na, MELD 3.0 index as a predictor of mortality in patients who received treatment with Yttrium-90

Materials and Patients: Patients with cirrhosis and HCC who were candidates for radiation embolization with Yttrium-90 were evaluated. The following scores ALBI, MELD, MELD-Na, MELD 3.0 were assessed before and after therapy.

Results: There were 7 patients, age 70 ± 11.3 years, 60% women, all BCLC B and Child Pugh B, etiology of CH was 3 patients due to alcohol-associated liver disease, 2 patients due to MASLD and 2 cryptogenic, 4 patients had 2 sessions and 3 patients 1 session, complete response in 3 patients and 5 progressed. 3 patients died. The variables of leukocytes, hemoglobin, platelets, PT, INR, BT, AST, ALT, albumin, ALBI, MELD, MELD 3.0, MELD-Na, Child Pugh were compared without obtaining statistical significance (Table 1). The survival of the patients was 14.6 months. There were no complications or adverse effects with the Yttrium-90 treatment.

Conclusions: ALBI, MELD, MELD 3.0, MELD-Na score do not predict mortality in patients treated with Yttrium-90. A study with a larger number of patients is needed to correlate and obtain more significant results

Ethical statement

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

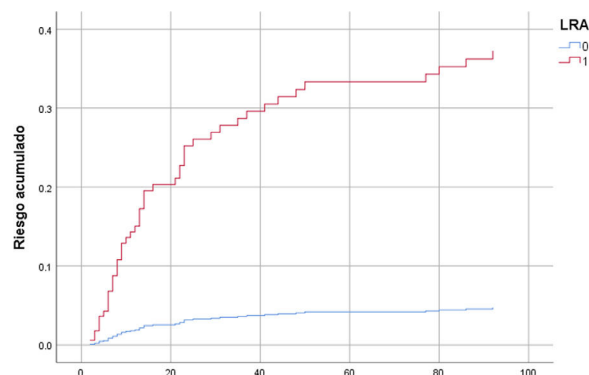
Declaration of interests

None

Funding

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

Table 1. Blood cytometry, Liver Functional Tests & cancer scales systems in patients with cancer and treatment transarterial radioembolization (TARE) with Yttrium-90.



*** Outside clinical reference value // Paired Samples t Test (pre-post) *P<0.05 // AST- Aspartate transaminase, ALT- Alanine transaminase, ALP- Alkaline phosphatase, GGT- Gamma-glutamyltransferase, INR- International Normalized Ratio, PT-Prothrombin time // *BCL PRE A=1, B=6 y POST BCL A=1, B=4 y C=2//

<https://doi.org/10.1016/j.aohep.2024.101440>

Efficacy and safety of intravenous L-ornithine L-aspartate in patients with grade III and IV hepatic encephalopathy

Gabriela Rangel-Zavala, Laura V. Cupil- Escobedo,
María F. Higuera-de la Tijera,
José L. Pérez-Hernandez

Department of Gastroenterology and Hepatology,
General Hospital of México "Dr. Eduardo Liceaga"
Mexico City

Introduction and Objectives: Hepatic encephalopathy (HE) is a common and serious complication of cirrhosis, associated with high morbidity and mortality. Ammonia and inflammation are the main triggers of HE. The use of L-ornithine-L-aspartate (LOLA) provides precursor substances for glutamine synthesis in perivenous cells, accelerating ammonia detoxification.

This study aims to evaluate the efficacy and safety of intravenous L-ornithine-L-aspartate (LOLA) in patients with grade III-IV hepatic encephalopathy (HE).

Materials and Patients: Retrospective and analytical study of patients with grade III-IV hepatic encephalopathy (HE).

All patients received intravenous LOLA 50 g for up to 48 hours, excluding those with renal failure. Descriptive statistics with measures of central tendency and dispersion were performed. Improvement was considered when HE regressed by at least one grade, and adverse events were evaluated.

Results: A total of 32 patients were included, with a mean age of 55 years \pm 9.6. There were 13 females (40.6%) and 19 males (59.4%). Eight patients (25%) were classified as Child-Pugh B, while 24 patients (75%) were classified as Child-Pugh C. The mean MELD score was 19.03 ± 6.08 , and the mean MELD NA score was 7.19 ± 7.19 . The most common etiology was alcohol-related (43.8%), followed by MAFLD (29.1%) and viral (9.5%). All patients had grade III hepatic encephalopathy. The precipitating factors were sepsis (53%), hemorrhage (25%), constipation (12.5%), diuretics (6.3%), and electrolyte imbalance (3.1%). A total of 24 patients (75%) responded to the treatment, while 8 patients (25%) did not. Nineteen patients were found to have some degree of acute-on-chronic liver failure (ACLF). No adverse events were reported.

Conclusions: The use of intravenous LOLA for the treatment of grade III-IV hepatic encephalopathy is effective and safe. These results support the use of LOLA as a therapeutic option in the management of hepatic encephalopathy in this patient population.

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.

<https://doi.org/10.1016/j.aohep.2024.101441>