Conclusions: Mortality among cirrhotic patients with septic shock in Chile is high and comparable to international cohorts. Liver transplantation reduces mortality in this patient group. Higher SOFA, Meld-Na, and CLIF-SOFA scores at admission are associated with increased mortality.

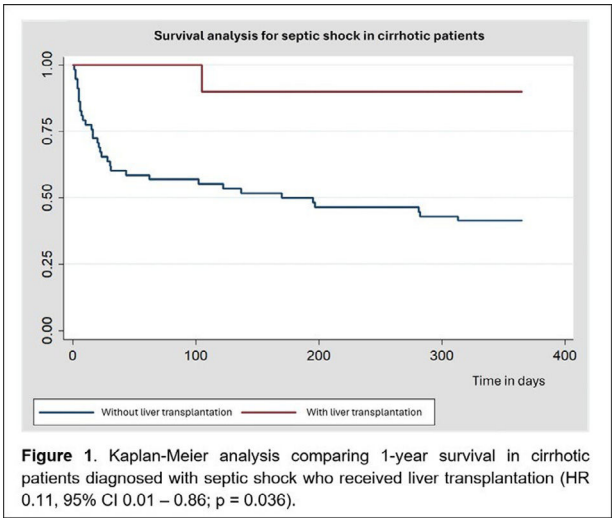

Figure 1. Kaplan-Meier analysis comparing 1-year survival in cirrhotic patients diagnosed with septic shock who received liver transplantation (HR 0.11, 95% CI 0.01 – 0.86; p = 0.036).

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P-122 HELICOBACTER PYLORI AS A RISK FACTOR FOR ENCEPHALOPATHY IN PATIENTS WITH CIRRHOSIS

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Conflict of interest: No

Introduction and Objectives: Helicobacter pylori (H. pylori) has a high prevalence in Mexico, affecting 66% of the population (associated with 30-50% of gastric pathologies). Cirrhosis of the liver ranks as the sixth leading cause of mortality. This study aims to evaluate the correlation between these two entities in patients with liver cirrhosis.

Patients / Materials and Methods: Over a period of 3 years, 148 patients presenting with upper gastrointestinal bleeding were studied. Endoscopy and biopsy confirmed the presence of H. pylori. A certain percentage of these patients also had decompensated liver cirrhosis, assessed through laboratory studies (including prothrombin time), endoscopy with biopsy, elastography, and Child-Pugh classification. A case-control study was conducted, evaluating statistical t-tests, chi-square tests, and odds ratios for both quantitative and qualitative variables.

Results and Discussion: Among the 148 patients with H. pylori, 37 had liver cirrhosis (25%), and among these, 26 had encephalopathy (65%, odds ratio 2.36). The female gender constituted 54%, while males accounted for 46%. The remaining 11 patients (odds ratio 0.041) had a female prevalence of 65% and male prevalence of 35%. According to the Child-Pugh classification, 54% were class A, 31% class B, and 15% class C. Etiologies included obesity and diabetes (58%), alcohol (26%), autoimmunity (8%), and HCV (8%). The correlation between obesity, cirrhosis, H. pylori, and male gender showed an odds ratio of 9.09, while in females, it was 4. Cirrhosis, obesity, and encephalopathy had an odds ratio of 5.36. The mean age for cirrhosis was 60.57, and for cirrhosis with H. pylori and encephalopathy, it was 60.31 (with $P < 0.34$).

Conclusions: H. pylori contributes to over 750,000 deaths annually. In this study, it emerged as a risk factor for encephalopathy in liver cirrhosis patients. Vulnerable groups included women and individuals with obesity and diabetes. Multicenter studies are recommended to assess its true risk factor.

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P-123 CLINICAL COURSE OF PATIENTS WITH CHOLESTATIC LIVER DISEASES IN A LIVER TRANSPLANT CENTER

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Conflict of interest: No

Introduction and Objectives: Primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC) are immune-mediated cholestatic liver diseases, in which inflammation and/or fibrosis result in progressive destrucción of the bile duct. In their clinical course they evolve to cirrhosis and its complications.

The objective was to describe the clinical and evolutionary characteristics and long-term survival in patients with cholestatic liver diseases (CLD).

Patients / Materials and Methods: Descriptive, longitudinal and ambispective study, in patients with cholestatic liver diseases seen in the hepatology clinic of the Medical Surgical Research Center, between 2000 and 2024, with an average follow-up of 6 years (minimum of 1 and maximum of 14). Patients with PBC or PSC who received treatment with ursodeoxycholic acid and quarterly evaluations were included.

The main variables were: initial stage, complications, response to treatment and clinical evolution. The data were processed with the SPSS statistical package version 22.0 on Windows; The analysis was performed by calculating the mean, standard deviation and percentage, and for survival the Kaplan-Meier method was used with a 95% confidence interval.

Results and Discussion: Of 44 patients studied, the most frequent entity was PBC (58.8%). Half of the patients had cirrhosis at the time of diagnosis. Ascites was the most frequent complication (40.9%) and highlighted the insertion of cholangiocarcinoma in 50% of patients with PSC. Most patients had no response to treatment: PBC (61.8%) / PSC (80%). Disease progression was greater in PSC and survival was lower in these patients: 20% at six years.

Conclusions: The clinical course of patients with cholestatic liver diseases was determined by the progression of the disease. Patients with PSC had a more torpid evolution, which led to poor survival in long-term follow-up.

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