

P-124 ASSOCIATED FACTORS WITH CLINICAL COURSE OF VASCULAR LIVER DISEASE IN A PUBLIC HOSPITAL IN PERU

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Conflict of interest: No

Introduction and Objectives: Vascular liver disease comprises a heterogeneous group of disorders (portal vein thrombosis, Budd-Chiari syndrome and porto-sinusoidal vascular disease (PSVD) as the main ones) that affect the liver vascular system, characterized by the development of elevated portal venous pressure in the absence of cirrhosis. The incidence varies worldwide, however, this disease occurs in less than 10% of the population. The aim of this study was to identify the associated factors with hospital admissions due to portal hypertension related-complication (PHrC) in a public hospital in Peru.

Patients / Materials and Methods: We performed observational retrospective study. Demographic information, biochemical parameters, imaging techniques, liver stiffness measurements and liver biopsy were collected from medical records. Presence of a previous underlying liver disease was discarded by clinical, radiological, elastography, and when doubts liver biopsy.

Results and Discussion: 35 patients (18 were men and 17 women with a median of age of 34 (25-40) years) were included. Portal vein thrombosis (PVT) was the most frequent etiology (60%) and gastrointestinal bleeding was the most common PHrC (71%). Fifteen patients had more than three hospital admissions. PVT [OR: 5.1 (95% CI: 1.2 - 24.5), p<0.05] and gastrointestinal bleeding [OR: 11.4 (95% CI: 1.7 - 228), p<0.05] were associated with more than three hospital admissions.

Conclusions: In this first study of vascular liver disease in Peru, portal vein thrombosis was the most frequent etiology. Portal vein thrombosis and gastrointestinal bleeding due to portal hypertension related-complication develop more hospital admissions.

| | Hospital admissions | | | |
|---|---------------------|---------|-----------------------|---------------------------------|
| | Univariate analysis | P value | Multivariate analysis | |
| | | | Age + PVT | PVT + gastrointestinal bleeding |
| Age | 0.9 (0.8-0.9) | 0.02 | 0.9 (0.82-0.97) | |
| Gender | | | | |
| Male | ref | | | |
| Female | 0.5 (0.1-2.1) | 0.3 | | |
| Etiology | | | | |
| No Portal vein thrombosis (PVT) | ref | | ref | ref |
| PVT | 5.1 (1.2-24.5) | 0.02 | 5.2 (1.1-33) | 7.4 (1.4-48) |
| Beta-blockers | 1.7 (0.3-9.5) | 0.5 | | |
| Gastrointestinal bleeding | 11.4 (1.7-228) | 0.03 | | 16.9 (2.1-382) |
| Ascites | 1.5 (0.3-6.7) | 0.5 | | 3.3 (0.5-28) |
| Albumin mg/dL | 1.1 (0.3-3.3) | 0.8 | | |
| Platelets x 10 ⁹ cell | 1 (0.9-1.02) | 0.1 | | |
| Spleen (cm) | 1.1 (0.9-1.5) | 0.2 | | |
| Portosystemic Collaterals (evaluated in 24 patients) | 2 (0.3-17) | 0.4 | | |
| Right lobe atrophy/caudate (evaluated in 24 patients) | 0.5 (0.08-3.1) | 0.4 | | |
| Transient elastography (kPa) | 0.9 (0.7-1.1) | 0.4 | | |

Univariate and multivariate analysis for hospital admissions in patients with vascular liver disease

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P-125 FACTORS ASSOCIATED WITH THE DEVELOPMENT OF POST-BANDING ULCER BLEEDING IN PATIENTS WITH CIRRHOSIS.

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Introduction and Objectives: Variceal bleeding accounts for 10-30% of cases of upper gastrointestinal bleeding and is the most common complication of portal hypertension. The treatment of choice is endoscopic band ligation. Post-banding ulcer bleeding (PBUB), although infrequent, is a complication. **Objectives:** To determine the predictive factors of bleeding due to PBUB in cirrhotic patients.

Patients / Materials and Methods: This is a case-control study involving cirrhotic patients with esophageal varices who developed PBUB (cases) and those who did not develop PBUB (controls).

Results and Discussion: From January 2012 to January 2024, 203 patients diagnosed with esophageal varices due to cirrhosis were included; 105 were men (51.7%) with a mean age of 57.8±10.9 years. The causes of cirrhosis were: 87 (42.9%) alcohol, 20 (9.9%) viral, 96 (47.3%) MASLD. According to the Child-Pugh classification: 53 (26.1%) were class A, 77 (37.9%) were class B, and 73 (36.0%) were class C. The indications for endoscopy were: 43 (21.2%) primary prophylaxis, 84 (41.4%) secondary prophylaxis, and 76 (37.4%) active bleeding. A total of 160 patients (78.8%) were taking non-selective beta-blockers (BBNS). We found 61 cases (30.0%) of PBUB.

In the univariate analysis, the following were associated with a higher risk of developing PBUB: post-ligation fibrosis [32/136 (23.5%) vs. 29/67 (43.3%); OR=1.8; 95% CI: 1.2-2.8; p=0.004], the presence of endoscopic signs of poor prognosis [13/122 (10.7%) vs. 48/81 (59.2%); OR=5.6; 95% CI: 3.2-9.6; p<0.0001], and the decompensated state of cirrhosis [Child A: 2/53 (3.8%) vs. Child B: 17/77 (22.1%) OR=7.2; 95% CI: 1.6-32.8 vs. Child C: 42/73 (57.5%) OR=34.5; 95% CI: 7.8-152.8; p<0.0001]. The multivariate analysis is shown in Table 1.

Conclusions: Greater cirrhosis decompensation is associated with a higher risk of PBUB; the presence of red signs of poor prognosis at the time of endoscopy also has an influence.

| Table 1. Multivariate Analysis: Risk Factors for Developing Post-banding ulcer bleeding | | |
|---|------------------|----------|
| Variable | OR (IC al 95%) | p |
| Child B | 6.1 (1.2-30.2) | 0.03 |
| Child C | 27.2 (5.7-129.8) | < 0.0001 |
| Post-banding fibrosis | 0.5 (0.2-1.2) | 0.12 |
| Presence of endoscopic signs of poor prognosis | 9.5 (4.2-21.5) | < 0.0001 |
| Placement of 5 or more bands per endoscopic session | 0.7 (0.3-1.8) | 0.48 |
| Adjusted model: Binary logistic regression | | |

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