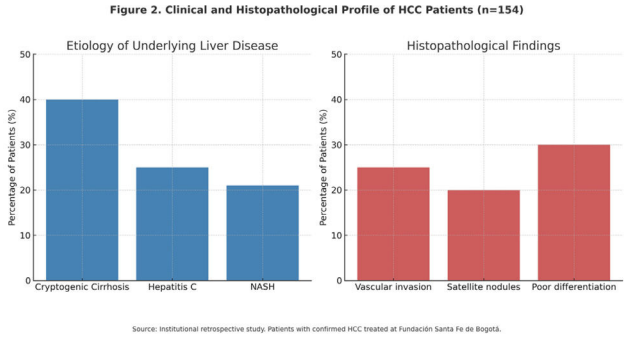

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RISK FACTORS ASSOCIATED WITH MORTALITY IN PATIENTS WITH REFRACTORY ASCITES IN A REFERRAL HOSPITAL IN LIMA, PERU"

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Introduction and Objectives: Refractory ascites is defined as ascites unresponsive to sodium-restricted diet and maximum tolerated doses of diuretics. It is associated with poor prognosis and high mortality. Once diagnosed, the outlook worsens, with survival rates of approximately 50% at six months and 25% at one year, along with significantly impaired quality of life.

To identify risk factors associated with mortality in patients with refractory ascites.

Materials and Methods: This retrospective, observational study aimed to identify risk factors associated with mortality in patients with refractory ascites. A total of 102 patients from an electronic database were analyzed between 2020 and 2023. Those with incomplete data or non-cirrhotic ascites were excluded. Logistic regression analysis was used to identify risk factors, considering a p-value <0.005 as significant

Results: The average age was 66.6 years; 60.7% were male. The most common etiology was MASLD (42%). According to Child-Pugh classification, 1% were class A, 73% class B, and 25% class C. At the time of analysis, 73% of patients had died. Hepatorenal syndrome (HRS) occurred in 20.3%, and acute kidney injury (AKI) in 58%. Mean arterial pressure averaged 67.6 mmHg.

Multivariate analysis identified HRS, AKI, advanced age, and Child-Pugh class C as independent risk factors for mortality.

Conclusions: patients with refractory ascites have a high mortality rate. The presence of HRS, AKI, older age, and worse liver function (Child-Pugh C) are significant predictors of death in this population.

Conflict of interest: None

Variable	OR	2.5%	p-value
Age	1.18	1.07 – 1.32	<0.001
AKI	4.74	1.46 – 19.38	0.008
SHR	4.17	0.82- 48.18	0.021
MAP at Admission	1.02	0.99-1.04	0.503
Child-Pugh (C)	5.44	1.43-33.12	0.015
sodium	0.93	0.77-1.10	0.810

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PRIMARY BILIARY CHOLANGITIS AT A TERTIARY CARE HOSPITAL

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Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease that predominantly affects middle-aged women and often coexists with other autoimmune conditions. Fatigue and pruritus are common symptoms. Understanding the clinical profile and disease progression is key to optimizing patient care.

Describe the clinical and demographic characteristics, comorbidities, and disease course, including hepatic decompensation in patients with PBC.

Materials and Methods: A retrospective, cross-sectional, observational, and descriptive study was conducted in 73 adults (≥18 years) with confirmed PBC, based on clinical and serological criteria, treated between January 2022 and December 2024. A non-probabilistic convenience sampling method was used. Variables included age, sex, BMI, comorbidities, symptoms, serum albumin, total bilirubin, INR, platelet count, and hepatic decompensation. Descriptive statistics were applied using medians and interquartile ranges for continuous variables, and frequencies for categorical ones.

Results: The mean age was 58 ± 11 years, with 87% being female. The average BMI was 27.2 ± 4.5 kg/m^2. Common comorbidities included hypertension (35%), diabetes (20%), thyroid disease (25%), and osteoporosis (22%). Fatigue was reported in 65% and pruritus in 50% of patients. Autoimmune associations were present in 30%. Hepatic decompensation occurred in 11%, primarily ascites or jaundice. These patients had elevated bilirubin (1.9 ± 0.7 mg/dL) and lower platelets (190 ± 48 $\times 10^3$/mm^3), compared to the overall cohort averages: albumin 4.0 ± 0.4 g/dL, bilirubin 1.3 ± 0.6 mg/dL, INR 1.05 ± 0.1, and platelets 225 ± 55 $\times 10^3$/mm^3.

Conclusions: These findings support the need for ongoing surveillance and multidisciplinary management in PBC.

Conflict of interest: None

Clinical and Laboratory Findings	Frequency / Percentage
Mean age	58 ± 11 years
Female sex	64 (87%)
Mean BMI	27.2 ± 4.5 kg/m^2
Arterial hypertension	26 (35%)
Type 2 diabetes mellitus	15 (20%)
Thyroid disease	18 (25%)
Osteoporosis	16 (22%)
Fatigue	47 (65%)
Pruritus	37 (50%)
Associated autoimmune disease	22 (30%)
Hepatic decompensation	8 (11%)
Mean albumin	4.0 ± 0.4 g/dL
Mean total bilirubin	1.3 ± 0.6 mg/dL (1.9 ± 0.7 in decompensated)
Mean INR	1.05 ± 0.1
Mean platelet count	225 ± 55 $\times 10^3$/mm^3 (190 ± 48 in decompensated)

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