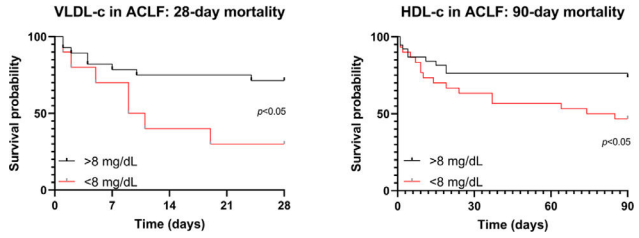
Kaplan-Meier mortality analysis on 28- and 90-day mortality in ACLF patients, according to the VLDL-c (left) and HDL-c (right) thresholds established by ROC curves.



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CLINICAL RESULTS IN PATIENTS WITH GASTROESOPHAGEAL VARICEAL BLEEDING IN THE ICU: ANALYSIS OF 85 CASES IN A TERTIARY CARE CENTRE

Francisca Valentina Lazo Sagredo[1],
Bunio Julian Ignacio Weissglas Orellana[1],
Rocío Catalina Cerda Espinoza[2],
Maria José Chazal Contreras[2],
Ignacio José Caro Arias[2],
Juan Pablo Aqueveque Aliquintuy[1],
Diego Alberto San Martín Rodríguez[1]

[1] *Hospital Las Higueras, Chile.*
[2] *Universidad de Concepción, Chile.*

Introduction and Objectives: Variceal bleeding represents a challenge in the intensive care unit (ICU). This study describes the experience at a tertiary care center, evaluating clinical characteristics, the impact of early endoscopy (<12 hours), transfusion requirements, complications, and 6-week mortality.

Patients and Methods: Retrospective study of 85 patients with portal hypertension and gastroesophageal variceal bleeding admitted to the ICU between 2023 and 2024, all of whom underwent endoscopic intervention within 12 hours. Clinical variables, type of endoscopic therapy, bleeding control, transfusion requirements, ICU length of stay, rebleeding, infectious complications, and mortality were analyzed. Descriptive statistics, chi-square tests, and survival analysis were performed using SPSS.

Results: 281 endoscopies for gastrointestinal bleeding, 85 were due to variceal bleeding. Mean age was 64.14 years, 58.8% were male. Banding was performed in 85.9% of cases. Initial bleeding control was achieved in 92.9% of patients. Rebleeding occurred in 58.8%, and 6-week mortality was 18.8%, predominantly in patients with more advanced liver dysfunction (Child-Pugh score C, p<0.0001). The mean number of blood units transfused was 1.59. Patients who received more than 6 units had significantly higher mortality (68% vs. 13%, p<0.002) and longer ICU stays (p<0.004). Infections occurred in 21.2% of patients and were associated with increased rebleeding (p<0.014) and higher mortality (p<0.001).

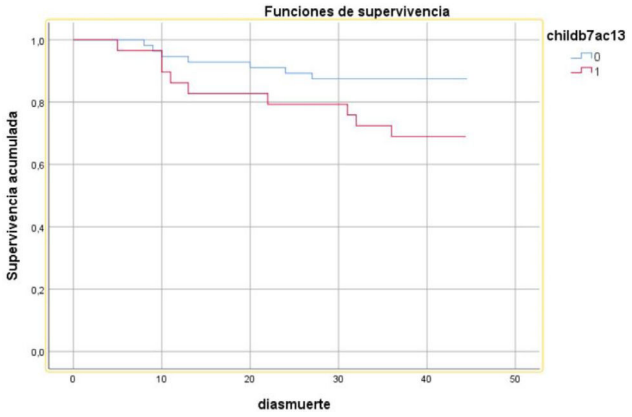
Conclusions: Early endoscopy is effective in achieving initial hemostasis, but prognosis remains poor in patients with advanced liver dysfunction. Massive transfusion and infectious complications are associated with worse outcomes. Early supportive care optimization and consideration of preemptive TIPS should be part of the management strategy.

Conflict of interest: None

Table 1. Patient characteristics (n=85)

Age, years (mean +DE)	64.14 DE 1.1
Male sex, n (%)	50 (58,8)
Child-Pugh score at admission, n (%)	
Child A	24 (27.9)
Child B	36 (41.9)
Child C	25 (29.1)
Endoscopic band received, n (%)	
Endoscopic band ligation	73 (85.9)
Sclerotherapy	8 (9.4)
Other	3 (3.5)
Initial bleeding control, n (%)	
Yes	79 (92.9)
No	6 (7.1)
Rebleeding, n (%)	
Yes	50 (58.8)
No	35 (41.2)
ICU stay, days (mean +DE)	3.75 (DE 6.57)
Red blood cell units transfused, mean +DE	1.59 (1.73)
6-week mortality, n (%)	
Yes	16 (18.8)
No	69 (81.2)
Complications, n (%)	
Hepatic encephalopathy	24 (28.2)
infection	18 (21.2)
Shock	21 (24.7)

6-week mortality



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#193

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS, AND DIAGNOSTIC-THERAPEUTIC MANAGEMENT OF PATIENTS WITH CHOLANGIOCARCINOMA AT A TERTIARY CARE CENTER

Deborah Espinoza Lopez[1], Rodrigo Toledo Galvan[1],
Rocio del Carmen Baltazar Contreras[1],
Maria de Fatima Higuera de la Tijera[1]

[1] *Hospital General de México Dr. Eduardo Liceaga.*

Introduction and Objectives: Cholangiocarcinoma is an aggressive malignancy of the biliary tract that is frequently diagnosed at advanced stages, limiting access to curative treatment.

Describe the clinical profile, diagnostic workup, therapeutic strategies, and outcomes in patients treated for cholangiocarcinoma.

Materials and Methods: A retrospective, descriptive, cross-sectional analysis was conducted on 30 patients with a confirmed diagnosis of cholangiocarcinoma between 2020 and 2024. Variables included demographic details, clinical features, diagnostic modalities,