

Results: The incidence of VHC in PPL was 0.6% (36 patients); 100 were men. 100% were found without HIV. 69 % of PPL reported being users of intranasal or intravenous psychoactive substances (UDIS) 61% had piercings and/or tattoos. 80.6% reported not having a school education or did not mention it, and only 14% had completed primary school. The population with the highest risk comprised the age range between 30 and 39 years (49%). According to APRI, only 14% were staged F3. Only one patient presented F4. Figure 1.

Conclusions: The incidence of PPL in the CERESOS of the state of Veracruz is below that observed in the world literature on the prison population. The low incidence could be explained by having the PPL that declared consumption of 0.4% of having been UDIS, compared to other CERESOS in the north of the country. The presence of VHC was observed in CERESOS with a population of 400 PPL and without the presence of VHC in CERESOS with a population of fewer than 100 PPL, a factor could be overpopulation.

Funding: The resources used in this study were from the hospital without any additional financing

Declaration of interest: The authors declare no potential conflicts of interest.

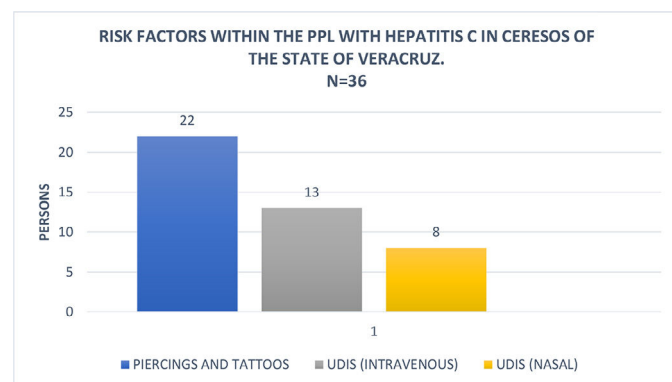


Figure 1.
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Detection of Hepatitis C and risk factors in the general population of the Centro Médico Nacional La Raza

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Introduction and Objective: Detection of hepatitis C virus (HCV) infection is effective because there is an effective treatment. In Mexico, a seroprevalence of 1.4% is reported for the population, with the main risk factors being transfusion of blood products and unprotected sexual intercourse. This study aimed to detect anti-HCV and risk factors in La Raza National Medical Center.

Material and methods: Observational, longitudinal and descriptive study. A survey of risk factors was applied to the general population, signing informed consent, and a capillary sample was taken to determine anti-HCV with rapid immunochromatographic tests with colloidal gold for qualitative detection. Data were expressed as means, frequencies and percentages.

Results: 279 tests were performed. There were 175 women (62.7%) and 104 men (37.2%), and the average age was 44.3 years. The risk factors were: unprotected sexual contact (n=141, 50.5%),

presence of piercings or tattoos (n=86, 30.8%), accidents with sharp material (n=67, 24%), contact with catheters or endoscopes (n=52, 18.6%), sharing razor blades or toothbrushes (n=38, 13.6%), multiple sexual contacts (n=35, 12.5%), contact with HCV-positive patients (n=27, 9.6 %), transfusions before 1995 (n=17, 6%), STDs (n=14, 5%), intranasal drug use (n=8, 2.8%), sexual drug use (n=5, 1.7%) and others (n=19, 6.8%). None was reactive. Figure 1.

Conclusions: No anti-HCV reactive cases were detected. The risk factor, unprotected sexual intercourse, is the main one and the second is the presence of tattoos and piercings, but this did not influence the prevalence.

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RISK FACTORS IN THE GENERAL POPULATION

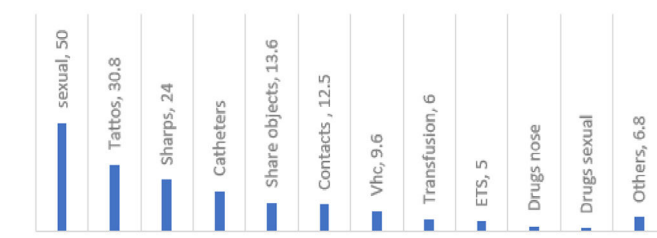


Figure 1.
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Metabolic-associated fatty liver disease (MAFLD) is not associated with bone mineral density (BMD) alterations in Mexican women: a cross-sectional study

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Introduction and Objective: This study aimed to determine the association between bone mineral density (BMD) and metabolic-associated fatty liver disease (MAFLD) in Mexican women through a cross-sectional study at a specialized medical center in Mexico City.

Material and methods: Data on cardiovascular risk factors were obtained; transient vibration-controlled elastography (VCTE) and dual-energy X-ray absorptiometry (DEXA) were performed. Patients were divided according to the presence or absence of MAFLD, according to the controlled attenuation parameter (CAP). The correlation test between T-score and CAP values was calculated to analyze the relationship between bone mineral density and MAFLD; additionally, the correlation between MAFLD vs. low BMI was determined and the risk ratio was calculated.

Results: MAFLD prevalence of the women enrolled was 63.33% osteopenia and osteoporosis were present in 43.3% and 6.7%, respectively; the bone mineral density (T-score) of the lumbar spine, hip and femur does not show statistical differences between the groups