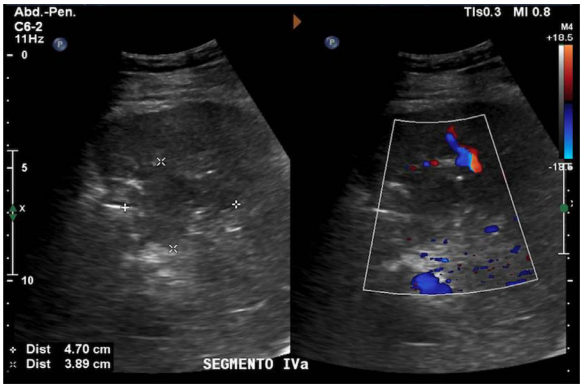

Figure 2. Abdominal ultrasound identified an image in hepatic segment IVa with defined borders which measured 47 × 38mm with the appearance of a biloma. Gallbladder with heterogeneous content due to multiple stones and data suggestive of acute lithiasic cholecystitis.

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Hepatocellular carcinoma and upper gastrointestinal bleeding

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Introduction and Objectives: Hepatocellular carcinoma represents the most frequent malignant tumor of the liver, being the 5th most frequent cancer in men and the 7th in women worldwide; it is the 3rd cause of death from cancer in the world. To present a case of hepatocellular carcinoma presenting with gastrointestinal bleeding.

Materials and Patients: A 39-year-old female began her condition two days ago with the presence of hematemesis, accompanied by nausea, asthenia, and adynamia. On examination, icteric conjunctivae, globose abdomen, with the presence of abdominal distension, grade I ascites. Edema in the lower limbs +. Liver ultrasound with liver nodular lesions, chronic lithiasic cholecystitis, and free fluid in the abdominopelvic cavity. A simple and contrasted CT scan of the abdomen is requested with the presence of tumor activity at the level of the liver, portal thrombosis, free fluid in the abdominal cavity, and marginal T12-L1 osteocytes.

Results: We proceeded to perform sclerotherapy of esophageal varices and ligatures. Later, alpha-fetoprotein was requested, which reports 3680 ng/ml. The diagnosis of hepatocarcinoma was established and he was referred to the oncology service.

Conclusions: The best results are obtained with multidisciplinary teams for the diagnosis and treatment of this disease.

Ethical statement

The patient's identity was protected. Consentment was obtained directly from the patient.

Declaration of interests

None

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Frailty and diet quality index in patients with chronic HCV infection with and without cirrhosis. Preliminary report

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Introduction and Objectives: It is estimated that 71 million people live with chronic hepatitis C viral infection (HCV). Part of the comorbidities associated with cirrhosis is frailty. Remarkably, diet is highly important in the management of cirrhosis and liver diseases. Therefore, it is necessary to evaluate the quality of the diet in this population. In this context, we evaluated the frailty and quality of the diet in patients with chronic HCV infection with or without cirrhosis, as well as the association between demographic, clinical, and anthropometric variables.

Materials and Patients: A cross-sectional study was conducted in the hepatitis clinic of the Civil Hospital of Guadalajara Fray Antonio Alcalde. Each participant was required to complete the Liver Frailty index (LFI) which include hand grip strength, chair stand test and balance test. Additionally, the mini survey was applied to evaluate the quality of food consumption (Mini-ECCA v.2). This questionnaire includes 14 questions, each with 3 or 4 response options on a Likert scale. The outcome yields three classifications: "healthy food intake, habit to be improved, and unhealthy food intake." Finally, upper arm anthropometry was performed. $P< 0.05$ was considered statistically significant.

Results: A preliminary sample of 20 patients was assessed. Of them, 60% (n=12) had only chronic HCV infection, 85% (n=17) of LFI were considered pre-fragile, while the rest of the participants were classified as fragile. The quality of the diet, 65% (n=13), was considered "a habit to be improved." A relationship was found between the quality of the diet and LFI. Likewise, a negative correlation was also found between the mean arm muscle circumference (MAMC) and the LFI score (r=-0.577; p=0.008) as well as MAMC and time in chair supports (r=-0.504;p=0.023). In addition, we found a positive correlation between the MAMC and hand grip strength (r=-0.624; p=0.003).

Conclusions: Some degree of frailty was found in the participants, and the quality of the diet was found to be "a habit to be improved" in most of the population sample.

Ethical statement

The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

Declaration of interests

None

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