Sword of Damocles: a hard blow from hepatitis A.

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Introduction and Objectives: The global incidence of liver failure associated with hepatitis A virus infection is reported in 0.5% of all cases, among which the associated risk factors are age over 40 years and pre-existing liver disease, and about 40% of the cases require liver transplantation.

Materials and Patients: A 29-year-old man, previously healthy and without any identified risk factors. One week prior to his admission, after eating shellfish, he presented intense colicky abdominal pain without radiation, nausea, vomiting, abundant non-steatorrhea, diarrheal stools, and unquantified fever.

He went to a private clinic where unspecified medication was administered and an abdominal ultrasound was performed, where hepatomegaly was reported. Laboratory studies showed alteration in liver biochemistry integrating hepatocellular damage 10 times above the normal upper limit as well as prolongation of coagulation times. Three days after the onset of the symptoms, generalized jaundice, aggressiveness and drowsiness were added, for which he was referred to our hospital unit. Upon admission, he presented a stupor and was taken to invasive mechanical ventilation.

Results: The approach was started, and results were reactive for IgM to hepatitis A virus and non-reactive for HIV, hepatitis B and C viruses. He remained intubated for five days and presented acute kidney injury that required hemodialysis and coagulopathy without presenting clinical data of bleeding; subsequently, he gradually presented clinical and laboratory improvement, and after 12 days of hospitalization, he was discharged home.

Conclusions: In the approach to acute liver failure, it is important to consider infection by the hepatitis A virus, because, despite the fact that the incidence of infection in Mexico is 5%, not all of the Mexican population has access to the vaccination and is the only effective measure to prevent this disease.

In the case of our patient, he did not present these risk factors and had a spontaneous recovery. Within the approach to fulminant hepatitis, it is important to consider infection by the hepatitis A virus, because even though the incidence in our country is 5%, not the entire Mexican population has access to vaccination.

Ethical statement

The identity of the patients is protected. Consentment was obtained.

Declaration of interests

None

Funding

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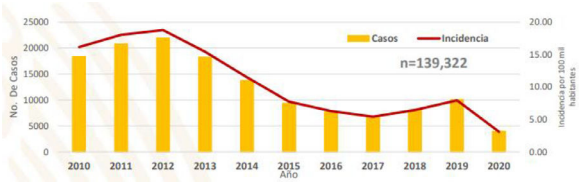

Figure 1. Cases and incidence per year of hepatitis A virus infection in Mexico

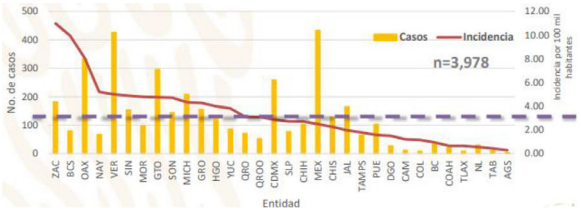

Figure 2. Cases and incidence by state of hepatitis A virus infection

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Retreatment experience with Glecaprevir/ Pibrentasvir (G/P) for hepatitis C infection in patients failing first-line direct-acting antiviral agents.

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Introduction and Objectives: First-line direct-acting antiviral agents (DAAs) achieved a sustained viral response (SVR) in >95%, failure to follow the scheme is rare and the option of retreatment with sofosbuvir/velpatasvir/voxilaprevir does not exist in our setting, therefore although G/P is considered an alternative, it is the only available option. There are few reports evaluating it; due to this, we describe the frequency and characteristics of patients with failure to first-line DAA schemes and the result of retreatment with G/P during the period from January 2017 to January 2023 in 3 tertiary hospital centers.

Materials and Patients: The intentional search for cases with failure to achieve SVR with first-line DAAs was carried out in 2 Mexican reference centers and one Ecuadorian center during the period from January 2017 to January 2023. Characteristics and results of patients treated with the scheme were documented. of G/P. No conflict of interest was reported by the researchers.

Results: From a total of 2,397 HCV-infected patients treated with the first-line DAA scheme, without cirrhosis or with compensated cirrhosis, a total of 9 patients presented virological failure, the average