

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

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

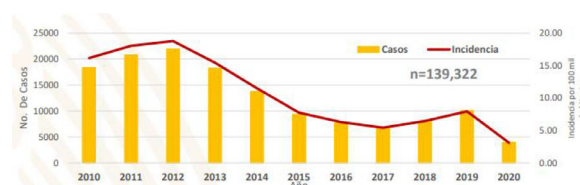


Figure 1. Cases and incidence per year of hepatitis A virus infection in Mexico



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

age was 52.4 years, five women and four men, of these, six patients had fibrosis grade F4, 3 of them F1, the predominant genotype was 1a, the initial regimens were SOF/VEL or SOF/LED in the majority, only one case used Paritaprevir/Ritonavir/Ombitasvir/Dasabuvir + Ribavirin, all the patients re-treated with G/P had SVR at 12 weeks, no resistance profile was routinely performed, adverse effects were mild, and were reported in 22.2% of the total, none of them abandoned treatment.

Conclusions: First-line DAAs are effective; virological failure in our sample is lower (0.37%) than reported in the literature. G/P is an effective and safe scheme for retreatment of patients with failure without cirrhosis or with compensated cirrhosis (100% response in our study), without serious adverse effects, which makes it possible to eliminate and meet the WHO 2030 goals.

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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Hepatitis A at the Hospital de Especialidades Centro Medico Nacional La Raza. Preliminary report.

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Introduction and Objectives: The hepatitis A virus in our country is an endemic disease with a benign course that presents in early stages of life, generating lasting immunity so that the frequency of presentation decreases in adulthood. Serious cases often occur at the extremes of life. We have observed an increase in cases of Hepatitis A requiring hospitalization with severe liver dysfunction.

This study aimed to determine the clinical, biochemical, complications, and mortality characteristics of patients with acute hepatitis A virus admitted to a tertiary-level hospital.

Materials and Patients: A descriptive, cross-sectional, retrospective, observational study was carried out in patients with acute hepatitis A virus hospitalized in the Gastroenterology service of the Hospital de Especialidades CMN La Raza from February 2022 to April 2023. Age, gender, clinical presentation, complications, and comorbidities were assessed. The results were analyzed with relative and central frequency measures to obtain percentages, mean, and arithmetic mean.

Results: 31 patients were registered, 29 men (94%) and two women (6%). The average age was 35 years (18–56). 11 patients (35%) presented acute liver failure, and 1 case was a prolonged cholestatic atypical hepatitis. The most frequent complications presented during

the hospital stay were the following: coagulopathy (INR>1.5) 64%, acute kidney injury 38%, anemia 35%, encephalopathy 35% (Table 1). Mortality was 13% (4 patients) due to acute liver failure and without comorbidities. The average of relevant biochemical alterations: AST 1849 U/L, ALT 2602 U/L, total bilirubin 18.24 mg/dL, creatinine 2.05 mg/dL, INR 2.56. (Table 2). 64% of patients had no comorbidities. The comorbidities found were cirrhosis, polycystic liver disease, essential thrombocytosis, multiple sclerosis, Evans syndrome, arterial hypertension, diabetes, obesity, dyslipidemia and HIV.

Conclusions: The presence of acute liver failure and mortality in our population was high in comparison to what has been reported in the international literature. Coagulation disorders, acute kidney injury and anemia were the most frequent complications in our cases of hepatitis A. It was relevant that most of the patients were <40 years old and 94% were male.

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

Funding

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Table 1

Complications presented in patients with acute hepatitis A infection.

| COMPLICATIONS | N | % |
|---------------------------|----|------|
| Coagulopathy | 20 | 64.5 |
| Acute Kidney Injury | 12 | 38.7 |
| Anemia | 11 | 35.4 |
| Encephalopathy | 11 | 35.4 |
| Thrombocytopenia | 6 | 19.5 |
| Acute Pancreatitis | 1 | 3.2 |
| Cerebral Haemorrhage | 1 | 3.2 |
| Rhabdomyolysis | 1 | 3.2 |
| Intracranial Hypertension | 1 | 3.2 |

Table 2

Biochemical alterations in patients with acute hepatitis A infection.

| VALUES | MIN | MAX | MEAN | ST |
|-------------------------|------|------|---------|---------|
| Total Bilirubin (mg/dL) | 4 | 45.6 | 18.3 | ± 9.49 |
| Creatinine (mg/dL) | 0.7 | 8.07 | 2.02 | ±2.09 |
| INR | 1.01 | 9.29 | 2.4 | ±2.01 |
| AST(U/L) | 88.7 | 5527 | 1795.1 | ±1619.2 |
| ALT(U/L) | 137 | 5810 | 2499.03 | ±1507.3 |

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Chronic liver damage in hemodialysis users. The importance of molecular tests for detection of hidden infection by hepatotropic viruses in high-risk groups

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