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

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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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