

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

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

**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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**Introduction and Objectives:** Worldwide, cirrhosis secondary to the hepatitis C virus is the first indication for liver transplantation. In Mexico, alcohol abuse, viral hepatitis, and obesity are the highlighted causes. Hepatitis C virus (HCV) eradication leads to reduced morbidity, mortality and transmission. Hemodialysis users are a high-risk group with high prevalence of HCV. The aim of this study was to identify patients with liver damage in hemodialysis users and their relationship with viral hepatitis, diagnosis, and management.

**Materials and Patients:** We reviewed the electronic medical records of hemodialysis users from January 1, 2017, to December 31, 2019. All patients who underwent at least one hemodialysis procedure were included. We used descriptive statistics with the SPSS v21 program.

**Results:** We analyzed 362 patients, 57% of whom were men, with a mean age of 52. The most frequent etiology attributable to kidney damage was hypertension 96% and diabetes mellitus 59%. The mean time on hemodialysis was 19 months. The biochemical and serological characteristics of the group are shown in Table 1. We found forty-seven patients with transaminasemia, of which thirteen had liver cirrhosis, evaluated by FIB4/APRI. A viral load was requested for hepatitis C in only one patient, with a positive result, who received treatment with glecaprevir/pibrentasvir for 12 weeks without complications. Retrospective review limits us in identifying the cause for which the patients did not undergo molecular tests for hepatitis B and C. These patients have significant depression of immunity with negative serology on the presence of viral replication "hidden infection."

**Conclusions:** Hemodialysis users should be exhaustively studied, and molecular tests should be performed on suspicion of viral hepatitis.

## 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**  
Biochemical and serological characteristics of hemodialysis users

Variable	Without transaminasemia n=315	With transaminasemia n=47
Hemoglobin g/dL	9	9
Platelet K/ $\mu$ L	228	217
AST	23	74
ALT	25	70
Antibodies HBV, HCV (n)		
2017 y (32)	27	5
2018 y (101)	89	12
2019 y (229)	200	29

Footer: y (year)

## Epidemiology and demographic aspects in patients with acute on chronic liver failure in a third-level care hospital in Mexico.

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**Introduction and Objectives:** Patients presenting with acute on chronic liver failure (ACLF) is a syndrome characterized by acute decompensation of cirrhosis associated with failures of different organs as well as leading to high mortality in the short term, being its demographic and epidemiological characteristics important points to evaluate predictors of poor prognosis in this group of patients. This study aimed to characterize the demographic aspects of patients with acute on chronic in the Mexican population.

**Materials and Patients:** A retrospective, observational, descriptive and unicentric study was carried out, which included patients with a confirmed diagnosis of ACLF who had been hospitalized during the period from 2017 to 2022 in the gastroenterology service of Centro Médico Nacional Siglo XXI "Bernardo Sepulveda," IMSS.

**Results:** 186 patients were included, 95 women (51%) and 91 men (49%) being more prevalent in the range between 56-65 years 59 patients (32%). The most frequent etiology of cirrhosis was NAFLD (esteatohepatitis not alcoholic) in 54 (29%) and ethylism in 42 (23%). A MELD of 31-35 predominated in 50 patients (27%) and a Child Pugh C in 163 patients (87%). The antecedent of at least one previous decompensation was found in 161 (85%), the most common being ascites in 141 (76%) followed by hepatic encephalopathy in 95 (51%). 25 patients (13%) had no previous decompensation. The infection was identified as precipitating in 111 (60%) and without precipitating factor identified in 21 (11%). The most frequently identified infectious focus was abdominal in 60 (36%) and urinary in 40 (24%). The most frequent isolated agent was *Escherichia coli* in 22 (12%). Hepatorenal syndrome was found in 12 patients (6%). At admission, grade I ACLF occurred in 37 (20%), grade II 72 (39%), grade III 77 (49%) with a predominant CLIF C between 51-60 points in 99 patients (53%) requiring an average of 8 days of hospitalization.

**Conclusions:** We found that the ACLF does not present gender predilection as being more frequent between 56-65 years. The main etiology of cirrhosis was NAFLD, the majority being found in Child-Pugh C. Most have a history of at least one decompensation, the most frequent being ascites. 13% debuted with ACLF as the first decompensation. The most common precipitant was infectious, with the abdominal focus manifested as PBE as the main one. The most common agent was *Escherichia coli*. At admission, ACLF grade III was the most common.

## 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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