

Ethical statement

This study did not involve any patients or animal models and did not require approval.

Declaration of interests

None

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Prevalence of pregnancy liver diseases in patients at National Medical Center “La Raza” IMSS.

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Introduction and Objectives: There are physiological changes in the hepatobiliary system during pregnancy. However, there are also pregnancy-related liver diseases, which occur in up to 3% of all pregnancies and can have potentially serious consequences for the mother and fetus. The most frequent are hyperemesis gravidarum, preeclampsia/eclampsia, elevated liver enzymes and low platelet count syndrome (HELLP), intrahepatic cholestasis of pregnancy (ICP) and acute fatty liver of pregnancy (AFLP). The prognosis depends on timely diagnosis and treatment. This study aimed to report the epidemiological characteristics of liver diseases in a Mexican population of pregnant women.

Materials and Patients: A retrospective descriptive observational study that included information collected from the electronic file of pregnant patients treated at UMAE HGO No. 3, of CMN La Raza, assessed by the Gastroenterology service of HE CMN “La Raza” in the period March 2021– May 2023.

Results: 142 patients were included, the mean age was 30 years, 54% were multiparous women, 8.4% of the patients were in the first trimester, 27% in the second trimester and 64% in the third trimester. In our total sample, alterations in liver biochemistry that met clinical and biochemical criteria for pregnancy-associated liver disease were analyzed, where 49% reported hypertransaminasaemia due to etiologies such as preeclampsia, HELLP syndrome, metabolic dysfunction associated fatty liver disease (MAFLD) and biliary pathology, 41% met criteria for ICP, 6% hyperemesis gravidarum, 1.4% were diagnosed with portal hypertension and liver cirrhosis, only 0.7% were diagnosed with autoimmune hepatitis and AFLP.

Conclusions: Based on solicited assessments over a 2-year period of women at any stage of pregnancy, hospitalized due to changes in liver biochemistry, most changes occurred in the third trimester of pregnancy, the most frequent disorder was intrahepatic cholestasis of the pregnancy, the rest of the pathologies were included in the hypertransaminasaemia group, where the most frequent causes were: MAFLD and cholelithiasis, less frequently: preeclampsia, HELLP syndrome or intrahepatic bile duct disorders.

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.

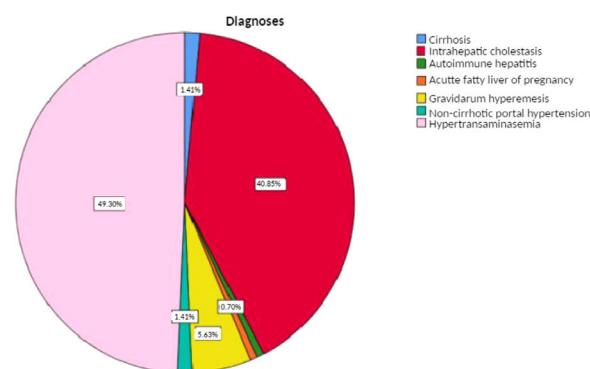


Figure 1. Prevalence of diagnoses.

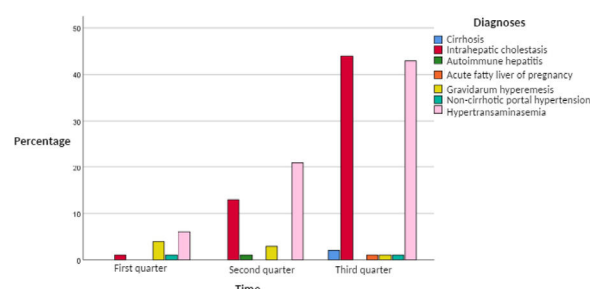


Figure 2. Frequency of diagnoses according to trimester.

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Regulation of TGF- β 1, 2, and 3 and IL-10 at systemic level in chronic liver disease

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Introduction and Objectives: Chronic liver disease (CLD) is considered an important health problem worldwide. The production of IL-10 regulated the hepatic inflammation. Whereas TGF- β plays a crucial role during the progression of CLD, promoting the dysregulated production of extracellular matrix in the liver. However, the role of TGF- β 1, 2, and 3 and IL-10 in CLD is not completely understood. To evaluate the circulatory values of TGF- β 1, 2, and 3 and IL-10 in hepatitis C virus (HCV), Non-alcoholic fatty liver disease (NAFLD) and alcoholic cirrhosis (OHCi) and control subjects (CT).

Materials and Patients: A prospective, cross sectional, observational and multicentric study. HCV (n=33), NAFLD (n=33) and OHCi patients (n=22) and CT (n=26) were enrolled. The anthropometric variables, detailed clinical history and biochemical parameters were