

Table 1
Blood chemistry, complete blood count and liver function tests in patients with Ca undergoing treatment before and after immunotherapy (n=18).

	Patients before immuno-therapy (n= 18)	Patient after immunother-apy (n=18)				
Pattern (units)	Values (media ± DE)	Values (media ± DE)	t (gl)	P<0.05	IC 95%	Reference ranges (años)
Age	67.72 ± 14.40	69.63 ± 14.05	-3.15 (17)	0.006	-3.1 – -0.6	
Gender						
• Man	11	11				n=11
• Woman	7	7				n=7
CHILD PUG	6.56± 1.33	6.72± 1.74	-0.54 (17)	0.59	-0.81 – 0.47	
MELD	9.11± 2.11	10.39± 5.34	-1.11(17)	0.28	-3.69– 1.13	
MELD NA	9.17± 2.22	10.89± 6.07	-1.36 (17)	0.18	-4.38 – 0.93	
MELD 3.0	10.56± 2.79	12.06± 5.62	-1.11 (17)	0.28	-4.34– 1.34	
ALBI	-1.95± 0.81	-1.91± 0.68	-0.14 (17)	0.88	-0.56 – -0.49	
Leukocytes x103/μL	6.15± 2.94	5.57± 2.45	0.87 (17)	0.39	-0.80– 1.95	5 - 10
Hemoglobin g/dL	13.02 ± 2.67	13.02 ± 2.77	0.00 (17)	1.00	-1.36 – 1.36	13.5 – 18
Platelet x10 ⁹ /μL	265.59± 80.79***	169.00 ± 80.80***	1.54 (16)	0.14	-36.24– 229.41	150 – 450
PT (seconds)	12.95 ± 4.11	11.41 ± 3.63	1.13 (17)	0.27	-1.32– 4.40	11.0 – 13.5
INR	1.94± 3.34***	1.14 ± 0.22***	1.01 (17)	0.32	-0.87 – 2.48	≤1
Total Bilirubin (mg/dL)	1.27± 0.63***	1.58± 1.26***	-1.24 (17)	0.22	-0.82 – 0.21	0.2 – 1.2
Direct Bilirubin (mg/dL)	0.44 ± 0.43***	0.57 ± 0.69***	-0.83 (17)	0.41	-0.45 – 0.19	0 - 0.2
No Direct Bilirubin (mg/dL)	0.83± 0.52***	1.01± 0.77***	-1.36 (17)	0.19	-0.46 – 0.10	0 - 0.8
ALT (TGP) (UI/L)	82.11± 128.12***	48.56± 42.60***	1.07 (17)	0.30	-32.63–99.74	10 - 35
AST (TGO) (UI/L)	88.55 ± 86.06***	78.22± 55.96***	-0.42(17)	0.67	-41.15 – 61.81	5 - 34
ALP (Alkaline phosphatase) UI/L	250.72 ± 205.12***	307.22 ± 179.99***	-1.56(17)	0.13	-132.50 – 19.50	<138
Albumin g/dL	3.39± 0.66	3.28± 0.77	0.60 (17)	0.55	-0.27 – 0.49	3.5 - 4.8
Alpha-fetoprotein (nanograms)	6455.04± 21565.83***	2570.74± 5706.40***	0.63 (13)	0.53	-9346.56 – 17115.18	<300 nanograms

***Out of clinical reference value // t-test for related samples pre-post, *P<0.05 // AST- Aspartate aminotransferase, ALT- Alanine aminotransferase, ALP- alkaline phosphatase, GGT- Gamma glutamyl transferase. // + OS actual overall survival

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Clinical characteristics, therapeutic approach, and outcomes in patients with hepatocellular carcinoma at a third-level hospital.

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most common malignant tumor in patients with advanced cirrhosis, posing a significant challenge to the healthcare system. Treatment involves a multidisciplinary approach; however, advanced disease limits the available options. Effectiveness and outcomes can differ depending on the stage of the disease, the patient's functional reserve, and other factors. This study aims to describe the clinical characteristics, staging, treatment, and outcomes of patients with HCC at a third-level hospital

Materials and Patients: A retrospective, descriptive study of HCC patients. Demographic variables, treatment received according to the Barcelona Clinic Liver Cancer (BCLC) staging system, and treatment response according to the Response Evaluation Criteria in Solid Tumors (RECIST) were evaluated. Descriptive statistics with measures of central tendency and dispersion were performed.

Results: The study included 50 patients (20 females, 30 males; mean age 62 ±8). Etiology of cirrhosis: MAFLD (19), alcohol-related (14), Hepatitis C (11), and other causes (6). The average MELD score was 12.5 ±6.22, and the MELD-Na score was 14.7 ±5.44. BCLC staging: A (9), B (28), C (4), D (9). Eligible for treatment (30), categorized as Child-Pugh A(2), B(22), C(6). Radiological treatment (21) included Transarterial Chemoembolization (TACE) in 13 cases, ablation (4),

and a combination TACE/Ablation (4). Medical treatment with Lenvatinib (1). Combination of medical and radiological treatments (3). TACE followed by transplantation (4), and transplantation alone (1). Treatment response evaluation: Complete response (4), partial response (9), stable disease (7), and progression (8). The 3-month mortality rate was 8.3%.

Conclusions: In our group, most of the patients were males, with a relatively equal distribution between compensated and decompensated cirrhosis. MAFLD was the most prevalent etiology, and a significant portion of cases presented at an intermediate stage (BCLC B), qualifying them as candidates for treatment. The response rates to treatment were 13% for complete response and 30% for partial response. Furthermore, the calculated mortality rate at 3 months was relatively low.

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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Characteristics and outcome of patients with liver abscess, a retrospective cohort.

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Introduction and Objectives: Liver abscess (HA) is currently a rare entity, the prevalence is low, the epidemiological transition from