

amoebic to pyogenic in recent years may have modified its characteristics and outcome. Therefore, knowing its presentation, evolution, management and outcome is relevant. Describe the characteristics and outcome of patients with liver abscess

**Materials and Patients:** Retrospective and observational study of patients diagnosed with HA, epidemiological variables, presentation, treatment, drainage, and outcome were evaluated. Descriptive statistics were performed with measures of central tendency and dispersion

**Results:** Records of patients with HA were reviewed, in a period from 2018 to 2023. A total of 103 patients with HA were included, age  $48.3 \pm 15.7$ , 70% men and 30% women, 84.5% pyogenic and 14.5% amoebic with 0.9% of deaths. 25.2% of the patients were diabetic. 42.7% were single liver abscesses, the most frequent location was segment VII in 50.4%. Regarding antibiotic treatment, 80.4% were treated with metronidazole and ceftriaxone, followed by carbapenems in 14.5%. Of the total number of patients, 73.7% required percutaneous drainage, 60.1% underwent culture, of the identified agents *E. Coli* was the most frequent in 9.7%. Only one patient died due to septic shock.

**Conclusions:** The most frequent etiology of HA is now pyogenic, much higher than amoebic, mortality is low, the outcome is healing without sequelae with the use of antimicrobials and percutaneous drainage.

#### 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

None

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#### Detecting the risk for fatty liver, MASH, and insulin resistance using different indexes and markers of liver damage in young adults from West Mexico

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**Introduction and Objectives:** Previous studies conducted by our research group have demonstrated a high frequency of fatty liver and metabolic-associated steatohepatitis (MASH) in young Mexican population. Therefore, early detection of risk factors and metabolic abnormalities is important to prevent or reverse the progression to MASH. The objective of this study is to use non-invasive markers for the detection of insulin resistance (IR), the risk of fatty liver disease (FLD), liver damage, and metabolic-associated steatohepatitis (MASH) in young adult population from West Mexico

**Materials and Patients:** A cross-sectional study assessing the presence of IR using HOMA-IR and non-invasive assessment of the risk of fatty liver disease (FLD) (FLI  $\geq 60$ ), liver damage (HCG markers 19.6% to 58.8%), and metabolic associated steatohepatitis (MASH) (FIB-4: 1.45-3.25; APRI:  $\geq 0.7$ -1.0; NAFLD Fibrosis Score:  $> 0.675$ ) in young adults aged 18 to 45 years. Written informed consent was obtained from all participants. The Institutional Review Board approved this study.

**Results:** Fifty-three participants (37 women and 16 men) with an average age of  $29.53 \pm 8.33$  years were recruited. A 80.7% had overweight and obesity (class I, II, III), with an average waist-to-height ratio of  $0.55 \pm 0.09$ . Additionally, 80.8% of the participants had one or more metabolic abnormalities; hypercholesterolemia (25%), hypertriglyceridemia (39.2%), hypoalbuminoproteinemia (64%), and IR (54.3%). A risk of 39.6% for NAFLD (FLI), 42.95% for liver damage (HCG markers), and 2% - 4% for MASH with intermediate hepatic fibrosis (F2-F3) and significant according to the FIB-4, APRI, and NAFLD Fibrosis Score markers, respectively, were identified.

**Conclusions:** A high prevalence of metabolic disorders and IR was detected, which may be related to a high risk of developing fatty liver disease (39.6%) and liver damage (42.95%), as well as MASH (2-4%) in the young Mexican adult population, suggesting the need of early prevention strategies.

#### 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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#### Poor correlation between HOMA index and Triglycerides/HDL-C ratio as markers of insulin resistance in adult patients with MAFLD.

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**Introduction and Objectives:** In children, studies have demonstrated that Triglycerides/HDL-C ratio can be a good alternative to the HOMA index for measuring insulin resistance as a more accessible and widely available method in MAFLD. However, this has not been replicated in adults. Our goal is to show the correlation that exists between the HOMA index and the Triglycerides (TG) to High-Density Lipoprotein (HDL) ratio as markers of insulin resistance in adult patients with fatty liver disease.

**Materials and Patients:** Descriptive and retrospective study. It included 80 adult patients with MAFLD between July 2021 and May 2023. Insulin resistance (RI) was defined as a HOMA index  $\geq 2.71$  or a TG/HDL-C ratio  $\geq 1.36$  mmol/L. The results were analyzed using measures of central tendency, dispersion, and Pearson's test.

**Results:** 80 patients were evaluated, with 65% of the sample corresponding to women, with a mean age of 52.5 years. 64% of patients (n=51) with MAFLD showed insulin resistance measured by HOMA-IR, while 57.7% (n=46) had a Trig/HDL-C ratio  $\geq 1.36$ . 8 patients who showed extreme data, possibly due to laboratory measurement error, were excluded. When applying the Pearson's test, a score of 0.25 was obtained, indicating a weak correlation between both markers (Table 1 and Figure 1).

**Conclusions:** In our study, we found a low correlation between the HOMA index and the Triglycerides/HDL-C ratio, suggesting that the Triglycerides/HDL-C ratio may not be a suitable marker for insulin resistance in adult patients with MAFLD. Therefore, we do not currently recommend its use in this patient population.

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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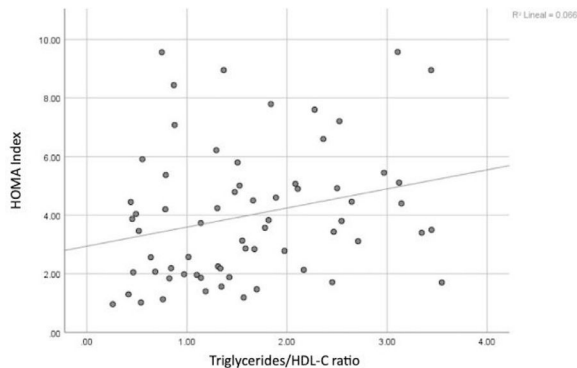


Figure 1. Simple scatter plot with HOMA index line fit by TG-HDL ratio.

		HOMA Index	Triglycerides/HDL-C ratio
HOMA Index	Pearson correlation	1	.257
	Sig. (bilateral)		.037
	N	67	66
Triglycerides/HDL-C ratio	Pearson correlation	.257	1
	Sig. (bilateral)	.037	
	N	66	71

Table 1. Correlation between HOMA and Triglycerides/HDL-C ratio using Pearson's test.

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Rapidly progressive glomerulopathy in a patient with hepatitis C virus not diagnosed. Case Report.

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**Introduction and Objectives:** Hepatitis C virus (HCV) related-Kidney disease, mostly due to the formation of immune complexes and cryoglobulins with cryoglobulinemic vasculitis (CryoVas), and a direct cytopathic effect. We present a case of HCV-nephritic syndrome associated with focal segmental glomerulosclerosis without CryoVas that reported anecdotally in the literature.

**Materials and Patients:** 63-year-old female with 15 years of stable essential hypertension. She suddenly presented lower extremity

edema, headache, phosphenes, hypertensive uncontrol, hematuria, proteinuria and decreased glomerular filtration. She received steroids with partial response, for which phenolic acid was started after six months without complete response. A renal biopsy with immunofluorescence, serum antinuclear antibodies (SS-A, SS-B, Sm, RNP, Jo1, Scl70, dsDNA, ANCA-c, ANCA-p, anticardiolipin, cryoglobulins) rheumatoid factor, C4 electrophoresis of immunoglobulins and liver function tests carry out.

**Results:** All liver and immunological parameters was normal. The renal biopsy were atypical damage associated with HCV finding focal segmental glomerulosclerosis with areas of extra-capillary proliferative glomerulosclerosis pauci-immune, shown in Figure 1. Hepatitis C serology and viral load were positive, she received glecaprevir/pibrentasvir for 12 weeks with a sustained viral response at week 12. During the 3-year follow-up, the patient is on peritoneal dialysis, with no viral relapse.

**Conclusions:** We should emphasize that the control of focal segmental glomerulosclerosis-associated nephritic syndrome was achieved with direct-acting antivirals (AAD). This type of kidney injury is described as a direct lesion from virus replication to direct injury to podocytes, so the isolated use of other immunosuppressive therapies (steroids/immunosuppressors) can accelerate the renal damage, early identification of HCV involvement is necessary to start appropriate treatment with AAD as soon as possible.

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.

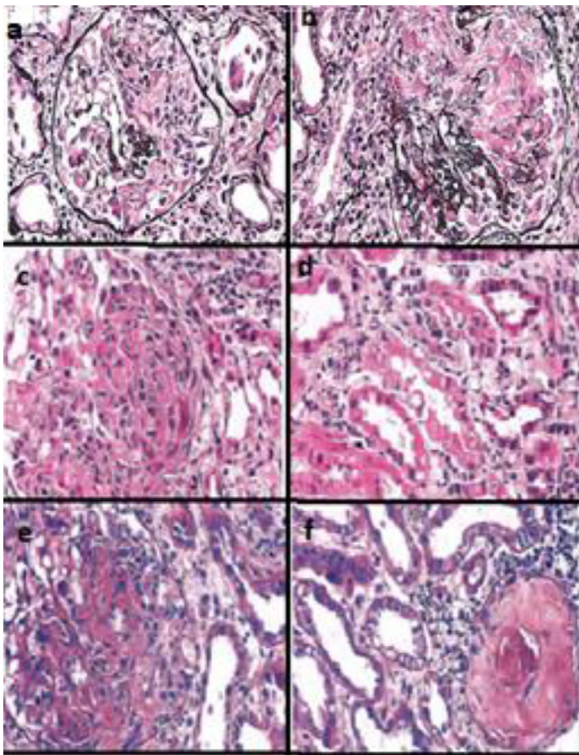


Figure 1. Light micrograph, renal biopsy. a, b: Jones' metamine stain, showing a thickened Bowman's capsule, folded, without spicules or filling defects with the stains used, fibrous crescents with an index of interstitial fibrosis 30-35%. c, d. HE stain, glomerulus with