

extra capillary proliferative and segmenting extra capillary proliferative lesions partially the tangles, cariorexis and fibrinoid necrosis. e, f: Masson's trichome stain, interstitium tubular with fibrosis and atrophy, scant infiltrate inflammatory with lymphocytes and cells plasmatic, tubular epithelium with regenerative changes accentuated and intratubular proteinaceous material. Negative immunofluorescence (IgA, G4, kappa, C3), not showed.

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Demographic and clinical characteristics of patients with chronic HCV infection in a third-level IMSS Hospital in Mexico City

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Introduction and Objectives: Hepatitis C virus (HCV) infection is a major cause of chronic liver disease, there are approximately 71 million infected individuals worldwide, up to 40% of them will have spontaneous resolution and 60% will develop chronic infection with risk of developing cirrhosis and hepatocellular carcinoma. In Mexico it is the fourth cause of death and one of the main causes of disability. Current HCV treatment with direct-acting antivirals (DAAs) has a high rate of sustained viral response that ensures the cure of the infection, decreases the progression of liver fibrosis and decompensation rates in patients with cirrhosis. This study aimed to describe the demographic and clinical characteristics of patients with chronic HCV infection, treated at a third-level care hospital in Mexico City.

Materials and Patients: A retrospective cohort study in a part of the patients from the HCV clinic of an IMSS third-level hospital, which included cases with confirmed HCV infection, who received treatment with direct-acting antivirals +/- ribavirin, in the period of 2017-2022.

Results: Data from 222 treated patients was collected; a mean age of 53 years was reported, with a male-female ratio of 1:1. Among candidates for treatment with direct-acting antivirals 50.5% had advanced chronic liver disease at the time of diagnosis. Of these patients 76.1% were classified as a compensated chronic liver disease with a stage of Child Pugh A and 86.7% had a MELD-Na score of less than 14 points. The sustained virologic response rate in this population was 99%.

Conclusions: It was observed that the collected treated population was on average in the sixth decade of life, with no gender predilection. Half of this population had advanced chronic liver disease at the time of diagnosis and initiation of treatment with direct antivirals. The majority of patients were in a compensated stage by Child Pugh, and showed a low MELD-Na score which was favorable for follow-up and subsequent management.

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.

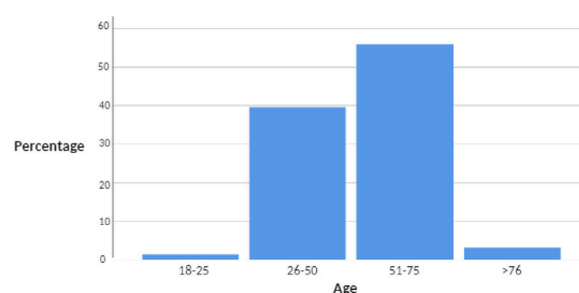


Table 1. Prevalence of ages.

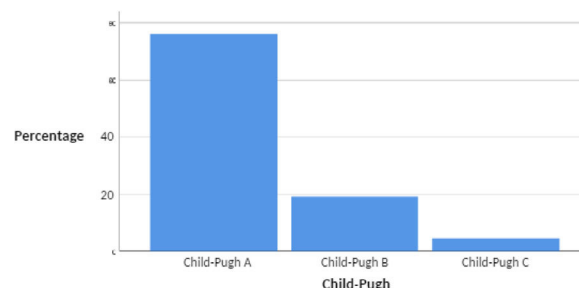


Table 2. Prevalence of Child-Pugh stage.

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Factors associated with mortality in patients with cirrhosis.

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Introduction and Objectives: Chronic liver disease is increasingly prevalent, the causes range from MAFLD, alcohol consumption, HCV, autoimmune disease, and others. They develop complications such as: portal hypertension with esophageal and gastric varices, hepatic encephalopathy, ascites, renal injury, among others, conditioning the final stage of the disease and death; therefore, knowing the factor that has the greatest impact on mortality is relevant. To evaluate which decompensations are associated with higher mortality in patients with cirrhosis of different etiologies.

Materials and Patients: Retrospective, analytical, observational study of patients with cirrhosis. To determine the factors associated with 28- and 90-day mortality, proportional hazard curves were performed for COX with encephalopathy, gastrointestinal bleeding, ascites, renal injury, ACLF and infection, with absence of the factor as reference. Considering significant $\alpha \leq 0.05$, SPSS-V 25.0 was used

Results: 200 patients, men 53%, women 47%. Etiology: alcohol 86, MAFLD 58, autoimmune 27, dual 16 and HCV 13; 37 died at 28 days and 49 at 90 days. Cumulative mortality rate 28 days 18.4%, 90 days 24.4%, with CHI square test for the model was significant, 109.34 (10), $p < 0.001$, being significant with WALD statistic for ACLF with OR of 4.78 (1.24-18.37; 95%IC), $p = 0.023$ for 90 days, the model was significant CHI square 118.22 (10), $p < 0.001$, being significant encephalopathy grade 2 OR of 11.95 (1.49-57.16; 95%IC) $p = 0.02$, ascites OR 2.63 (1.24-5.58; 95%IC) $p = 0.12$, acute kidney injury OR 4.02 (1.16-

13.88;95%IC) $p=0.28$, ACLF grade 2 OR 2.73 (1.001-7.43;95%IC) $p=0.05$, ACLF grade-3 OR 5.94 (1.83-19.2;95%IC) $p=0.03$, and infection OR 1.96 (1.014-3.79;95%IC) $p=0.45$

Conclusions: In our study group, the factors associated with mortality were the degree of ACLF, greater degree of encephalopathy and development of renal failure, with HD standing out with an OR of 11.95.

Ethical statement

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Declaration of interests

None

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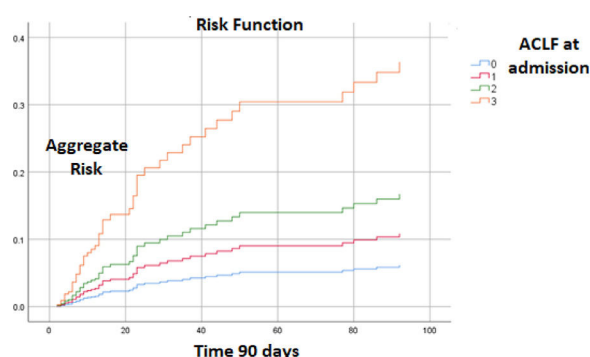


Figure 1. ACLF grade and its relationship with 90-day mortality

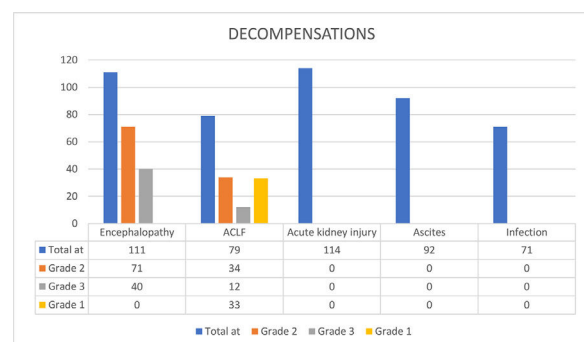


Figure 2. Main decompensations in patients with cirrhosis

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Impact of spontaneous bacterial peritonitis on the outcome of patients with cirrhosis

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Introduction and Objectives: Spontaneous bacterial peritonitis (SBP) is a severe complication that can occur in patients with

cirrhosis and is associated with high mortality rates. Evaluating SBP as a risk factor in the outcome of patients with cirrhosis is important because it helps understand the impact of this complication on the overall prognosis of these patients. Therefore, the objective of this study is to identify risk factors, treatment outcomes, and mortality rates associated with SBP in this population.

Materials and Patients: A retrospective and analytical study was conducted on patients with cirrhosis who developed SBP. The cause of cirrhosis and Child-Pugh score were evaluated. They were classified into early responders (ER) (more than 25% decrease in polymorphonuclear cells on the second day of effective antibiotic treatment), development of renal injury, acute-on-chronic liver failure (ACLF), and 28-day mortality. Statistical analysis included evaluating the mortality rate using the Kaplan-Meier curve, log-rank test, considering significance at $p \leq 0.05$. Renal injury, ACLF, and non-early responders were independently compared.

Results: A total of 79 patients were included in the study, 40 males (50.63%) and 39 females (49.36%). Alcohol-related in 49.36% of cases. Child-Pugh C was found in 67 cases (84.81%). Antibiotics were cephalosporins in 66 cases (84.81%) and carbapenems in 13 cases (16.45%). There were 6 deaths among early responders and 29 among non-early responders, with a mean survival of 25.76 days for early responders versus 9.78 days for non-early responders, $p < 0.001$ (Figure 1). Regarding Acute-on-Chronic Liver Failure (ACLF), there were 2 deaths in patients without ACLF and 33 deaths in patients with ACLF. The mean survival for patients without ACLF was 26.93 days, compared to 14.6 days for those with ACLF, $p < 0.001$. Patients without renal injury had 3 deaths, while those with renal injury had 32 deaths. The mean survival for patients without renal injury was 25.65 days, compared to 16.17 days for those with renal injury, $p < 0.001$ (Figure 2)

Conclusions: SBP in patients with cirrhosis is associated with a high mortality rate. However, several factors such as treatment response, the presence of ACLF, and renal injury have a significant impact on patient survival.

Ethical statement

The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

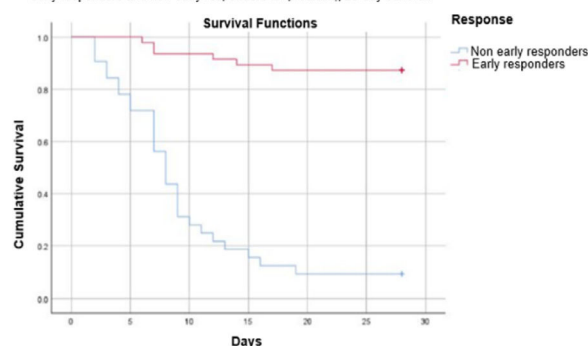
Declaration of interests

None

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Figure 1. Area Under Receiver. Operating Characteristics Curve (AUROC) of early responders and non-early responders for predicting 28-day survival.



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