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Introduction and Objectives: Hepatocellular carcinoma (HCC) occupies the third cause of mortality worldwide. 10% of patients receive curative therapy. There are loco-regional therapies to improve patient survival such as (TACE) and radioembolization with Yttrium-90. There are prognostic scales, such as ALBI, MELD, MELD-Na, MELD 3.0, to identify those who will respond better to treatment.

To evaluate the potential of the ALBI, MELD, MELD-Na, MELD 3.0 index as a predictor of mortality in patients who received treatment with Yttrium-90

Materials and Patients: Patients with cirrhosis and HCC who were candidates for radiation embolization with Yttrium-90 were evaluated. The following scores ALBI, MELD, MELD-Na, MELD 3.0 were assessed before and after therapy.

Results: There were 7 patients, age 70±11.3 years, 60% women, all BCLC B and Child Pugh B, etiology of CH was 3 patients due to alcohol-associated liver disease, 2 patients due to MASLD and 2 cryptogenic, 4 patients had 2 sessions and 3 patients 1 session, complete response in 3 patients and 5 progressed. 3 patients died. The variables of leukocytes, hemoglobin, platelets, PT, INR, BT, AST, ALT, albumin, ALBI, MELD, MELD 3.0, MELD-Na, Child Pugh were compared without obtaining statistical significance (Table 1). The survival of the patients was 14.6 months. There were no complications or adverse effects with the Yttrium-90 treatment.

Conclusions: ALBI, MELD, MELD 3.0, MELD-Na score do not predict mortality in patients treated with Yttrium-90. A study with a larger number of patients is needed to correlate and obtain more significant results

Ethical statement

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

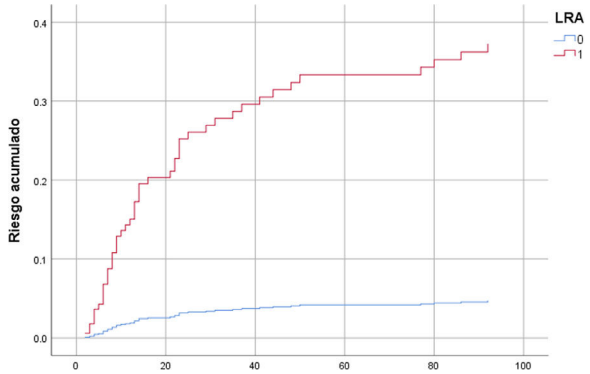
Declaration of interests

None

Funding

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

Table 1. Blood cytometry, Liver Functional Tests & cancer scales systems in patients with cancer and treatment transarterial radioembolization (TARE) with Yttrium-90.



*** Outside clinical reference value // Paired Samples t Test (pre-post) *P<0.05 // AST- Aspartate transaminase, ALT- Alanine transaminase, ALP- Alkaline phosphatase, GGT- Gamma-glutamyltransferase, INR- International Normalized Ratio, PT-Prothrombin time // *BCL PRE A=1, B=6 y POST BCL A=1, B=4 y C=2//

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Efficacy and safety of intravenous L-ornithine L-aspartate in patients with grade III and IV hepatic encephalopathy

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Introduction and Objectives: Hepatic encephalopathy (HE) is a common and serious complication of cirrhosis, associated with high morbidity and mortality. Ammonia and inflammation are the main triggers of HE. The use of L-ornithine-L-aspartate (LOLA) provides precursor substances for glutamine synthesis in perivenous cells, accelerating ammonia detoxification.

This study aims to evaluate the efficacy and safety of intravenous L-ornithine-L-aspartate (LOLA) in patients with grade III-IV hepatic encephalopathy (HE).

Materials and Patients: Retrospective and analytical study of patients with grade III-IV hepatic encephalopathy (HE).

All patients received intravenous LOLA 50 g for up to 48 hours, excluding those with renal failure. Descriptive statistics with measures of central tendency and dispersion were performed. Improvement was considered when HE regressed by at least one grade, and adverse events were evaluated.

Results: A total of 32 patients were included, with a mean age of 55 years ± 9.6. There were 13 females (40.6%) and 19 males (59.4%). Eight patients (25%) were classified as Child-Pugh B, while 24 patients (75%) were classified as Child-Pugh C. The mean MELD score was 19.03 ± 6.08, and the mean MELD NA score was 7.19 ± 7.19. The most common etiology was alcohol-related (43.8%), followed by MAFLD (29.1%) and viral (9.5%). All patients had grade III hepatic encephalopathy. The precipitating factors were sepsis (53%), hemorrhage (25%), constipation (12.5%), diuretics (6.3%), and electrolyte imbalance (3.1%). A total of 24 patients (75%) responded to the treatment, while 8 patients (25%) did not. Nineteen patients were found to have some degree of acute-on-chronic liver failure (ACLF). No adverse events were reported.

Conclusions: The use of intravenous LOLA for the treatment of grade III-IV hepatic encephalopathy iseffective and safe. These results support the use of LOLA as a therapeutic option in the management of hepatic encephalopathy 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

Funding

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

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