

without overt HE who underwent S-ANT, PHES, and Flicker tests. We determine the area under the receiver operator characteristic (AUROC) curve to validate the S-ANT test. MHE was detected if the PHES and Flicker tests were abnormal.

We compared the S-ANT scores of both groups with and without MHE with the student's t-test for independent groups. Sensitivity (S) and specificity (SE) were calculated with the AUROC cutoff point for MHE.

Results: Detection of MHE was in 12/83 patients (14.5%); 43 (51.83%) women, mean age 52.7 ± 7.5 years, median schooling 8.3 years (range 0-17), the etiology of cirrhosis was: 39 (47.0%) alcohol, 9 (28.9%) primary biliary cirrhosis, 17 (20.5%) metabolic fatty liver, 18 (21.7%) hepatitis C virus According to Child-Pugh: 57 (68.7%) A, 25 (30.1%) B, and 1 (1.2%) C. The mean S-ANT for non-MHE was 19.35 ± 5.4 , and for MHE, 14.7 ± 5.6 , $p=0.024$ AUROC was significant .760 (.577-.942, 95%CI); $p=0.037$ with $S=83\%$ and $SE=77\%$ cutoff= 17.5 words, which is higher than for other populations.

Conclusions: In the Mexican population, S-ANT reliably discriminates against patients with cirrhosis without overt HE with cognitive impairment, confirmed by PHES and Flicker test

Ethical statement

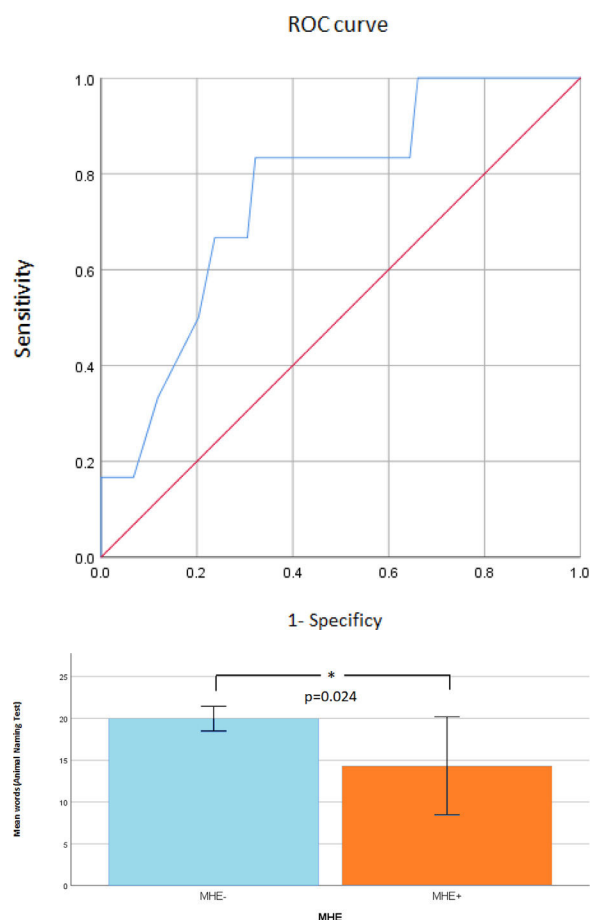
The protocol was registered and approved by the Ethics Committee. The identity of the patients is protected. Consentment was obtained.

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.



<https://doi.org/10.1016/j.aohep.2024.101446>

Hepatitis secondary to consumption of piñalim

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Introduction and Objectives: The use of natural products without proper assessment is common and favored by the popularity of phytotherapeutics. The regulations related to the prescription and use of these products are scarce, which leads to their being widely used in self-medication. We present the clinical case of a woman who consumed piñalim and presented hepatotoxicity

Materials and Patients: A 29-year-old woman without significant history. She was admitted to the general surgery service for cholecystectomy. After preoperative evaluation, abnormalities in liver function tests (LFT) stood out, for which reason they intentionally asked about the consumption of alcohol, drugs, supplements or herbal and/or homeopathic products, referring to the daily consumption during the last year of PIÑALIM (red, green and white tea) in order to lose weight. Ultrasound of the liver and bile ducts reported: liver of normal shape, size and situation, with no evidence of solid or cystic lesions. Bile duct without dilatation. Gallbladder with a 5.6mm thick wall, without images suggestive of stones. The surgical report showed a lack of findings in the gallbladder and liver. The jaundice and altered LFT persisted in the postoperative period (mixed pattern); additional tests were performed: HBV-HCV-HAV-HIV viral panel: TORCH negative. Negative Tomography of the abdomen without relevant findings. ANA: Negative Until now, the only hepatotoxic agent identified (PIÑALIM) had already been suspended, so this behavior was maintained, avoiding the consumption of any drug. In the following control, the LFT maintained a downward trend, until normalizing 6 months after the definitive suspension of the infusion. (Table 1)

Results: After the definitive suspension of the tea, the LFT were normalized, thus concluding the direct relationship of the product by having a score on the CIOM/RUCAM scale of 9 (definitive cause of hepatotoxicity).

Conclusions: The report of hepatitis associated with infusions is becoming more frequent, it is important to raise awareness about our patients in the "non-safety" of natural products and in the medical team to alert about these products and avoid procedures unnecessary surgeries.

Ethical statement

The identity of the patients is protected. Consentment was obtained.

Declaration of interests

None

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Table 1
Liver Function Tests

Preoperative	Postoperative	6 months of suspension of the hepatotoxic
TB: 11.1mg/dl, DB: 8.1mg/dl, IB: 3.0mg/dl, TSA: 159U/L, TLA: 356U/L, AF: 281U/L, HDL: 545U/L, TGG: 459U/L	TB: 8.0mg/dl, DB: 6.3mg/dl, IB: 1.7mg/dl, TSA: 111U/L, TLA: 242U/L, AF: 180U/L, HDL: 400U/L y TGG: 298U/L	TB: 1.3mg/dl, DB: 0.7mg/dl, IB: 0.6mg/dl, TSA: 36U/L, TLA: 44U/L, AF: 120U/L, HDL: 250U/L y TGG: 66U/L

<https://doi.org/10.1016/j.aohep.2024.101447>