liver transplantation. It is important to always look for this rare syndrome.

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.

Characteristics of patients with overlap syndrome of autoimmune liver diseases.	
Sex	
Male	n = 21 (95%)
Female	n = 1 (5%)
Phenotype	
PBC/HAI	n = 13 (59%)
Antibodies	
ANA	n = 18 (81%)
AMA	n = 14 (63%)
ASMA	n = 4 (18%)
LKM1	n = 4 (18%)
Child-Pugh classification	
Child-Pugh A	n = 14 (70%)
Child-Pugh B	n = 5 (25%)
Child-Pugh C	n = 1 (5%)

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Epidemiological changes in the incidence of acute liver failure at a hospital in Mexico City

Rodrigo Guirao-Pérez, Griselda Martínez-Ramírez, María I.S. Mejía-Loza

Department of Gastroenterology, Juarez Hospital of Mexico, Mexico City, Mexico

Introduction and Objectives: Acute liver failure is a condition that can rapidly progress to multiple organ failure. The main reported cause is paracetamol ingestion in 47%, followed by drug-induced liver injury in 11% and viral hepatitis in 10%. An increase in the incidence in our hospital and a change in the etiology were observed. This study aimed to determine the frequency and etiology of acute liver failure, presentation and outcome of patients in the last 3 years at Juarez Hospital of Mexico.

Materials and Patients: Retrospective, descriptive, observational, cross-sectional study. 20 files with a diagnosis of acute liver failure from May 2020 to May 2023 at Juarez Hospital of Mexico were reviewed. Epidemiological data, clinical manifestations, biochemical parameters, evolution and outcome of the studied population were obtained.

Results: 15 patients were included, 86.6% were male, 13.3% female, 73.3% of the patients were under 35 years of age. 66.6% were secondary to hepatitis A virus, 13.3% to drug-induced liver injury and 20% autoimmune. In the last 5 months, 53.3% of the cases were presented. 73.3% manifesting as hyperacute, 20% acute and 6.6% subacute. The pattern of presentation of liver injury was hepatocellular in 80% and mixed in 20%. 3 patients received liver transplant (20%), 5 received plasmapheresis (33.3%), and 7 patients received support measures (46.6%). Mortality was 20%.

Conclusions: An increase in cases of acute liver failure was determined in the last 5 months, all secondary to hepatitis A virus, with a hyperacute presentation pattern, all required intensive care management, with 100% survival in patients undergoing liver transplantation or plasmapheresis. Due to these findings, it is necessary to perform multicenter studies to determine a change in the behavior of this virus.

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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Utility of the MELD and MELD-Lactate scale in patients with severe Alcoholic Hepatitis as a predictor of severity and early mortality.

Francisco I. García-Juárez[1], Irais A. Garcia-Espinosa[1], Claudia L. Dorantes-Nava[1], Jose L. Perez Hernandez[1], María F. Higuera-de la Tijera[1], Daniel Santana-Vargas[1,2]

[1] *Department of Gastroenterology and Hepatology, General Hospital of Mexico, Dr Eduardo Liceaga*
[2] *Research Department, General Hospital of Mexico. "Dr Eduardo Liceaga." Mexico City, Mexico*

Introduction and Objectives: Alcoholic Hepatitis (AH) causes acute inflammation of the liver. The prognosis depends on the recovery of the liver from rapid improvement to multi-organ failure and death. There are scales that establish the prognosis and respond to steroid in AH, based on biochemical markers, none uses lactate levels. The lactate level in a patient with hepatitis may be increased. To determine if the MELD-Lactate scale is better than MELD for predicting with greater accuracy the severity and early mortality in patients with Alcoholic Hepatitis.

Materials and Patients: Retrospective, retrollective and analytical study, from 2019 to 2022. The variables were obtained with laboratories upon admission, including lactate levels. The area under the curve for sensitivity and specificity was calculated for predictive scales and MELD-lactate to determine mortality at 28 and 90 days.

Results: Include 70 patients, 59 men (84.2%) and 11 women (15.7%), age 43.2 ±9.8 years. The mortality at 28 days was 19 patients (27.1%) and at 90 days it was 18 patients (25.7%), a total of 37 (52%). The area under the curve for MELD-Lactate was in general mortality 0.823; 0.705-0.941 (sensibility 81.8% specificity 72.4%), at 28 days 0.874; 0.780-0.968 (sensibility 88.9%; specificity 71.3%) and 90 days there was no significance, compared with MELD which was general mortality 0.741; 0.603-0.878 (sensibility 81.8% specificity 66.1%), at 28 days MELD 0.766; 0.615-.916 (sensibility 88.9% specificity 63.3%) and at 90 days there was no significance, with the rest of the scales (MELD 3.0, ABIC, Maddrey, MELD- Na and Glasgow, it was less than that of MELD-Lactate. (Figure 1,2).

Conclusions: Patients with severe AH have higher mortality, either early or late. In our study we showed that the MELD-lactate scale may be a better prognostic scale for early mortality in patients with alcohol hepatitis, since it showed a better performance than all the other scales used, although these results must be confirmed in other hospital centers, we can recommend their use.

Ethical statement

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