Materials and Patients: A 43-year-old woman, blood group A+, with a history of HCV-related liver cirrhosis and BCLC-A hepatocellular carcinoma, was chosen for a liver transplant. Surgery was uneventful, requiring the transfusion of an O+ blood unit. The postoperative evolution was carried out without complications. On day 10, after the transplant, she presented a drop of 3 g/dL in hemoglobin, leukocytosis, elevated acute phase reactants, and mixed hyperbilirubinemia. An esophagogastroduodenoscopy and colonoscopy showed no active bleeding. The hemolysis profile showed a decrease in the haptoglobin value and an increase in DHL, negative Coombs, without schistocytes. An MRCP was requested, with no evidence of bile leakage or active bleeding. Because of the suspicion of hemolysis due to drugs, tacrolimus was changed to mycophenolate mofetil, and because of possible hemolysis due to sepsis, broad-spectrum antibiotic coverage was added without improvement. On day 14, there was a suspicion of transient lymphocyte syndrome. Isohemagglutinin levels were requested and became positive, and two O+ blood units were transfused. The following day, she presented a significant improvement in all laboratory parameters, and on day 20 she was discharged from the hospital without any abnormality in her laboratory parameters.

Results: In our management of hemolytic anemia after liver transplantation, two theories initially emerged: 1) Hemolysis due to tacrolimus, for which it was suspended and changed to mycophenolate mofetil, and 2) Hemolysis due to sepsis, due to leukocytosis and inflammation, initiating coverage with meropenem and vancomycin. But without improvement after both interventions. Finally, due to suspicion of transient lymphocyte syndrome, isohemagglutitins were requested and were positive, and after the transfusion of 2 O+ blood units, containing anti-A+ antibodies, she showed improvement, confirming the diagnosis.

Conclusions: In the passenger lymphocyte syndrome, there is a donor B lymphocyte production of antibodies causing a primary or secondary response to recipient erythrocytes. The incidence is higher in the heart-lung transplant, followed by liver transplantation. The risk also increases according to the donor-recipient ABO mismatch, being more common with group O donors and group A recipient (61%), followed by group O donors and group B recipients (22%). The clinical picture is characterized by fever, diarrhea, rash and hemolysis. The hemolysis usually occurs on days 3 to 24 after the liver transplantation and tends to be mild and self-limited. The diagnosis is made when the recipient had a positive direct antiglobulin test and there were donor antibodies in the serum against the recipient's red blood cell antigens. Treatment options include the transfusion of O red blood cell units and, in cases of severe hemolysis, immunosuppressors or plasmapheresis.

Ethical statement

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

Declaration of interests

None

Funding

None

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Effect of the combination of orlistat and l-carnitine on the quality of life (sf-36) in 16 overweigth patients. a preliminary result

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Introduction and Objectives: Orlistat is a drug widely used in overweight/obese patients, while the combination with l-carnitine could offer an improvement in its effectiveness. To our knowledge, the effect of this combination on the quality of life of overweight patients has not been determined.

To evaluate the effects on the quality of life of patients who took the combination of orlistat and l-carnitine at 4 and 8 weeks of treatment.

Materials and Patients: : We evaluated the quality of life (Short Form-36) in 16 patients [41.81±8.26 (37.77-45.86) years, 81% women] undergoing pharmacotherapy of the combination of orlistat and l-carnitine (once a day) at 4 and 8 weeks of treatment. Data express mean±SD and 95%IC or percentages as correspond. We use paired Student t Test, two tails with an alpha=0.05.

Results: Patients lowered their weight by about 3%. Patients show improvement in body pain, general health, vitality and in both Mental [45.68±6.51 (42.49-48.86) vs. 49.88±3.21 (48.31-51.46), p=0.02] and Physical [59.4±8.92 (55.03-63.77) vs. 63.36±9.64 (58.63-68.08), p=0.01) summaries.

Conclusions: These results suggest a beneficial effect of the combination of Orlistat and l-carnitine on the treatment of overweight. Further studies compared with placebo and standard care are required.

Ethical statement

The protocol was approved by the local research and ethical committees.

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Declaration of interests

None

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METS-IR and its correlation with the diagnosis of nonalcoholic fatty liver disease corroborated by elastography.

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Introduction and Objectives: Nonalcoholic fatty liver disease (NAFLD) has become the leading cause of chronic liver disease worldwide, with a prevalence ranging from 25% to 40% (1,2). Its increase