reduce cholesterol and lipid metabolism in general, inflammation, drug resistance, and stemness capacity. It is noteworthy that tumors grown under a lipid-rich environment exhibit significant activation of Stat3, so the decrease in the molecular signature of Stat3 induced by GDF11 strongly suggests a mechanism mediated by the repression of the pathway of this factor transcription, impacting metabolism, inflammation, differentiation, and drug resistance.

Conclusions: Our study's novel finding is that GDF11 represses the Stat3 signaling pathway, thereby imposing metabolic, inflammatory, and oncogenic restrictions. GDF11 represents a good promise in the treatment of HCC.

Ethical statement: The present work has not involved animals or patients.

Declaration of interests: None.

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Prevalence and Main Characteristics of Portal Venous System Thrombosis in Patients with Advanced Decompensated Chronic Liver Disease

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Introduction and Objectives: Chronic liver disease (CLD) is common globally; in advanced stages, decompensation and complications such as portal venous system thrombosis (PVST) increase.

Objective: To describe the prevalence and main characteristics of hospitalized patients with decompensated CLD and PVST in a tertiary care center.

Materials and Patients: An observational, longitudinal, and descriptive study was conducted on hospitalized patients in a tertiary care center in Mexico City with decompensated CLD during the period 2022 and 2023. These patients had imaging studies (CT scan or hepatic Doppler ultrasound) reporting PVST. Follow-up was conducted from the diagnosis of CLD, documentation of PVST, and survival until 2024. Patients with PVST without a diagnosis of CLD or without current follow-up were excluded.

Data will be analyzed using the SPSS statistical software, version 23. Qualitative variables will be presented as frequencies and percentages, while numerical variables will be shown as means and standard deviations or medians and ranges, as appropriate.

Results: We reviewed 788 records of patients with decompensated CLD, of which 60 had PVST, with a period prevalence of 7.6%. Of this group, 20% had hepatocellular carcinoma. Of the total, 37 were women (61.6%), with an average age of 59 ± 9 years. According to the Child-Pugh classification, 6 cases were class A (10%), 25 were class B (42%), and 29 were class C (48%), with an average MELD score of 19.4 and MELD-Na of 21.8. All patients with PVST had at least one prior decompensation before admission (100%), with 43% and 31% having two and three decompensations, respectively. The most frequent etiology was MASLD (48.3%), and the main reason for hospitalization was variceal gastrointestinal bleeding (50%). The portal vein was the most affected vessel (100%), with 20% of cases showing extension to the superior mesenteric vein, of which 76% presented signs of chronicity. The average time from CLD diagnosis to PVST identification was 3.5 ± 2.83 years. By 2024, 41% of patients with PVST had died, with septic shock being the leading cause of death during hospitalization.

Conclusions: The prevalence of PVST in our study is similar to that reported in the literature (3-25%). It is more frequent in women, has a metabolic etiology, and primarily affects the portal vein. To date, 41% have died, mainly from septic shock. However, PVST may be an important factor to study in the progression of CLD.

Ethical statement: This study was conducted in accordance with the ethical principles of our hospital. All data were handled with strict confidentiality and used solely for research purposes.

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.

Reviewed Records	F	% 788
Portal Vein Thrombosis	60	7.6%
Hepatocellular Carcinoma	12	20%
Affected vessel		
Portal Vein	60	100%
Superior Mesenteric Vein	13	22%
Inferior Mesenteric Vein	0	0%
Splenic Vein	6	10%
Periodicity of Portal Vein Thrombosis		
Recent	17	28.30%
Chronic	43	71.70%
Etiology of Chronic liver disease		
Alcohol	19	31.70%
METLAD	3	5%
MASLD	29	48.30%
Viral	4	6.70%
Autoimmune	5	8.30%
Child Pugh		
A	6	10%
B	25	41.70%
C	29	48.30%
MELD	19.4 ± 6	
MELD NA	21.8 ± 6	
Number of prior decompensations		
1	60	100%
2	18	30%
3	19	31%
Reasons for Admission		
Variceal Hemorrhage	30	50%
Ascites	15	25%
Hepatic Encephalopathy	5	8.30%
Infection	3	5%
Acute Kidney Injury	1	1.70%
Study Protocol	5	8.30%
Cardiogenic Shock	1	1.70%
Average time between CLD diagnosis and PVST		3.5 ± 2.83 años
Death	25	41.7%
Causes of Death		
Septic shock	13	52%
Hypovolemic shock	2	8%
Cardiogenic shock	1	4%
Respiratory failure	1	4%
Disease progression	8	32%

CLD: Chronic Liver Disease; MASLD: Metabolic Associated Steatotic Liver Disease; METLAD: Metabolic Liver Disease; MELD: Model for End-Stage Liver Disease; MELD NA: Model for End-Stage Liver Disease without Ascites; PVST: Portal Vein and Splenic Vein Thrombosis.

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Experience with dexmetomidine in the management of alcohol withdrawal syndrome for patients with cirrhosis

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Introduction and Objectives: Lorazepam is the first-line treatment in patients with alcohol withdrawal syndrome (AWS). In patients with cirrhosis and AWS, the use of dexmetomidine (DXM)

has been poorly studied. The objective of this study is to report the effect of DXM in patients with cirrhosis and AWS.

Materials and Patients: Observational, retrospective, descriptive and analytical study. Patients with cirrhosis and AWS, treated with lorazepam, DXM, or both, were included. The Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) data was collected before and after treatment, as well as the days of in-hospital stay (IHS). The quantitative variables were summarized using non-parametric descriptive statistics according to the distribution of the variables (average and range), as well as frequencies and percentages in the case of qualitative variables. To compare between three independent groups, the Kruskal-Wallis (KW) and Jonckheere-Terpstra (JT) tests were used. A significant difference was considered one with a value of $p<0.05$.

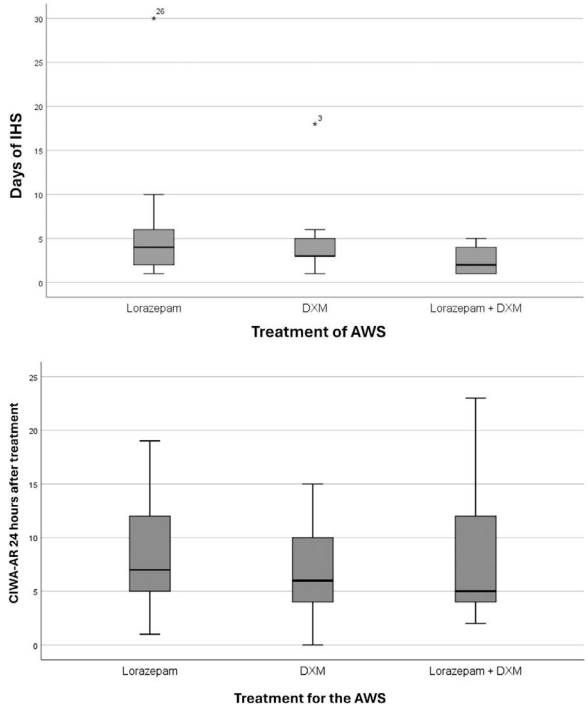
Results: 39 patients were included, 37 (94.9%) men, average age 41 (27-66) years, alcohol consumption 287 (64-960) g/day, CIWA-Ar at admission 20 (10-46) points, Child -Pugh 10 (5-14) points, MELD-Na 16 (8-40) points. Regarding the AWS treatment: 17 (43.6%) received lorazepam, 13 (33.3%) DXM, and 9 (23.1%) lorazepam + DXM. When compared between groups there were no differences in terms of days of IHS [4 (1-30) vs. 3 (1-18) vs. 2 (1-5) respectively for lorazepam, DXM, lorazepam + DXM; KW p=0.86, JT p=0.82], nor in terms of CIWA-Ar at 24 hours post-treatment [7 (1-19) vs. 6 (0-15) vs. 5 (2-23) respectively for lorazepam, DXM, lorazepam + DXM; KW p=0.19, JT p=0.45]. No serious adverse effects were reported with any of the three strategies.

Conclusions: DXM appears to be an effective and safe option for the treatment of AWS in patients with cirrhosis. However, clinical trials are required to validate our findings.

Ethical statement: The research was carried out in accordance with the World Medical Association Declaration of Helsinki of 2013.

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.



AWS: Alcohol Withdrawal Syndrome; CIWA-Ar: Clinical Institute Withdrawal Assessment of Alcohol Scale; DXM: Dexmedetomidine; IHS: In-Hospital Stay.

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Characterization of a population evaluated for hepatocarcinoma in a third-level center.

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Introduction and Objectives: Hepatocellular carcinoma is one of the most common cancers worldwide. Viral hepatitis, alcohol, and non-alcoholic fatty liver disease are important risk factors. To describe the clinical characteristics, staging, treatment, and outcomes of patients with HCC at a third-level hospital.

Materials and Patients: A retrospective, descriptive study was carried out from January 2021 to April 2024, in which 76 patients from the liver clinic consultation were included. Clinical characteristics, biochemical characteristics, staging and treatment were collected.

Results: The study included 76 patients, mean age 62 ±8(53.9% men); 88.1% of patients with cirrhosis; with the following etiologies: 30.2% due to MAFLD, 19.7% due to alcohol, 19.7% due to Hepatitis C and 18.4% due to other causes, With MELD 12 ±6.22, MELD Na 14.1± 5.4, 67 patients were classified in BCLC, of which 13.4% are in stage A, 59.7% B, 10.4% C, and 16.4% D. 36 patients were candidates for treatment distributing in 52.7% Transarterial Chemoembolization (TACE), 11.1% ablation, 11.1% TACE and ablation:; 2.7% Medical (Lenvatinib), 8.3% medical and radiological (Nivolumab/Lenvatinib with TACE/Ablation), 11.1% radiological (TACE) and transplant and 2.7% transplant. Treatment response evaluation according to mRESIST criteria: 11.1% complete response, 25% partial response, 33.3% stable disease and 27.7% progression. The 3-month mortality rate was 8.3%.

Conclusions: In our population group, mostly men, the most common etiology is MAFLD, two-thirds in intermediate stage, 47% were candidates for treatment, predominating the use of TACE. One-third remained with stable disease and 11.1% had a complete response. Mortality at 3 months was low.

Ethical statement: The authors declare that no patient data appear in this article.

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
Characteristics of patients with HCC n = 76

Middle ages	62 ± 8 años
Male	41 (53.9)
Female	35 (46.0)
with cirrhosis	67(88.1)
etiologies	
MAFLD	23 (30.2)
Alcohol	15 (19.7)
Hepatitis C	15 (19.7)
Other causes	14 (18.4)
MELD	12 ± 6.2
MELD-Na	14 ± 5.4
BCLC	
Stage A	9 (13.4)
Stage B	40(59.7)
Stage C	7 (10.4)
Stage D	11(16.4)
Candidates for treatment	36 (47.3)
Forms of treatment	

(*continued*)