

proteins was calculated in relation to the endogenous expression of GAPDH using ImageJ software, and the analysis was performed in triplicate.

Results: The expression of the viral Core protein (21 kDa) was detected in THLE-2 cells transfected with the p-Core plasmid at 72 hours. It was observed that the expression of the E-cadherin protein (120 kDa) decreased by 80% (in cells transfected with 0.5 μ g) and by 25% in cells transfected with 2.0 μ g of p-Core. Lastly, an increase in the expression levels of the Vimentin protein (57 kDa) was observed in relation to the concentration of p-Core, doubling with 0.5 μ g and increasing sixfold with 2.0 μ g of p-Core.

Conclusions: The expression of the viral Core protein modulates the translational expression levels of E-cadherin and Vimentin in THLE-2 cells, suggesting its possible involvement in cell adhesion, mobility, and metabolism by HCV. However, detailed studies of the implicated metabolic pathways are required to establish the activation pathways involved.

Ethical statement: This work is original and has not been previously published.

Declaration of interests: None.

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Degrees of Liver Stiffness and Steatosis as Predictors of Preeclampsia Complications

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Introduction and Objectives: Liver damage in preeclampsia is caused by antiangiogenic factors such as soluble tyrosine kinase, placental growth factor, and soluble endoglin. These induce endothelial injury and fibrin deposits in the hepatic microcirculation, thus modifying the physical characteristics of the liver parenchyma and its stiffness. This study aims to evaluate the correlation between the degree of liver stiffness and the severity of patients with preeclampsia.

Materials and Patients: An observational, analytical, cross-sectional, and prospective study. Pregnant women from week 20 of gestation were included, and divided into 3 groups: normal pregnancy, pre-eclampsia, and pre-eclampsia with severity features; They were recruited from February 2023 to August 2023 in Mexico's City General Hospital, Obstetrics department. Transient elastography was performed on all of them. Pregnant women with chronic systemic arterial hypertension and pre-existing liver diseases were excluded. Descriptive statistics measures of central tendency were performed, and univariate analysis was carried out considering kilopascals (kPa) as a dependent univariable and the group (without preeclampsia, preeclampsia, and preeclampsia with severity criteria) as fixed factors and BMI as a covariate.

Results: 34 patients were included, 9 in the control group, 12 in the preeclampsia group and 13 in the preeclampsia with severity features group. The mean gestational age was 32 ± 5.8 weeks. The mean

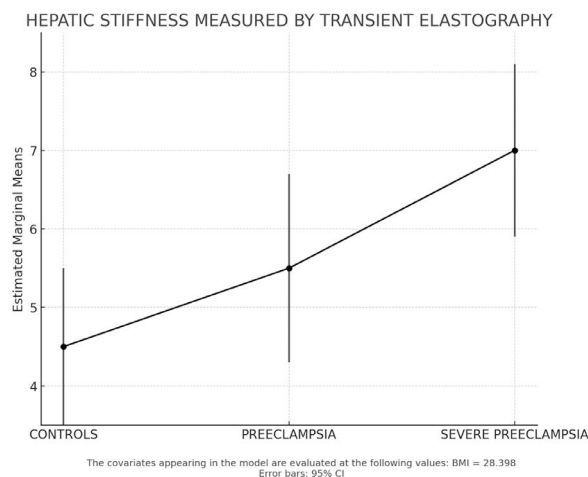
age was 27.26 ± 7.73 years. The mean BMI was 28.88 ± 4.83 . The mean kPa in the control group was 4.35 ± 0.98 , in the preeclampsia without severity features group 5.05 ± 0.87 , and in the preeclampsia with severity features group 6.67 ± 1.84 . The mean control group CAP was 202.82 ± 21.26 db/m2, in the preeclampsia without severity features group was 227.81 ± 47.81 db/m2, and in the preeclampsia with severity features group was 215.28 ± 37.41 db/m2. Univariate contrasts were significant for preeclampsia with severity criteria features versus preeclampsia F (2 of 23) = 7.679, $p = 0.011$. Preeclampsia with severity features versus control F (2 of 22) = 11.134, $p = 0.003$

Conclusions: Liver stiffness significantly increases in patients with preeclampsia and preeclampsia with severity features measured by transient elastography. This increase is due to intrahepatic fibrin deposition, but not by fibrosis (collagen) itself. Transient elastography could be useful as a predictor of severity in patients with preeclampsia.

Ethical statement: Study approved by the research ethics committee of the General Hospital of Mexico registration key DI/23/310-E/03/37.

Declaration of interests: None.

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Portal cholangiopathy secondary to cavernomatous transformation of the portal vein.

Case report

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Introduction and Objectives: Portal cholangitis is a set of alterations that appear in the bile duct secondary to portal hypertension (PH). It is extremely rare and its main etiology is cavernomatous transformation of the portal vein (CPVT). The objective is to present the case of a patient with portal cholangiopathy secondary to TCVP.

Materials and Patients: A 17-year-old man with no relevant history began with hemorrhoidal bleeding, requiring hemorrhoidectomy. After 3 weeks, he presented abdominal pain and constipation. Abdominal computed tomography revealed free abdominal fluid, splenomegaly, and portal dilation. A diagnostic paracentesis was performed with GASA 3.1 and liver Doppler ultrasound with a 9mm portal vein, collateral veins, thrombosis and portal cavernomatosis.