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 μg) and by 25% in cells transfected with 2.0 μg 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 μg and increasing sixfold with 2.0 μg 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 Mexicoś 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 $\pm$ 5.8 weeks. The mean age was 27.26 $\pm$ 7.73 years. The mean BMI was 28.88 $\pm$ 4.83. The mean kPa in the control group was 4.35 $\pm$ 0.98, in the preeclampsia without severity features group 5.05 $\pm$ 0.87, and in the preeclampsia with severity features group 6.67 $\pm$ 1.84. The mean control group CAP was 202.82 $\pm$ 21.26 db/m2, in the preeclampsia without severity features group was 227.81 $\pm$ 47.81 db/m2, and in the preeclampsia with severity features group was 215.28 $\pm$ 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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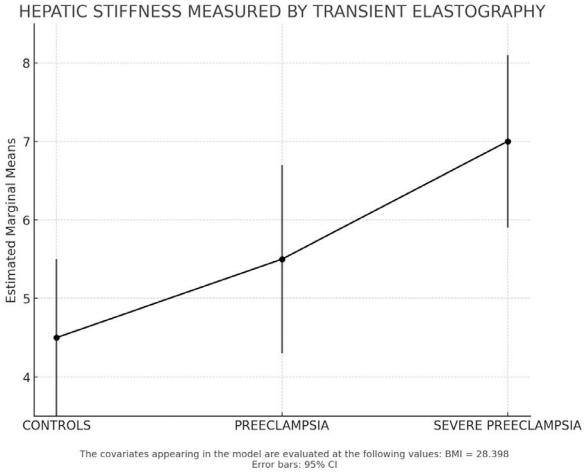

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Portal cholangiopathy secondary to cavernomatous transformation of the portal vein. Case report

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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.

Initial endoscopy showed small esophageal varices. Hepatotropic infections, HIV and thrombophilias were ruled out, concluding prehepatic PH secondary to TCVP and Child-Pugh A chronic liver disease (CLD).

At 3 years of follow-up, jaundice, generalized pruritus, direct hyperbilirubinemia asadded, with CA 19.9, normal IgG, negative ANA and AMA, and cholangio resonance with stenosis of the common bile duct and dilation of the intrahepatic and extrahepatic bile ducts.

In 2023, at 24 years of age, he had advanced decompensated CLD secondary to probable portal cholangiopathy due to TCVP, with persistent ascites, large esophageal varices, encephalopathy and recurrent cholangitis, so it was decided to place percutaneous drainage with biochemical improvement but presenting new episode of severe acute cholangitis associated with septic shock and acute-on-chronic liver failure, with a torpid evolution despite management with meropenem and ceftriaxone.

Results: TCVP is characterized by the formation of dilated collateral venous pathways in the portal vein, secondary to portal thrombosis, causing PH. A rare complication of both is portal cholangiopathy.

In the clinical case presented, what is notable is the patient's evolution characterized by cholestasis and CLD secondary to cavernomatosis due to portal thrombosis of unknown cause with progression of complications derived from portal hypertension. As part of the approach, hepatic infectious and hepatic autoimmune processes are ruled out and CA 19.9 is requested to assess the risk of cholangiocarcinoma. Subsequently, a magnetic resonance cholangiography was performed which showed a stenosis of the common bile duct.

Therefore, a portal cholangiopathy was considered due to the history of TCVP and the clinical, biochemical and imaging data that supported the diagnosis despite its low frequency. There are various theories about PH and its involvement of the bile duct, but it is considered to be due to compression of the bile duct walls secondary to the cavernoma, dilation of the venous plexuses of the common bile duct and ischemia, the latter being the reason for the failure. of bile duct diversion in some patients, as in this case presented.

Conclusions: Portal cholangiopathy should be considered in patients with cholestasis and portal hypertension; its origin should also be investigated in order to provide timely management that reduces the risk of complications and disease progression.

Ethical statement: Under bioethical principles of beneficence, non-maleficence, justice and autonomy, consent is provided to a legal representative, who voluntarily and informedly accepts the use of their information without publication of personal data, certifying by all authors their participation in the development of this project. holding us responsible for its content and declaring it to be true, not duplicated, without fraud or fabrication.

Declaration of interests: None.

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Autoimmune hepatitis with overlap of primary biliary cirrhosis as the cause of esophageal varices in a geriatric patient, case report.

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Introduction and Objectives: A case is presented of an elderly female patient, without risk factors or comorbidities, who debuts with apparent gastrointestinal bleeding, leading to a diagnosis of autoimmune pathology. The aim is to highlight the importance of a comprehensive approach to pathologies in functional geriatric patients.

Patients and Methods: A female patient in the seventh decade of life, housewife, with reference to unspecified leukemia in hereditary family history. Denies having tattoos. In her past medical history, the only notable are a cholecystectomy performed 25 years ago without complications and a right breast cyst resection done 30 years ago with histopathological study negative for malignancy. Denies alcohol consumption, denies history of blood transfusion, and no use of non-steroidal anti-inflammatory drugs. With cervico-vaginal cytology performed 4 months ago with a normal report. Functional and independent for activities of daily living, with depressive disorder associated with recent unresolved grief, unestimated weight loss in the last 2 years.

She attends a geriatric outpatient consultation due to sporadic episodes of evacuations with melenic characteristics starting 3 months ago, with the last episode occurring 3 weeks prior. Denies episodes of epistaxis, gingival bleeding, abnormal uterine bleeding, petechiae, or bruises; denies night sweats or fever; presents to medical evaluation with evidence of unspecified-grade anemia; iron and folic acid oral supplementation is initiated. In our service consultation, hemoglobin is reported as 5 g/dl, leading to the decision for admission for further management.

Results: Endoscopy was performed with a report of upper esophageal varices descending to the distal third. Management continues with a joint approach with the Gastroenterology service. Serologies for hepatitis C and B viruses are negative, liver function tests show a cholestatic pattern, and a CT scan reveals reactive changes in the liver as well as splenomegaly. Due to the absence of risk factors, a comprehensive approach for autoimmune hepatitis is initiated, with positive antinuclear and anti-mitochondrial antibodies at a titer of 1:3200, IgG 4734, IgM 887, and anti-SP100 224. Hepatic Doppler ultrasound with elastography shows moderate fibrosis (Metavir score 3). Liver biopsy reports portal lymphoplasmacytic hepatitis with damage to the limiting plate, ductular proliferation, intense lobular damage (binucleation, ballooning, and hepatocyte degeneration), and portal fibrosis (F1). Based on this, a diagnosis of autoimmune hepatitis with overlap of primary biliary cholangitis is made, and targeted management is initiated.

Conclusions: Emphasizing the importance of continuing to address pathologies in patients regardless of age group and in an interdisciplinary manner is crucial. In our study population, functionality in basic and instrumental activities of daily living plays a significant role.

Ethical statement: All authors listed declare their participation in the process of describing the clinical case. This summary has not been previously accepted for digital or print publication. Additionally, informed consent with the patient's authorization for the publication of personal information for scientific and academic purposes has been obtained.

Declaration of interests: I declare that I was not subject to any direct influence from any manufacturer, merchant, or corporate entity during the completion of this project.

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