

Results: 78 patients admitted to the service in this period were registered, of them 11 women (14%) and 67 men (85.4%). The average age was 34.7 years (18-64 years). The most frequent cause was attributable to Hepatitis A virus (61%), autoimmune hepatitis (9.75), acute fatty liver of pregnancy (7.3%); However, in 9.7% of patients, no cause was determined (Graphic 1). More than half of the patients presented without other comorbidity (58.5%). Of the patients with comorbidities, Systemic Arterial Hypertension was the most frequent in 17%. The most frequent complications were acute kidney injury (78%), ascites (14.6%), metabolic acidosis (14.6%); upper gastrointestinal bleeding (12.1%) and diffuse cerebral edema (9.7%). Some patients required some type of renal function replacement therapy, such as Hemodialysis (19.5%). 7.3% required therapy with PRISMA and 34.1% with MARS. Mortality is significant in 48.7% of patients despite therapy. Of the patients, 28.2% met transplant criteria, and only 25% of these were transplanted (Table 1).

Conclusions: We have noticed an increase in the incidence of Acute Liver Failure in general, highlighting this in young patients of economically productive age and reproductive age, which emphasizes enhancing prevention campaigns in vaccination against virus A in this population, being the cause, of more frequent in our cohort.

Ethical statement: Information taken from electronic files without data that invades privacy; therefore, ethical conflicts are not generated.

Declaration of interests: None.

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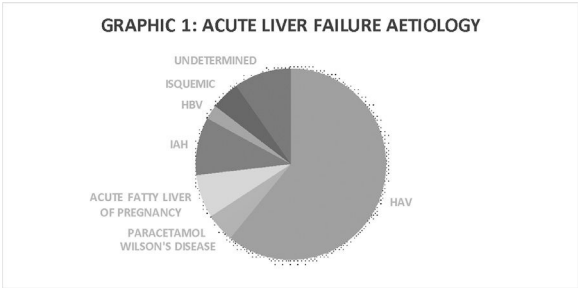


Table 1
Demographic data of the population

SEX	
WOMEN	13 (31.7%)
MEN	28 (68.3%)
AVERAGE AGE	34.7 YEARS OLD (18-64 AÑOS)
COMORBILITIES	NONE 58.5%
COMPLICATIONS	17%
	ACUTE KIDNEY INJURY78%
	ASCITES 14.6%
	METABOLIC ACIDOSIS 14.6%
	DIGESTIVE HEMORRHAGE12.2%
	BRAIN EDEMA 9.7%

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Prevalence of fibrosis and steatosis determined by transient elastography and controlled attenuation parameter (Fibroscan®) in diabetic patients

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Introduction and Objectives: Globally, a higher prevalence of metabolic dysfunction-associated fatty liver disease (MAFLD) has been reported in diabetics (55.5%) compared to the general population (25%). In Mexico, there is a lack of studies on diabetes (DM2) in this subgroup. Objective: To determine the prevalence of hepatic fibrosis and steatosis determined by FibroScan® in patients with DM2.

Materials and Patients: An observational, descriptive, cross-sectional study included patients who attended the clinic for DM2 between August 2018 and March 2024 and underwent FibroScan® to determine the absence/presence and degree of fibrosis and steatosis. Patients were excluded if they had risky alcohol consumption, hepatitis B/C, any type of previously diagnosed hepatopathy or cirrhosis, or consumption of medications other than those for metabolic syndrome (MS). Descriptive statistics were used, and the prevalence of FibroScan® determined steatosis and fibrosis was estimated.

Results: A total of 298 patients were evaluated, 195 (64.5%) women, with a mean age of 55.6±10.8 years. Of these, 284 (95.3%) agreed to undergo FibroScan® examination, none had risky alcohol consumption, 146 (51.4%) were smokers, 114 (40.1%) were overweight, 75 (25.6%) had grade I obesity, 34 (12%) had grade II obesity, and 14 (4.9%) had grade III obesity. 106 (56.3%) were hypertensive, 177 (62.3%) had dyslipidemia, and 168 (59.2%) met the criteria for MS. Regarding the FibroScan® parameters, 109 (38.4%) had steatosis: S1 in 34 (12%), S2 in 33 (11.6%), and S3 in 42 (14.8%). There was fibrosis in 155 (56.4%): F1 in 42 (14.8%), F2 in 40 (14.1%), F3 in 26 (9.2%), and F4 in 47 (16.5%). The biochemical parameters of this cohort are shown in Table 1. There was no relationship between the duration of DM2, the stage of disease control, recent adherence to treatment, and the presence or stage of steatosis or fibrosis (p=N.S.).

Conclusions: The prevalence of MASLD associated steatosis and fibrosis is high in Mexican diabetic patients and occurs independently of disease control, disease duration, and recent adherence to treatment.

Ethical Statement: This study was conducted following the principles and ethical standards of our institution in accordance with the Declaration of Helsinki.

Declaration of Interests: None.

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Table 1
Biochemical Characteristics of the Cohort of Patients with Diabetes.

Variable	Mean (± Standard Deviation)	Range
Glucose (mg/dL)	129 ± 48	51 – 360
HbA1c (%)	7.42 ± 2	4 – 16.7
Creatinine (mg/dL)	0.88 ± 0.46	0.4 – 4.08
Aspartate Aminotransferase (U/L)	28 ± 18.5	10 – 180
Alanine Aminotransferase (U/L)	29.5 ± 20.3	8.8 – 139
Gamma-glutamyl transferase (U/L)	61.5 ± 79.2	9 – 508
Body Mass Index (kg/m²)	29.88 ± 5.07	18.88 – 48.99
Triglycerides (mg/dL)	185.9 ± 147.8	40 – 1385
Total Cholesterol (mg/dL)	172.42 ± 44.24	39 – 295
High Density Lipoproteins (mg/dL)	44.56 ± 12.65	2 – 132
Low Density Lipoproteins (mg/dL)	104.46 ± 35	22 – 230

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