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Introduction and Objectives: The renaming of non-alcoholic fatty liver disease (NAFLD) to metabolic dysfunction-associated fatty liver disease (MAFLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) marks a crucial milestone in the understanding of this complex disease, recognizing the role of metabolic dysfunction beyond the simple exclusion of excessive alcohol consumption. However, despite these advances, the redefined criteria have generated significant debate around their diagnostic accuracy. This debate centers on several key issues, such as the breadth of the criteria, their applicability in different populations, and the risk of overdiagnosis. The aim of this study is to explore the application of the MAFLD, MASLD and metabolic syndrome criteria in the identification and categorization of individuals with and without hepatic steatosis, with the objective of determining the suitability of both criteria for clinical use.

Materials and Patients: A retrospective study was conducted with 600 individuals who attended routine check-ups at Medica Sur Clinic and Foundation, Mexico City, Mexico. Data were collected from clinical evaluations, imaging studies and laboratory tests. The diagnosis of hepatic steatosis was made using vibration-controlled transient elastography. The diagnosis of MAFLD, MASLD and metabolic syndrome was made according to the criteria established for each definition.

Results: Among individuals with hepatic steatosis, prevalence rates were 89.4% for MASLD, 81.5% for MAFLD (81.5%), and 32.8% for metabolic syndrome. Interestingly, a higher proportion of individuals without hepatic steatosis met MASLD criteria (53.2%) compared with MAFLD (28.1) and MetS (8.2%) criteria. Sensitivity and specificity analysis revealed a balanced performance of MAFLD, whereas MASLD showed higher sensitivity but lower specificity. Sensitivity and specificity analysis revealed a balanced performance of MAFLD, whereas MASLD showed slightly higher sensitivity but much lower specificity. When assessing the metabolic risk profile, individuals with MAFLD and metabolic syndrome were found to be at higher risk than those with MASLD.

Conclusions: MAFLD emerges as a balanced diagnostic framework, offering reliable sensitivity and specificity. Although MASLD exhibits higher sensitivity, its lower specificity

Ethical statement: All procedures performed were carried out in accordance with the ethical standards of the Ethics Committee of the Clinica Medica Sur Foundation (protocol code 2021-EXT-552) and with the 1964 Declaration of Helsinki and its subsequent amendments or other comparable ethical standards.

Declaration of interests: None.

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Neutrophil/lymphocyte index as a prognostic predictor in patients with primary biliary cholangitis

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Introduction and Objectives: There is an inadequate response to first line treatment in 40% of patients with primary biliary cholangitis (PBC). The neutrophil/lymphocyte (N/L) index has been associated with poor long-term prognosis. Our objective was to evaluate the relationship of N/L index with prognosis at 1 year of treatment in patients with PBC.

Materials and Patients: This is an observational, retrospective, and analytical study of patients diagnosed with PBC, evaluating the prognosis according to the response to treatment measured by the GLOBE scoring system and its relationship with the N/L index at the time of diagnosis. Qualitative data are expressed as percentages and quantitative data as mean±SD. Statistical comparison was performed with the two-tailed unpaired Student's t-test or chi-square, as appropriate. Alpha=0.005.

Results: A total of 128 patients (54.21±10.26 years, 93.8% women) with PBC were included. According to the GLOBE score, 27.3% were classified as "good prognosis" and 72.7% as "poor prognosis". The N/L index was lower in the good prognosis group (2.29±0.99) compared to the poor prognosis group (3.06±1.48, p=0.005), also the Meld-Na scoring system was higher in the poor prognosis group (11.57±4.96 vs. 7.62±1.33, p=0.005). Mortality in the population was 9.4% all belonging to the poor prognosis group.

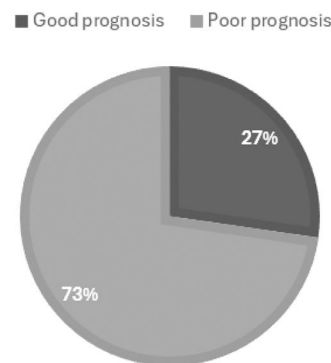
Conclusions: The N/L index in patients diagnosed with PBC is related to the prognosis after one year of treatment as measured by the GLOBE score. It is necessary to prospectively assess the findings in order to be able to determine their prognostic utility at the time of diagnosis.

Ethical statement: The research was conducted in accordance with the Helsinki Declaration of the World Assembly 2013.

Declaration of interests: None.

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PROGNOSIS IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS



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Spontaneous Fungal Peritonitis versus Fungiascites

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