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Introduction and Objectives: The renaming of non-alcoholic fatty liver disease (NAFLD) to metabolic dysfunction-associated fatty liver disease (NAFLD) 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.

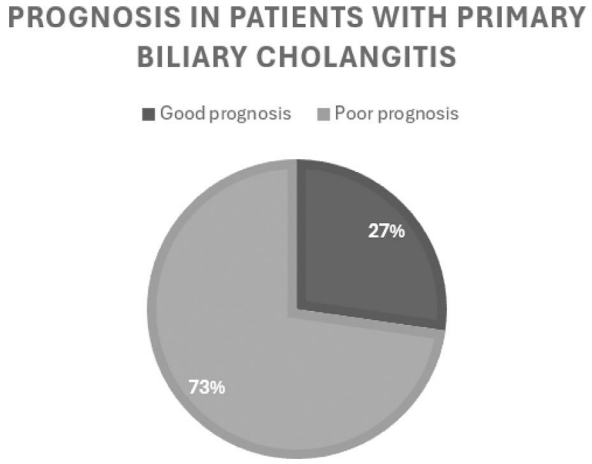
Results: A total of 128 patients (54.21±10.26 years, 93.8% women) with PBC were included. According to the GLOBE score, 27.3% were classified as "good prognosis" and 72.7% as "poor prognosis". The N/L index was lower in the good prognosis group (2.29± 0.99) compared to the poor prognosis group (3.06±1.48, 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.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.



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Spontaneous Fungal Peritonitis versus Fungiascites

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Introduction and Objectives: Infections in patients with liver cirrhosis (LC) are the cause of most decompensations, leading to a high mortality rate in 54% of cases. Describe the characteristics of the patients with spontaneous fungal peritonitis or fungiascites.

Materials and Patients: Three cases are presented. Patient A is a 58 years male with liver cirrhosis resulting from Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD), Child-Pugh (CHP) B, MELD 3.0 score of 29 points, intractable ascites in secondary prophylaxis due to spontaneous bacterial peritonitis (SBP), systemic arterial hypertension, and chronic kidney disease KDIGO IIIa, biochemically with lymphocytes of 0.55 10^3mcL; The patient B is a 58-year-old female with liver cirrhosis due to MASLD, CHP B, and MELD 3.0 score of 16 points, intractable ascites, type 2 diabetes mellitus, and systemic arterial hypertension, biochemically with lymphocytes of 0.88 10^3mcL; The patient C is a 66-year-old male with LC secondary to alcohol use disorder and MASLD, CHP C, and MELD 3.0 score of 38 points with grade III acute on chronic liver failure with a history of hepatocellular carcinoma not eligible for oncological treatment. The ascites sediment underwent processing in the Mycology unit laboratory of the Faculty of Medicine at the National Autonomous University of Mexico (UNAM), where phenotypic and molecular identification of fungal agents was conducted.

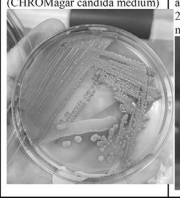
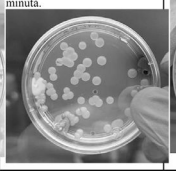
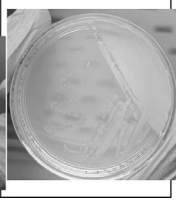
Results: Candida Parapsilosis was isolated in patient A, cytologically without SBP data and negative bacterial culture of ascites (BCA). Days later, he presented to the emergency room with acute-on-chronic grade II liver failure with SBP data associated with healthcare. Following the previous culture showing growth, treatment with caspofungin was administered for 14 days before discharge. However, 15 days later, he was readmitted due to severe clostridioides difficile enterocolitis and esophageal candidiasis, ultimately passing away during hospitalization. Patient B exhibited isolation of Candida Albicans and Rhodotorula minuta, cytologically without SBP data and negative BCA, reporting abdominal pain and ascites grade II. The patient received intravenous Caspofungin for 7 days and Fluconazole for 10 days and emergency dialysis was required, hemodialysis was performed. The patient was hospitalized for 10 days. Patient C was diagnosed with Rhodotorula minuta, had a positive procalcitonin, lymphocytes at 0.61 10^3mcL, and no biochemical cytological data of ascites for SBP. Bacterial culture of ascites was negative. Imaging showed left pleural effusion on chest x-ray and ascites on abdominal x-ray. The family requested discharge for palliative care, and the patient passed away.

Conclusions: Patients with a MELD score higher than 15 points, ascites, lymphopenia, and positive fungal culture of ascitic sediment, absence of spontaneous bacterial peritonitis in ascitic cytology, and negative bacterial culture results may indicate a grim survival outlook. Further research is needed to delineate the features of PFE or Fungiascites.

Statement of ethics: Consent was from the patient or from there legal guardian.

Declaration of interest: None.

Funding: Mycological study conducted by the Mycology Unit, Department of Microbiology and Parasitology, School of Medicine, National Autonomous University of Mexico.

Patient	A	B	C
Mycological diagnosis	Candida Parapsilosis (CHROMagar candida medium) 	1.White colony: Candida albanics. 2. Pink colony: Rhodotorula minuta. 	Rhodotorula minuta 

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Association between malnutrition determined by hand grip strength and the presence of minimal hepatic encephalopathy in women with liver cirrhosis

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Introduction and Objectives: Minimal hepatic encephalopathy (MHE) represents the initial stage within the spectrum of hepatic encephalopathy (HE). Its presence has been linked to muscular alterations: a reduction in the Skeletal Muscle Index was observed in 84% of MHE patients. Moreover, between 41-49% of individuals with MHE exhibit muscle depletion, as indicated by their mid-arm muscle circumference (MAMC) falling below the 5th percentile. Hand grip strength (HGS) serves as a marker of muscle functionality; however, the relationship between HGS values and the presence of MHE remains uncertain. Therefore, this study aims to achieve two primary objectives: 1) to establish a cut-off value for classifying malnutrition based on HGS measurements and 2) to investigate the association between malnutrition, as determined by HGS and the presence of MHE.

Materials and Patients: This cross-sectional study enrolled 241 female participants from the Gastroenterology department at Hospital de Especialidades of Centro Médico Nacional Siglo XXI. Eligible participants were aged between 18 and 76 years and diagnosed with liver cirrhosis of any etiology, excluding cases related to excessive alcohol consumption. Exclusion criteria included recent antibiotic use (<1 month), chronic kidney disease, elevated creatinine levels, hepatocellular carcinoma, illiteracy, and a history of hepatic encephalopathy (HE) or current decompensation due to variceal hemorrhage. Various parameters, including chronometric, clinical, biochemical, anthropometric, and dietary factors, were assessed. The determination of the malnutrition cut-off point based on hand grip strength was established using tertiles, and the association between these values and Minimal Hepatic Encephalopathy (MHE) was evaluated through logistic regression analysis. Statistical calculations were performed using the SPSS© 27 software.

Results: The median age of the participants was 59 years (interquartile range 52-63). Among subjects, 168/241 (50.8%) individuals with liver cirrhosis had hepatitis C virus as an associated factor, while