

IB is not only a precipitant of cirrhosis decompensations but also represents a significant risk factor for a severe clinical course.

Ethical statement: The research was conducted in accordance with the Helsinki statement 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.

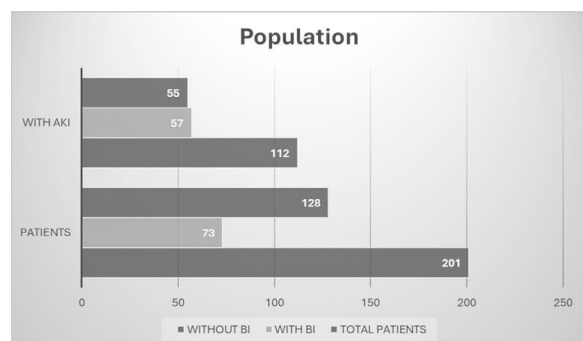


Figure 1

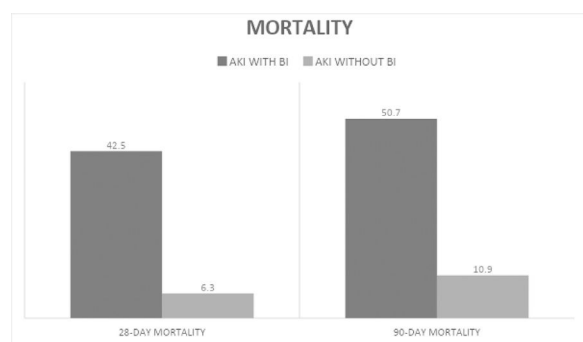


Figure 2

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Seroprevalence of hepatitis b and c viruses in blood donors in a third level hospital from 2019 to 2023.

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Introduction and Objectives: Hepatitis B virus (HBV) and C virus (HCV) infection are public health problems and risks for transfusion medicine, which have been reduced by routine serological screening. The aim of this work is to describe the prevalence of these infections in blood donors in a tertiary hospital.

Materials and Patients: An observational, descriptive, retrospective and analytical study was conducted from 2019 to 2023 in blood donors in a third-level hospital, a total of 99,393 donors; only the complete records of the donors who resulted with reactivity and later confirmation for HBV and HCV were reviewed. The data were analyzed using the Statistical Program SPSS. Qualitative variables are

expressed as percentages and quantitative variables as mean±SD, as appropriate.

Results: A total of 370 donors who tested positive for some virus were included, despite having been classified as suitable to donate blood products following an official questionnaire with no relevant history and laboratory tests with no alterations. The mean age was 42.02±11.88 years; 54% were men; 135 patients were reactive for HBV and 235 for HCV; however, the true seropositivity found was 2 (1.4%) cases with HBV and 11 (4.6%) cases for HCV (figure 1); the rest of the donors with reactive serology had negative confirmatory studies. The overall seroprevalence observed in our population was 0.002% for HBV, 100% for men and, 0.011% for HCV, 45.4% for women and 54.4% for men. The frequency was 5.5 times higher for HCV than for HBV.

Conclusions: In people with no apparent risk factors, the prevalence of HBV and HCV infection is very low, with HCV being more frequent. However, if the "fit" is infected, it is necessary to optimize the health system to offer universal screening that includes those with risk factors.

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Declaration of interests: None.

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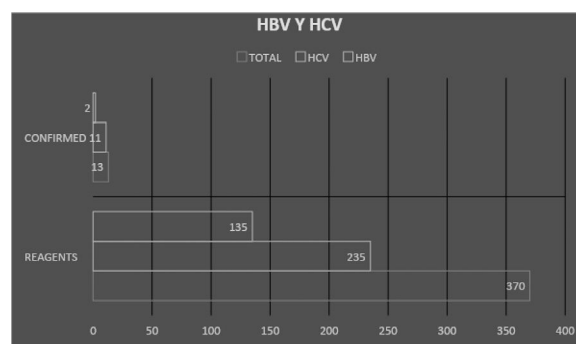


Figure 1.

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Experience in the treatment of simple hepatic cysts in a tertiary care hospital

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Introduction and Objectives: Simple hepatic cysts have a low prevalence. Most are diagnosed by finding, some produce pain, are characterized by ultrasound or tomography and the indications for treatment are pain and risk of rupture. **This study aims to** report experience in the treatment of patients with simple liver cysts over a 5-year period.

Materials and Patients: Retrospective, descriptive, observational study of a cohort of patients with simple liver cysts with an indication for drainage and sclerosis. Descriptive statistics with measures of central tendency and dispersion were used.

Results: 75 patients with hepatic cysts were included, 35 men (46.6%), age 48± 10.3 years, 40 Women (53%) age 45± 8 years; the average number of cysts per patient treated was 1.3, with a mean cyst size of 13± 3 cm. By location were similar in any of the two lobes, the most frequent presenting symptom was pain in 70 patients (93.3%), the rest were due to risk of rupture to the abdominal cavity and/or thorax; 90 cysts were drained and sclerosed guided by ultrasound, using absolute alcohol in a volume of 20% in relation to the size of the cyst, in 100% a decrease of the cyst was observed until remission, no complications were reported, The average follow-up was 15 months and there was recurrence in only 3 cases (4%).

Conclusions: The drainage and excision of simple hepatic cysts in expert hands represents an effective and safe alternative in the treatment of symptomatic cysts or with a risk of rupture; recurrence in this treatment is infrequent. No complications were observed.

Ethical Statement: This study was conducted in accordance with the ethical principles of our hospital center. All data were handled with strict confidentiality and for research purposes only.

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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TSH and its Correlation in the Development of Fibrosis in Patients with Hypothyroidism in a Tertiary Care Hospital

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Introduction and Objectives: Fatty liver disease and hypothyroidism are two prevalent conditions in Mexico that pose significant public health challenges. The increase in their incidence over the past decades is due to changes in lifestyle, diet, and access to healthcare. Although hypothyroidism does not directly cause hepatic fibrosis, it is related to

the body's metabolic function. Hypothyroidism can slow down metabolism and lead to lipid accumulation in the liver, a condition known as hepatic steatosis or fatty liver. This condition can progress to steatohepatitis and eventually to hepatic fibrosis, characterized by scar tissue formation. If left untreated, fibrosis can advance to liver cirrhosis with severe complications. Hypothyroidism and fatty liver disease share common risk factors such as obesity, type 2 diabetes, and metabolic disorders. Proper treatment of hypothyroidism and early identification of fatty liver are crucial to prevent progression to fibrosis. It is essential for individuals with hypothyroidism to monitor their liver health and adopt a healthy lifestyle to avoid liver complications. Currently, there are enough studies that validate the association between hypothyroidism and the development of fatty liver with varying degrees of hepatic fibrosis. To identify clinical-demographic characteristics in patients with hypothyroidism evaluated in the endocrinology service and to identify the presence of fibrosis through non-invasive evaluation.

Materials and Patients: Patients with hypothyroidism aged 18 to 80 years of both sexes evaluated by the Endocrinology service with a complete medical record, who do not have risk of alcohol consumption, hepatotropic virus infections, or use of drugs causing hepatotoxicity.

Results: A review of 85 patients with complete medical records was carried out, and a correlation analysis with numerical variables in the SPSS system found that TSH levels do not correlate with the development of hepatic fibrosis, with a Pearson's $r = -0.074$ ($p = 0.519$), which is not significant.

Conclusions: In this case series, we report that there is no direct correlation between TSH levels and the development of hepatic fibrosis. However, it is important to highlight that metabolic comorbidities favor the development of fatty liver and, consequently, the possibility of developing hepatic fibrosis. In this series of cases, four cases of advanced fibrosis were found, so it is important to emphasize requesting complete studies in patients with hypothyroidism and to complement with imaging studies.

Ethics Statement: This is a risk-free study in which no intentional interventions nor modifications of the physiological, psychological, and social variables of the individuals participating in the study were performed.

Declaration of Interests: None.

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Acute Hepatitis A-Induced Autoimmune Hepatitis: A Case Report

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Introduction and objectives: Autoimmune hepatitis is a chronic immune-mediated inflammatory disease characterized by hypergammaglobulinemia, the presence of autoantibodies and histologically lymphoplasmacytic portal inflammation (interphase hepatitis).^{1,2} Its pathogenesis is unknown and it occurs in 3% of cases associated with hepatitis A virus infection.^{3,4}

Materials and Patients: 29-year-old woman with no relevant medical history. She presented with acute hepatitis due to virus A in