contributes to the prevention and control of health problems of interest. The research was conducted by health professionals under the supervision of competent health authorities.

Declaration of interests: None.

Funding: Hospital Regional Lic. Adolfo López Mateos ISSSTE.

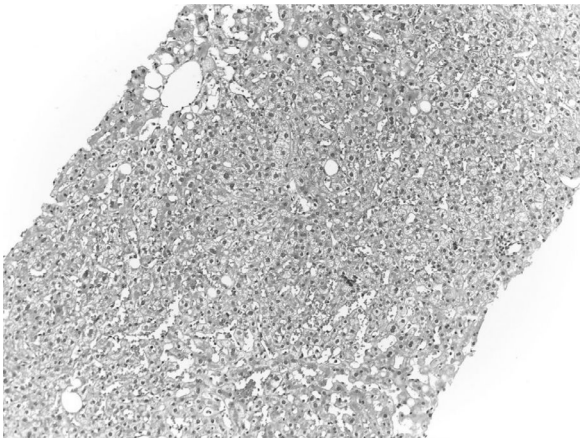

Figure 1.

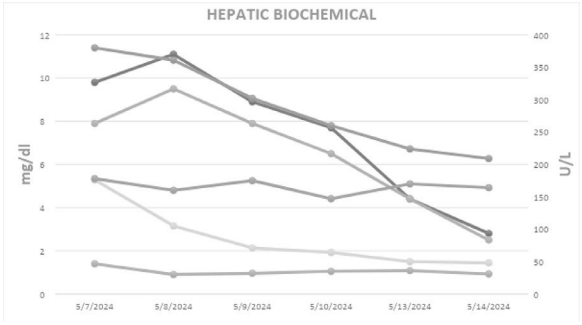

Figure 2.

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Oxidative damage to lipids improves with Omega-5 fatty acid supplementation treatment in patients with severe alcoholic hepatitis

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Introduction and Objectives: Chronic and excessive alcohol consumption causes alcoholic liver disease (ALD). Alcoholic hepatitis (AH) is a severe clinical event that develops in patients with ALD and active alcohol consumption, and it has a high mortality rate within 30 days. Inflammation and redox imbalance play a crucial role in promoting the dysfunction of hepatocytes and reducing patient survival. Glucocorticoids have a transient beneficial effect in AH; however, it is necessary to understand the effect of antioxidant therapy in this pathology. To evaluate oxidative stress of lipids in patients with alcoholic hepatitis whose treatment included Omega-5

Materials and Patients: The randomized, double-blind clinical study included two groups of patients (men and women) with severe alcoholic hepatitis: 1) Patients treated with Prednisone (40 mg/day) + oral administration of Omega-5 (0.64 g/day) (n=20; 10% women and 90% men), and 2) Prednisone + Placebo group (n=20; 15% women, 85% men). Both groups received treatment for 28 days. Alcohol consumption was calculated in g/day. Biochemical and hematological laboratory test were performed. The MELD, Glasgow, ABIC, and Lille scales were evaluated, as well as serum levels of lipid oxidation through malondialdehyde (MDA) at 7, 14, and 28 days. The data was analyzed by Kruskal-Wallis, Mann-Whitney U and ANOVA statistical tests by SPSS v.22, significance of $p<0.05$.

Results: Both groups had similar characteristics; there was no difference in severity and alcohol consumption. After 7 days of treatment, both groups of patients showed similar levels of MDA, with the highest determination of MDA observed at this point. However, a reduction in serum MDA levels was observed at 14 days (5%) in the Omega-5 group; similarly, a 22% reduction in MDA was observed at 28 days. In contrast, the placebo group showed a continuous increase in MDA levels: 19.6% and 35% at 14 and 28 days, respectively. However, there were no statistical differences, indicating the need for further studies to evaluate changes in MDA levels over six months, as well as the effects of different doses and Omega-5supplementation time.

Conclusions: The oral administration of Omega-5 fatty acid in combination with prednisone can reduce oxidative stress of lipids at the systemic level. The use of antioxidant therapy as an adjuvant may improve the redox state and inflammation, which could decrease infectious events and, consequently, mortality in alcoholic hepatitis.

Ethical statement: Clinical trial registration at NIH (ClinicalTrials.gov Identifier: NCT03732586). The protocol was approved by the Ethics and Research Committees of the General Hospital Dr. Manuel Gea González and the Faculty of Medicine at UNAM. All participants provided written informed consent, and the study was conducted in accordance with the provisions of the Declaration of Helsinki

Declaration of interests: None.

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Differences in the progression of liver disease in male and female rats induced by TAA: considerations in the development of pharmacological therapies

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Introduction and Objectives: Thioacetamide (TAA) is a hepatotoxic agent that causes fibrosis, cirrhosis, and cancer. Various doses and regimens of TAA have been tested in different murine models to validate hepatoprotective compounds. To date, only two studies have reported differences in TAA susceptibility according to sex in murine models. To compare the progression of liver disease in male and female Wistar rats induced by TAA.

Materials and Patients: Male and female Wistar rats (250 g) were grouped into two conditions: treated with thioacetamide (TAA) and saline solution (CT) intraperitoneally. TAA group (n=12, males=6, females=6): dose 200 mg/kg/3 times per week for 6 weeks; CT group (n=12, males=6, females=6): rats treated with saline solution. Water and food were provided *ad libitum*, and the animals were monitored daily, with weight recorded weekly. At the end of the treatment, euthanasia was performed with pentobarbital, and an exploratory laparotomy and liver recovery were conducted, with photographic records and macroscopic descriptions for each rat. Statistical analysis and mortality curve were performed using a two-way ANOVA and Log-Rank test.

Results: TAA administration caused weight loss in female rats during the first 2 weeks of treatment, but they showed recovery and stabilization from the third week onwards, while males showed progressive weight gain. Unexpectedly, the mortality rate in males by the third week was 66.6%, which remained until the sixth week, compared to 0% mortality in females and control animals. Macroscopic analysis of TAA-treated animals showed no alterations in adjacent organs but revealed evident morphological changes in liver tissue in males, such as heterogeneous dark brown coloration, irregular edges, and tissue nodulation. In contrast, female rats showed more discreet morphological changes of damage after 6 weeks of treatment.

Conclusions: The TAA model in Wistar rats demonstrated greater susceptibility to damage in male rats than in female rats. These findings should be considered in future studies, such as exploring new pharmacological therapies and/or biomarker development.

Ethical statement: The protocol was approved by the Ethics and Research Committees of the "Dr. Eduardo Liceaga" General Hospital of Mexico (CI/314/15) and the Faculty of Medicine of UNAM (DI 115/2015).

Declaration of interests: None.

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Regression of hepatic fibrosis due to hepatitis C virus (HCV) infection and its associated factors in Mexican population treated with direct-acting antiviral agents. A preliminary study.

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Introduction and Objectives: After achieving a sustained viral response with AAD, regression of fibrosis is not always achieved. Studies have been conducted to determine factors that may be involved such as age, BMI, diabetes, dyslipidemia, and steatosis, among others. OBJECTIVE: To determine the factors associated with regression of hepatic fibrosis in patients treated with AAD at the Juarez Hospital in Mexico.

Materials and Patients: A retrospective, observational, cross-sectional study was conducted from January 2019 to March 2024 on patients diagnosed with hepatitis C virus infection. The following inclusion criteria were considered: Patients aged 18 or more who underwent treatment with sofosbuvir/velpatasvir 400mg/100mg for 12 weeks or glecaprevir/pibrentasvir 100mg/40mg for 8 weeks and had significant fibrosis (>F2) determined by FIB-4 score and APRI score before the treatment. Exclusion criteria: patients under 18 years of age, co-infection with HBV, and/or incomplete treatment. Patients were divided into 4 groups: GROUP 1: patients without hepatic cirrhosis and without associated comorbidities, GROUP 2: patients without hepatic cirrhosis but with associated comorbidities, GROUP 3: patients with hepatic cirrhosis without associated comorbidities, and GROUP 4: patients with hepatic cirrhosis and associated comorbidities. For each group, FIB-4 score and APRI score were measured at the beginning and after treatment to evaluate differences in fibrosis regression between groups.

Results: 51 patients were recruited, of whom: 5 patients were part of Group 1. From this group, 40% achieved a decrease in stage APRI and FIB-4 stage after treatment. Group 2: 11 patients, 45% decreased one stage of APRI and FIB-4 score. Group 3: 19 patients, no patient achieved a decrease in APRI and FIB-4 score after treatment. Group 4: 16 patients, only 18.74% achieved a decrease in both APRI and FIB-4 stages after treatment, and the 25% of this group achieved a decrease just in APRI stage..

Conclusions: In this preliminary study, a major percentage of patients with and without hepatic cirrhosis plus another associated comorbidity (diabetes, hypertension, dyslipidemia, and/or hepatic steatosis) did not achieve a decrease in APRI and FIB-4 stages after treatment. Therefore, an analysis of variances should be performed to determine which of these factors impact fibrosis regression, and the sample size should be expanded to achieve significant results.

Ethical statement: This research is clinical, observational, and retrospective. Information was obtained from the direct review of clinical records. According to the Mexican General Health Law in its article number 17, this research is classified as type 1: Without risk.

Declaration of interests: None.

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DILI and Dress syndrome secondary to treatment with DoTbal, in a patient with tuberculosis at the rural hospital from Papantla – IMSS Bienestar

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Introduction and Objectives: The DRESS corresponds to dermatological manifestations associated with drugs and DILI corresponds to liver injury caused by drugs. Antiphymics are part of both entities, however, it is not common to find the coexistence of both syndromes and their management is even less described in a rural hospital.

Materials and Patients: This is a male patient who is arrived from his community because he has presented dermal lesions that began in April 2024. He reports that he has been under treatment with dotbal since January 2024 in the intensive phase and in March he continue in the support phase. He also lives with diabetes being treated with pioglitazone at a dose of 15 mg every 24 hours started this drug in January 2024. The lesions began as erythematous, scaly lesions in the lower extremities and subsequently spread throughout the body's economy, covering more than 90%, there is limited mobilization in flexion sites as well as with limitation to the oral feeding, has