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

presented fever higher than 39°°C and is accompanied by itching predominantly in the extremities. For this reason we decided to carry out a diagnostic approach in our unit, where complementary studies are carried out that included BHC, QS, ES, PFH, these being the only resources our unit has.

Results: We evaluated a patient who attended a rural unit due to generalized erythema, fever and scaly lesions that occurred in the first 90 days after starting treatment with Dotbal, and was also accompanied by pruritus, fever and jaundice with data compatible with febrile erythroderma or DRESS syndrome (Drug Reaction with Eosinophilia and systemic symptoms), once this dermatological diagnosis was established, we proceeded to evaluate laboratory studies and evidenced data of DILI (Drug Induced Liver Injury) with a hepatocellular pattern, elevated transaminases more than 10 times their normal value, complying 6 points of RUCAM criteria for DILI and with an R factor of 9 points. During his hospitalization he progressed to acute kidney injury and medications were immediately discontinued. Hemodynamic support treatment was given and he is currently in the recovery phase. Exposure to isoniazid, a drug that has been described as a producer of DRESS and DILI, was established as the causal agent.

Conclusions: We present the case of care in a rural hospital, where resources are low. The importance corresponds to identifying the coexistence of DRESS and DILI, this action allows timely management and avoids serious complications of these diseases such as shock and acute liver failure.

Ethical statement: The authors declare that the article is unique, it has not been previously published in any other media services and there are informed consents signed by the participants and the patient for their participation in the hepatology congress held by the AMH 2024.

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.

IMAGE 1:

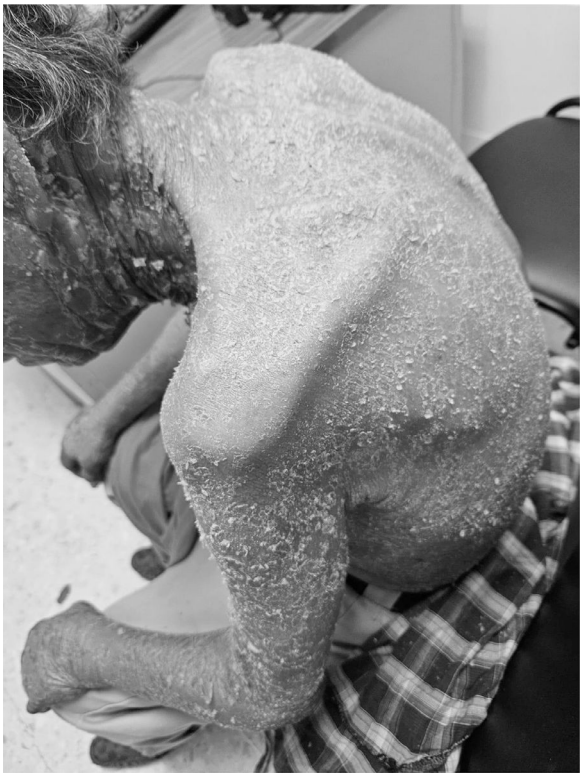

Table 1
Laboratory values before and three months after treatment

Laboratories	Start Treatment	Three months after treatment
Hemoglobine	11g/dl	10.5g/dl
Platelets	490,000	150,000
Leukocytes	6900	5300
Total bilirubin	0.8 mg/dl	3mg/dl
Direct bilirubin	0.5 mg/dl	2.5mg/dl
Indirect Bilirubin	0.3 mg/dl	0.5mg/dl
ALT	9 UI	399 UI
AST	10 UI	203 UI
ALBUMIN	3.0g/dl	1.7 g/dl
ALKALINE PHOSPHATASE	218UI	369UI
GGT	102UI	155UI
DHL	359U	377U
BUN	6.8mg/dl	14 mg/dl
UREA	14 mg/dl	30 mg/dl
CREATININE	0.4 mg/dl	1.2 mg/dl

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Adverse effects of the use of terlipressin infusion compared to boluses in patients with liver cirrhosis and variceal hemorrhage. TERMEX study.

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Introduction and Objectives: Cirrhosis is a worldwide health problem as it is a leading cause of mortality. The development of complications in cirrhosis is directly related to the presence of portal hypertension. The risk of annual variceal hemorrhage is 5% for small varices and 15% for large varices. Terlipressin represents a useful drug for this group of patients; classically it has been used in bolus but recent studies have shown that its use in infusion may be superior in bleeding control and with fewer adverse effects. The aim of this study is to define whether there are fewer adverse effects with the use of terlipressin infusion compared to bolus.

Materials and Patients: We include patients in the care of the gastroenterology department from July to December 2023 who met the inclusion criteria were included: >18 years, diagnosed with liver cirrhosis and variceal hemorrhage, who had received terlipressin infusion or bolus. Statistical analysis: descriptive statistics, frequencies and percentages were calculated with Student's t and Mann-Whitney U according to the distribution of the variables; Student's t was used to show differences between groups and chi-square to determine the risk of adverse events with bolus respect terlipressin infusion. Wilcoxon test was applied to show differences between groups.

Results: 58 patients were included, all received endoscopic treatment in addition to terlipressin: 16 patients received infusion (27.6%) and 42 (77.4%) received terlipressin in bolus. Female gender predominated with 30 (51.7%), mean age was 55.8 ±10.93 years; the most frequent etiologies of liver cirrhosis were: (MASLD) steatotic liver disease associated with metabolic dysfunction 19 (32.8%), primary biliary cholangitis 12 (20.7%) and MASLD with significant alcohol consume (MetALD) 8 (13.8%). The median MELD was 16 (12-20) points, and the median Child-Pugh Turcotte score was 7 (6-9). Rebleeding occurred in 8 (13.8%) patients and one patient required rescue TIPS (transjugular portosystemic shunt). The percentage of adverse effects was 27.6% (n=16) and therapy was changed to