octreotide in 15 (25.9%) patients. The bolus group had 31% (n=13) adverse effects compared to the infusion group where only 3 (18%). The main adverse effect was abdominal pain in 15.5% (n=9). Mortality was 6.9% in our study(n=4).

Conclusions: Adverse effects of terlipressin infusion compared to bolus had no significant difference in the group analyzed. However, there is a tendency in favor of infusion since only 3 patients had adverse effects, we consider that by increasing the sample size, there could be difference in favor of the infusion group.

Ethical declaration: The authors declare that the TERMEX study was submitted to hospital ethics committees, has not been previously published and its publication is authorized by all authors. All of them participated in its preparation to a sufficient extent to be responsible for its content, which is true, not duplicated, without fraud or fabrication.

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Table 1. Characteristics of patients with cirrhosis and variceal bleeding.

	n= 58
Women, No. (%)	30 (51)
Age, years, mean, SD.	55.8 (±10.93)
BMI kg/m, mean, SD	25.8 (±4.19)
Child Pugh median, percentiles	7(6-9)
MELD median, percentiles	16 (12-20)
Diabetes mellitus (%)	24 (41.4)
Etiology (%)	
MASLD	19(32.8)
Primary biliary cholangitis	12(20.7)
MetALD	8(13.8)
ALD	5 (8.6)
Chronic HCV infection	4 (6.9)
Other	11 (17)
Total bilirubin µmol/L median, percentiles	1.61 (0.96-2.06)
Sodium mEq/L median, percentiles	137 (136-139)
Albumin g/dL, median, percentiles	2.7 (2.15-3.2)
INR median, percentiles	1.41(1.25-1.63)
Creatinine mg/dL, median, percentiles	0.86 (0.70-1.13)
Smoking (%)	24 (41.4)

SD=standard deviation. BMI=body mass index MASLD: metabolic dysfunction-associated steatotic liver disease ALD: alcoholic liver disease MetALD: MASLD plus heavy alcohol consumption.

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Liver donor with hepatitis c virus false positive in negative recipient. A case report

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Introduction and Objectives: The growing disparity that exists between the number of available donors and patients on the waiting list, transplant centers have presented initiatives to take into account patients diagnosed with hepatitis C virus (HCV), the objective of liver transplantation being the extension of the patient's life.

Materials and Patients: 62-year-old female patient, with a diagnosis of liver cirrhosis diagnosed in 2012, secondary to primary biliary cholangitis (PBC). Evaluated in August 2023, a clinical approach was performed identifying uncontrolled liver cirrhosis, reporting in the last year she had three episodes of hepatic encephalopathy West Haven (WH) II and III, plus two events of upper gastrointestinal bleeding secondary to grade III esophageal varices performing 3-bundle variceal ligation, prognostic scales were calculated, Child Pugh B 8 points, MELD NA 15 POINTS, biochemistry: TORCH negative, profile for non-reactive hepatitis A, B and C viruses, non-reactive human immunodeficiency virus (HIV), positive PPD purified protein derivative skin test, evaluated by infectious disease who reports that he has latent tuberculosis with a plan to start treatment. Liver sonographic ultrasound (USG) was performed, reporting chronic liver disease, ascites, no portal hypertension, magnetic resonance imaging (MRI) of the liver: reported diffuse chronic liver disease, no evidence of tumor activity, ascites, decompensated portal hypertension, panendoscopy reported Dagradi III esophageal varices plus ligation of 3 variceal bundles. The liver transplant protocol is completed and presented to the liver transplant (LT) committee, referring the patient to be enlisted to be a liver recipient.

Results: Anti HCV 1.40 S/40 CO= REACTIVE Viral load of hepatitis c virus: RNA not detected.

Conclusions: In the following case, the donor presents positive antibodies for hepatitis C virus, a viral load is done reporting undetectable RNA, considering a false positive result, it is emphasized that if positive, there is no contraindication for the transplant, since previous studies have shown results similar to those of organ transplantation from HCV negative donors.

Ethics statement: Protection of people and animals: The authors declare that no experiments have been carried out on humans or animals for this research. **Data confidentiality**: The authors declare that no patient data appear in this article. **Right to privacy and informed** consent: The authors declare that no patient data appears in this article.

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Evaluation of oxidative stress according to the pattern of alcohol consumption and in alcoholic liver disease.

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Introduction and Objectives: Alcohol and its metabolites induce damage in the liver, such as: activation of the immune response and oxidative stress. Objective: To evaluate the redox state through markers of oxidative stress in patterns of alcohol consumption and alcohol-related liver disease (ALD).

Materials and Patients: A cross-sectional and multicenter study was conducted, with the inclusion of individuals displaying various patterns of alcohol consumption. Participants were categorized based on responses to questionnaires (AUDIT and DSM-IV), as well as an individualized survey, along with clinical and biochemical data. Six distinct groups were established: Risk (RI), Abuse (Ab), Alcoholism (OH), as well as ALD: alcohol liver cirrhosis (CiOH) and alcoholic hepatitis (HA), in addition to a control group (CT). Stress markers, including reduced glutathione (GSH) and oxidized glutathione (GSSG), were assessed in peripheral blood and we calculated GSH/GSSG ratio, lipid peroxidation via malondialdehyde formation, and protein oxidized by carbonylated protein were quantified. Statistical analysis