(35.1vs38.8)(p<0.01) while during CiOH they increase (41.8vs35.1) (p<0.05). CD8+ cells increase during OH (24.5vs21.1)(p<0.05) and decrease in CiOH (13.9vs21.1)(p<0.001) respectively.

Conclusions: The immune abnormalities presented during risky consumption, abuse, dependence and cirrhosis due to alcohol are differential, the most significant changes are observed in the cytotoxic NK, NKT and CD8+ and regulatory CD4+ populations generating a cellular imbalance that could be related to development and progression of liver damage.

Ethical statement: The protocol was approved by the Ethics and Research Committees of the "Dr. Eduardo Liceaga" General Hospital of México (HG/DI/16/107/03/082) and the School of Medicine of UNAM (FMD/DI/15/2015)

Declaration of interest: None.

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Biliary reconstruction with biodegradable stent in pediatric liver transplantation: long-term follow-up.

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Introduction and Objectives: The biliary complications can limit the survival of both the graft and the patient in the liver transplant (LT). Biliary strictures represent 80% of cases, could appear early; <6 months or late >6 months post-transplant. To present our experience in the use of the biodegradable stent for biliary reconstruction in LT

Materials and Patients: Prospective, non-randomized study, in patients undergoing liver transplantation from a living donor period from February 2023 to 2024 with the use of a biodegradable stent, the biochemical variables of liver function, as well as radio imaging studies will be recorded to evaluate the presence or no biliary complications during the study. The characteristics of the stend were standardized based on the weight and measurements of the patient and native bile duct.

Results: 6 patients met the requirements to be included in the study, 6 stent placements were performed in 6 transplants, all of them were female, the diagnosis prior to transplantation were biliary atresia (BA) 2, hepatoblastoma 2, and acute liver failure (ALF) 2, with a median age of 22.5 months SD +13.2 months and a median of weight 10.7 kg SD +3.8 kg. (image 1). In 4 patients, left bilio-hepatic anastomosis was performed and in two patients, left hepatic anastomosis was performed toward roux. The degradation was demonstrable with a median of 5.3 months with SD 1.2 after placement. Follow-up was carried out for an average of 9.3 months with a minimum of 4 months and a maximum of 14 months. At the time of the study, all patients show adequate tolerance with no evidence of post-transplant biliary complications requiring biliary exploration or reconstruction. (image 2).

Conclusions: The anatomical characteristics of the stend prevent obstruction or stenosis at the level of the biliary anastomosis, corroborated by imaging studies, laboratory results and clinical evolution throughout the follow-up of our study. We present the first world report with long-term follow-up with the use of a biodegradable device in pediatric patients with an open approach in living donor.

Ethical statement: This study completes the ethical statuses established by our hospital ethics committee.

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..

1.- Follow up of biodegrable stend in six patients with liver transplantation

Age at time of transplant *	Weight at time of transplant **	Reason for transplant	Follow up until now *	Presence of the stend on X-ray *	Dilation of the bile duct in US
16 m	9 kg	BA	14 m	6 m	no
21 m	10.9 kg	Hepatoblastoma	14 m	6 m	no
24 m	10.5 kg	Hepatoblastoma	12 m	6 m	no
19 m	7.5 kg	BA	7 m	6 m	no
52 m	15.5 kg	ALF	5m	5 m	no
32 m	17.5 kg	ALF	4 m	2 m	no

* months ** kilograms BA biliary atresia ALF acute liver failure

2.- Demonstration of open approach and follow -up

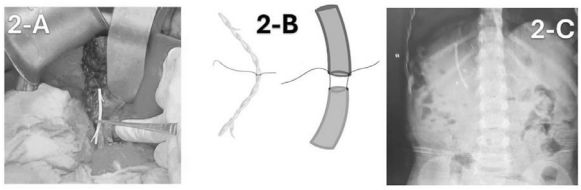

Image A we show the interposition of a stend already placed with left hepatic anastomosis towards the native common bile duct in an open approach during live donor liver transplantation. **Image B** shows part of the open technique placing fixation points with PDS 6 wall suture posterior suture stitches and subsequently fixation of the stend using an internal knot with closure of the anterior wall with separate stitches. **Image C** shows radiological follow-up with the presence of the stend.

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Lymphopenia as a risk factor for mortality in patients with liver cirrhosis.

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Introduction and Objectives: Patients with cirrhosis develop immune dysfunction where a decrease in CD4 lymphocytes has been described in up to 65% of patients. The aim of this study is to evaluate if lymphopenia is a risk factor for mortality in patients with liver cirrhosis during hospitalization

Materials and Patients: A retrospective, observational, cross-sectional, and single-center study was carried out in a period from October 2023 to May 2024, which included patients >18 years of age with diagnosis of liver cirrhosis who were admitted to the Gastroenterology service due to some acute decompensation and who died in that hospitalization, who had absolute lymphocyte determination on admission. Descriptive statistics were performed with frequencies and percentages and the variables were analyzed according to their free or normal distribution with Mann-Whitney U or Student's t,

respectively. Chi-square was used to assess the risk of mortality associated with lymphopenia.

Results: 67 patients were included females predominated 39 (58.2%), with a mean age of 58±10 years, the most frequent admission diagnoses were variceal hemorrhage in 29 (43%) patients, followed by the diagnosis of acute over chronic liver disease (ACLF) 13 (19%) and in third place hepatic encephalopathy and acute kidney injury 8 (11%) respectively. The mean MELD 3.0 was 21±9 and most patients were in Child Pugh B 32 (47.8%). Patients with ascites were 48 (71.6%), hepatic encephalopathy 33 (49.3%), acute renal injury 25 (37.3%), and spontaneous bacterial peritonitis 8 (11.9%). 52.2% (35) of the patients had absolute lymphocytes <1000 on admission.

The OR for lymphocytes <500 at admission was 4.1 95% CI (1.04-16.18) for the outcome and mortality.

Mortality in this group of patients was 17.9% (12), with ACLF being the main cause in 11 patients, which is equivalent to 91%, 75% of patients had lymphopenia (9).

Conclusions: The absolute lymphocyte count < 500 at admission is a risk factor for mortality in patients admitted to hospitalization due to an acute decompensation event.

Ethics Statement: It is considered risk-free research and the project was approved by the ethics committee

Declaration of Interest: None.

Funding: This research received no specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Características de los pacientes con linfopenia y cirrosis

Edad, media, DE	58.12 ± 10.92
Género	
Mujeres, No, %	39 (58.2)
Hombres, No, %	28 (41.8)
Child-Pugh-Turcotte	
A, No, %	5 (7.5)
B, No, %	32 (47.8)
C, No, %	30 (44.8)
Diagnósticos de ingreso	
Hemorragia variceal, No, %	29 (43.3)
Falla hepática aguda sobre crónica No, %	13 (19.4)
Encefalopatía hepática No, %	8 (19.4)
Lesión renal aguda No, %	8 (19.4)
Mortalidad No, %	12 (17.9)
Linfopenia	
<1000 linfocitos absolutos No, %	35 (52.2)
Comorbilidades No, %	52 (76.6)
MELD 3.0, media, DE	21±9
Encefalopatía hepática No, %	33 (49.3)
Ascitis No, %	48 (71.6)
Hemorragia variceal No, %	39 (58.2)
Lesión renal No, %	25 (37.3)
Peritonitis bacteriana espontánea No, %	8 (11.9)
Carcinoma hepatocelular No, %	7 (10.4)
Leucocitos totales, media, DE	7630 ± 4417

Characteristics of patients with lymphopenia and cirrhosis

Age, mean, SD	58.12 ± 10.92
Gender	
Woman, No, %	39 (58.2)
Man, No, %	28 (41.8)
Child-Pugh-Turcotte	
A, No, %	5 (7.5)
B, No, %	32 (47.8)
C, No, %	30 (44.8)
Admission diagnosis	
Variceal hemorrhage, No, %	29 (43.3)
Acute on chronic liver failure No, %	13 (19.4)
Liver encephalopathy No, %	8 (19.4)
Acute kidney injury No, %	8 (19.4)
Mortality No, %	12 (17.9)
Lymphopenia	
<1000 absolutes lymphocytes No, %	35 (52.2)
Comorbidities No, %	52 (76.6)
MELD 3.0, mean, SD	21±9
Liver encephalopathy No, %	33 (49.3)
Ascites No, %	48 (71.6)
Variceal hemorrhage No, %	39 (58.2)
Acute kidney injuryNo, %	25 (37.3)
Spontaneous bacterial peritonitis No, %	8 (11.9)
Hepatocellular carcinomaNo, %	7 (10.4)
Absolutes lymphocytes, mean, DE	7630 ± 4417

(*continued*)

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Success of a second treatment of direct-acting antiviral therapy in patients with chronic Hepatitis C Virus infection.

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Introduction and Objectives: Direct-acting antivirals (DAAs) are associated with a high sustained viral response (>95%) at 12 weeks (SVR12) in patients with chronic hepatitis C virus (HCV) infection.

There is a low percentage of patients who have treatment failure or reinfection in the presence of persistent risk factors. The indicated treatment is a scheme with voxilaprevir but in Mexico we do not have this option so sofosbuvir-velpatasvir and glecaprevir-pibrentasvir are used. The objective is to report the success of a second-line therapy with DAA in patients with chronic HCV infection.

Materials and Patients: Study: retrospective, descriptive, cross-sectional, single center. Study period: April 2017 to December 2023. Patients over 18 years of age in follow-up at the hepatitis clinic of the Hospital de Especialidades del Centro Médico Nacional Siglo XXI were included, before starting treatment, genotyping and new HCV viral load, laboratory and imaging studies were performed to rule out hepatocellular carcinoma and the cases were discussed by a group of experts at the national level as part of the National Hepatitis C Program of the Mexican Social Security Institute to define the treatment: sofosbuvir- velpatasvir or glecaprevir-pibrentasvir. Descriptive statistics were used to analyze the variables with frequencies and percentages and a table was prepared to show the characteristics of the patients.

Results: 900 patients were treated in the study period with reported SVR12 97%; 5 patients with treatment failure were included, total patients received treatment based on sofosbuvir-velpatasvir + ribavirin for 24 weeks, 3 women and 2 men, mean age was 52 years. 3 patients with genotype 1, 1 patient with genotype 3 and only in one patient the genotype was not determined. Forty percent (2) had cirrhosis of the liver. The percentage of adherence to initial treatment was >80% in all patients and none had used a proton pump inhibitor (PPI). The SVR12 percentage was 100%.

(Table 1)

Conclusions: Sofosbuvir-velpatasvir + ribavirin-based treatment is highly effective as a second treatment in patients with a history of first treatment failure, with SVR 12 of 100%.

Ethics statement: Research without risk and approved by the ethics committee.

Declaration of interests: None.