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.

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

Table 1
Characteristics of patients with chronic hepatitis C.

Gender	
Female, No. %	3 (60)
Male, No. %	2 (40)
Age, mean, years	52
Genotype	
1,No. %	3 (60)
3, No. %	1 (20)
Pre-treatment viral load, mean, UI/ml	297,542
Pretreatment	
Sofosbuvir-ledipasvir, No, %	1 (20)
Sofosbuvir-velpatasvir, No, %	3 (60)
Glecaprevir-pibrentasvir, No,%	1 (20)
VIH co-infection, No, %	1 (20)
Percentage of adherence to first treatment	>80%
Liver cirrhosis, No,%	2 (40)

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Risk factors for sarcopenia in cirrhotic patients under evaluation for liver transplantation.

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Introduction and Objectives: Liver cirrhosis is the sixth cause of death in Mexico and is also associated with a significant reduction in quality of life. Malnutrition is common in patients in the final stage of the disease and its presence has been associated with worse clinical outcomes.

Objectives: determine the prognostic factors of sarcopenia in cirrhotic patients in a protocol of liver transplant.

Materials and Patients: Type of study: Retrospective, cross-sectional, analytical, single center. Patients over 18 years of age were included in the evaluation for liver transplantation within the transplant clinic of the Gastroenterology department of the UMAE Centro Médico Nacional Siglo XXI: Study period: January 1, 2022, to June 1, 2023. Statistical analysis It was carried out with dispersion measures for continuous variables and with proportions for categorical variables. Mean and standard deviation or median and interquartile range were used according to the distribution of the variables for normal Student T distribution and for free Mann Whitney U distribution. Dichotomous variables and determining risk were analyzed with the Chi-square test.

Results: 63 patients with liver cirrhosis on a liver transplant protocol were included, with a predominance of female sex (74.6%), whose most frequent etiology was steatotic liver disease associated with metabolic dysfunction (MASLD) (27%), mostly Child- Pugh Functional Class. Pugh B (32%). Median MELD 3.0 was 17(14-22); The most frequent decompensations were ascites in 46 (73%), followed by hepatic encephalopathy in 31 (49%) and variceal hemorrhage in 27 patients (42.9%). Mortality in the evaluated group was 14%, and 3 of them had sarcopenia, which represents 33%. A prevalence of sarcopenia was found in 55.6% of the patients evaluated. In the risk analysis, age > 60 years had an OR of 5.46 95% CI (1.6-17.6)

Conclusions: The risk factor for sarcopenia in patients being evaluated for liver transplantation is age >60 years. Other factors that can influence the development of sarcopenia must be established.

Ethical statement: Risk-free research and approved by the 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.

Table 1
Characteristics of patients undergoing evaluation for liver transplantation. n= 63.

Age, median	52.2 + 11.7
Gender	
Women, No. (%)	47 (74.6)
Men, No. (%)	16 (25.4)
Sarcopenia, No.(%)	35 (55.6)
Etiology	
MASLD, No. (%)	17 (27)
BPC, No. (%)	14 (22)
VHC, No. (%)	7 (11.1)
Overlap Syndrome, No. (%)	7 (11.1)
AIH, No. (%)	6 (9.5)
Other etiology, No. %	12 (20)
Child-Pugh-Turcotte	
A No. (%)	7 (11.1)
B No. (%)	32 (50.8)
C No. (%)	24 (38)
MELD Na, median, percentile	16 (11 - 20)
MELD 3.0 median, percentile	17 (14 - 22)
Diabetes, No. (%)	16 (25.4)
Systemic arterial hypertension, No. (%)	9 (14.3)
Acute decompensation	
Hepatic encephalopathy, No. (%)	31 (49.2)
Spontaneous bacterial peritonitis, No. (%)	5 (7.9)
Ascites, No. (%)	46 (73)
Hemorrhage, No. (%)	27 (42.9)
Thyroid disease, No. (%)	17 (27)
Death, No. (%)	9 (14)
Transplant, No. (%)	4 (6.3)
Body Mass Index, median, percentile	26.17 (23.2 - 29.6)

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Response to L-ornitine L-aspartate in a single intravenous dose in cirrhotic patients with overt hepatic encephalopathy.

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Introduction and Objectives: Hepatic encephalopathy (HE) is a neuropsychiatric syndrome that occurs in patients with acute and chronic liver disease; It is associated with a higher risk of new episodes and higher mortality at one year. L-ornithine L-aspartate (LOLA) is a stable salt that acts on two key ammonia detoxification pathways: urea synthesis and glutamine synthesis. Its intravenous administration has been studied with repeated doses and at high doses.

The objective is to describe the response to the administration of a single intravenous dose of L-ornithine L-aspartate in cirrhotic patients with an acute event of overt hepatic encephalopathy.

Materials and Methods: Type of study: Retrospective, transversal, observational, analytical, single-center.

Were included patients over 18 years of age, treated in the continuous admission service for acute event of manifest hepatic encephalopathy grade II to IV according to the West-Haven criteria, who received treatment based on L-ornihine L aspartate in a dose of 20 g. intravenous infusion for 4 hours, with evaluation of the response at the end of infusion. Study period: January 2022 to December 2023. Statistical analysis was performed with frequencies and percentages;