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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.

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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;