



Figure 2. Microphotographs at 40X in H&E and PAS of lobular parenchyma with hepatocytes showing broad, granular cytoplasm, foamy appearance, standing out among normal hepatocytes.

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Clinical outcomes in patients with hepatitis A virus infection in a tertiary center: retrospective cohort 2022-2024.

Norma N. Parra-Holguín, Yenni J. Cruz Ramírez, Reina S. Velez Ramírez, Francisco I. García-Juárez

National Medical Center 20 de Noviembre, ISSSTE, Mexico City, Mexico

Introduction and Objectives: In Mexico, the incidence rate of hepatitis A virus (HAV) infection is 3.11/100,000 person/year. 70% of adults develop symptoms, representing 3% of cases of acute liver failure (ALF). This study aimed to evaluate the clinical outcomes obtained in our institution.

Materials and Patients: It is a retrospective, observational cohort study, which included all patients over 18 years of age hospitalized from March 2022 to April 2024. 16 patients with a confirmed diagnosis of HAV infection (IGM) who required hospital management in the Centro Medico Nacional 20 de Noviembre ISSSTE were included. All patients who did not have a confirmatory serological test were excluded. The SPSS v.24 program was used for statistical analysis, using frequencies and percentages for reporting the data.

Results: Of the total of 16 cases included, 31.3% (5) patients were women, and 68.8% (11) were men, with an average age of 35 years old (19-47). The comorbidities they presented were: type 2 diabetes in 18.8% (3), systemic arterial hypertension in 6.3% (1), rheumatoid arthritis in 6.3% (1). Among the clinical manifestations they presented during the evolution were the following: hepatic encephalopathy 31.3% (5), abdominal pain 62.5% (10), fever 3.1% (8), vomiting 3.5% (9), diarrhea 1.6% (4). Of our studied population, 25.0% (4) patients developed acute liver failure requiring attention in the intensive care unit, where they received adjuvant treatment based on n-acetylcysteine and renal replacement therapy. The remaining patients presented alarm symptoms 75.0% (12) without developing liver failure. The mortality reported in our population was 18.8% (3).

Conclusions: The observed mortality was 18.8% (3) of the total included, higher than that reported worldwide. In recent years, an epidemiological transition has been seen in patients with FHA. Among the factors that increased mortality were serious infections, hydroelectrolytic alterations, and limiting the transplant protocol.

Ethical statement: This study follows the ethical principles of clinical research; no intervention was performed on patients and the information is obtained from the clinical record.

Declaration of interests: None.

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Sarcopenia in patients with liver cirrhosis according to hepatic functional reserve

Nayeli X. Ortiz-Olvera¹, Josue G. Junco-Enciso¹, Ricardo Cordova-Ramirez², Vanesa J. Gutierrez-Bailon¹, Segundo Moran-Villota³

¹ Gastroenterology Department, Specialties Hospital Dr. Bernardo Sepúlveda, National Medical Center Siglo XXI, IMSS, Mexico

² Radiology department, Specialties Hospital Dr. Bernardo Sepúlveda, National Medical Center Siglo XXI, IMSS

³ Gastroenterology and hepatology research laboratory, Pediatrics, Specialties Hospital Dr. Bernardo Sepúlveda, National Medical Center Siglo XXI, IMSS, Mexico

Introduction and Objectives: Computed tomography (CT) is one of the most used and validated methods for the non-invasive diagnosis of sarcopenia; its measurement is not affected by the presence of obesity or ascites. The objective of the study was to know the frequency of sarcopenia in patients with liver cirrhosis with different degrees of liver reserve.

Materials and Patients: Patients who underwent liver function tests and an abdominal CT were included. The Child-Pugh index (CP) was obtained, and the skeletal muscle index (SMI) was calculated from the measurement of the cross-sectional area of the psoas muscle at the level of the third lumbar vertebra and normalized by the height of the patients (reference values for sarcopenia (Men <50cm²/m²; women <39cm²/m²).

Results: 110 patients were included (75 women and 35 men) with an average age of 54±11 years, in CP A (n=21), CP B (n=53), and CP C (n=36); with a history of non-alcoholic fatty liver disease (n=36), hepatitis C virus infection (n=19), primary biliary cholangitis (n=15), excessive alcohol consumption (n=10), and other etiologies (n=30). The SMI was significantly higher in Child-Pugh A patients (48.15±9 cm²/m²) compared to Child-Pugh B (44.19±9 cm²/m²) and Child-Pugh C (41.20±7 cm²/m²) patients. The frequency of sarcopenia was 59% (CP A: 33.3%; CP B: 43.4%; CP C: 66.6%).

Conclusions: The results of the study confirm that sarcopenia is common in patients with liver cirrhosis and increases as liver reserve deteriorates.

Ethical Statement: Approval for the study was obtained from the local ethics committee (R 2022-3601-239).

Declaration of Interests: None.

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Metabolic reprogramming induced by fructose promotes therapy failure in liver cancer cells in vitro and in vivo.

Lisette Chávez-Rodríguez^{1,2}, Oscar A. Escobedo Calvario^{1,2}, Johann Matschke^{4,5}, Verena Jendrossek^{4,5}, Felipe Masso⁶, Araceli Páez Arenas⁶, María C. Gutiérrez-Ruiz^{2,3}, Luis E. Gomez-Quiroz^{2,3}

¹ Graduate Program in Experimental Biology, DCBS, Universidad Autónoma Metropolitana Unidad-Iztapalapa, Mexico

² Area of Experimental and Translational Medicine, Department of Health Sciences, Universidad Autónoma Metropolitana-Iztapalapa, Mexico