

the notable rate of hepatotoxicity warrants caution. Larger studies with extended follow-up are needed to validate these findings.

Conflict of interest: None

	Sex	Age at diagnosis	Cirrhosis	Type of Fibrate	ALP1 (ULN)	ALP2 (ULN)	ALP3 (ULN)	Response (%)
1	F	51	Yes	Fenofibrate	1.3	1.3	1.0	100
2	F	60	Yes	Fenofibrate	7.0	2.1	2.1	0.0
3	F	50	No	Fenofibrate	1.7	2.7	1.0	100
4	F	49	Yes	Fenofibrate	1.9	2.5	1.9	24.0
5	M	53	No	Bezafibrate	2.7	2.0	2.0	0.0
6	F	56	Yes	Fenofibrate	1.4	1.3	1.4	0.0
7	F	60	Yes	Fenofibrate	3.0	3.0	1.1	63.0
8	M	23	No	Ciprofibrate	4.5	4.6	1.4	69.0
9	F	43	Yes	Bezafibrate	2.27	4.1	1.5	63.0
10	F	58	No	Bezafibrate	2.1	2.1	0.7	100
11	F	44	Yes	Fenofibrate	5.5	3.6	0.9	100
12	F	51	No	Bezafibrate	1.2	1.2	1.0	100
13	F	57	No	Bezafibrate	4.8	4.8	0.4	100
14	F	67	No	Fenofibrate	6	6	4.7	21.8
15	F	55	No	Bezafibrate	1.97	1.52	0.9	100
16	F	48	Yes	Fenofibrate	2.4	2.4	-	-
17	F	51	No	Fenofibrate	1.36	1.36	-	-
18	F	49	No	Ciprofibrate	1.92	1.92	-	-
19	M	52	No	Fenofibrate	3.5	2.2	1	100
20	F	52	No	Fenofibrate	7.6	7.6	1.8	76

ALP1 (Alkaline phosphatase at one year of UDCA); ALP2 (Alkaline phosphatase prior to fibrate); ALP3 (Alkaline phosphatase three months into combined treatment)

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COVID-19 MANAGEMENT WITH PENTOXIFYLLINE IN PATIENTS WITH STEATOHEPATITIS

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Introduction and Objectives: The COVID-19 pandemic has severely affected patients with comorbidities, especially those with steatohepatitis, increasing mortality in these groups. Pentoxifylline, a drug with anti-inflammatory and antiviral properties, has been proposed as a therapeutic option to improve outcomes in these patients.

The objective of this study is to evaluate the efficacy of pentoxifylline in the management of patients with COVID-19 and chronic liver disease, specifically those with steatohepatitis.

Patients and Methods: A retrospective observational study was conducted in the Gastroenterology and Hepatology Department of the ISSSTE Hospital from September 2020 to February 2022. Seventy-one patients diagnosed with SARS-CoV-2 were included, 24 of whom had a previous diagnosis of steatohepatitis, diagnosed through biochemical and imaging studies (ultrasound and FibroScan). Pentoxifylline was administered at 400 mg every 12 hours, along with antipyretics and oxygen support as needed. Biochemical parameters and clinical manifestations were assessed at baseline and at 8 weeks.

Results: 24 patients: 17 female (67%), 8 male (33%); mean age: 53.5 years. Patients with steatohepatitis showed significant improvement in biochemical parameters after treatment: C-reactive protein decreased from 33.32 to 16.9 mg/L ($p < 0.0001$), and oxygen saturation increased from 86% to 92% ($p < 0.008$). Clinical manifestations, such as cough and fever, also improved, and no significant adverse effects were reported.

Conclusions: Pentoxifylline was shown to be an effective and safe treatment in patients with COVID-19 and chronic liver disease, improving clinical and biochemical parameters without significant adverse effects. Multicenter, randomized studies are recommended to confirm its efficacy in larger populations and evaluate its potential in the management of emerging viral diseases.

Conflict of interest: None

Laboratory results				
Parameter	Initial average	Final average	P-value	Reference values
C-reactive protein	33.32	16.9	< 0.0001	< 10 mg/l
AST	46.4	38.04	0.079	< 0 – 38 IU/l
ALT	351	41.5	< 0.0001	< 10 – 40 IU/l
DHL	174.4	268.8	< 0.001	< 140 – 248 U/l
Platelets	180.8	229.9	< 0.009	150 – 400 miles/ul
Ferritin	499	150	< 0.003	< 24 – 336 ng/ml
D-dimer	725.44	340	< 0.04	< 100 ng/ml
Oxygen	86	92	< 0.008	95 – 100%

AST: aspartate aminotransferase, ALT: alanine aminotransferase, DHL: lactic dehydrogenase.

Clinic	
Sign/symptom	Percentage (%)
Cough	60
Fever	48
CNS symptoms	46
Pneumonia	22
Chills	6
Arthralgia	6
Diarrhea	4
*Headache, anosmia, eugenics, insomnia, irritability, depression.	

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EXPERIENCE IN THE TREATMENT OF HEPATITIS C IN PREGNANT PATIENTS AT THE HEPATITIS CLINIC OF THE VERACRUZ HIGH SPECIALTY HOSPITAL

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Introduction and Objectives: Currently, HCV treatment options during pregnancy are not well-defined. Typical clinical practice is to