

Introduction and Objectives: Ethanol generates damage in hepatocytes mainly by oxidative stress, resulting in the breakdown products of lipids and proteins, such as Malondialdehyde (MDA), and protein carbonyls (PC). The objective was to determine the behavior of serum markers of oxidative stress in liver diseases associated with alcohol consumption.

Materials and Methods: Observational, retrospective, cross-sectional study that included 300 individuals: 200 from the control group (CT), 50 with alcohol cirrhosis (CiOH) and 50 with alcohol-induced hepatitis (HA). Oxidative stress serum markers, namely MDA and CP, which are products of lipid peroxidation and proteolysis saturation respectively, were measured.

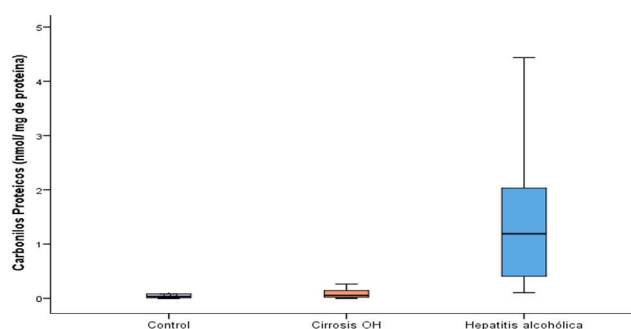
Results: MDA and CP were evaluated. The normal value of these is found in healthy controls, observing a significant increase in the CiOH and HA group. The normal value of MDA is 0.05 nM/mg, finding elevation of

0.11 nM/mg in CiOH and 0.11 nM/mg in HA. Likewise, considering that the normal value of protein carbonyls is 0.07 nM/mg, a difference was observed in CiOH with 0.25 nM/mg and in HA 1.8 nM/mg.

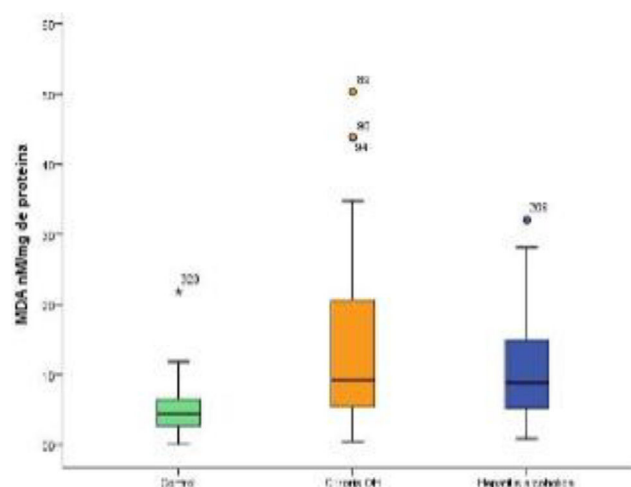
Conclusions: The modification in oxidative stress in CiOH and HA provides guidelines for evaluating the oxidative stress component in alcohol-related disorders to identify medications that prevent oxidation of proteins, lipids, and carbohydrates.

Conflict of interest: None

Protein carbonyls



Malondialdehyde



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COST-EFFECTIVENESS OF L-ORNITHINE L-ASPARTATE THERAPY IN SEVERE HEPATIC ENCEPHALOPATHY

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Introduction and Objectives: Hepatic encephalopathy (HE) is a complication of cirrhosis that negatively impacts patients' quality of life and increases healthcare costs. The objective was to evaluate the remission of HE and the reduction of hospital stay with the use of parenteral L-Ornithine L-Aspartate. (LOLA)

Patients and Methods: A cost-effectiveness comparison of treatment with LOLA in hospitalized patients with decompensated cirrhosis was made, considering remission of HE of time as either <3 days or >3 days in patients who survived.

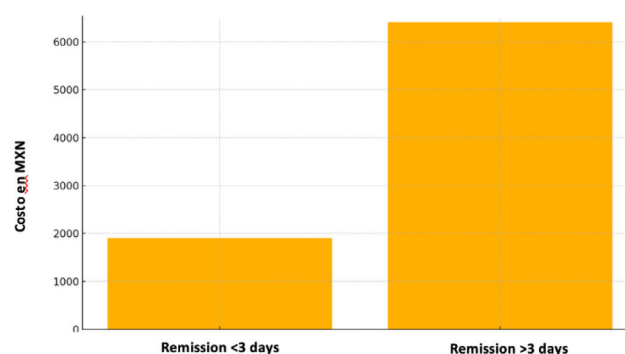
Results: Retrospective, descriptive and analytical study including 52 patients with severe HE decompensated cirrhosis, age 54.25±10.11, 36 men (69%), Child Pugh 10.9±1.9, MELD NA 21.69±7.27. All received parenteral LOLA 20 g continuous infusion. 23 (44.23%) had effective remission, the average cost per patient with effective remission was 1526 MXN, the cost of patients with ineffective remission was 5,130 MXN. The cost-effectiveness adjusted to quality of life at 0.8 was 1907.5 MXN in effective remission and 6,415 MXN in ineffective remission.

The cost difference was MXN 3,604 which is increased in patients with ineffective remission. The difference was statistically significant according to the t-test (1=-4.54; p<0.001).

Conclusions: Treatment with LOLA is significantly more cost-effective for patients who achieve early clinical remission (within three days) and survive. This finding emphasizes the significance of therapeutic strategies that aim to achieve early remissions in HE.

Conflict of interest: None

Cost-effectiveness adjusted for quality of life



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