

Material and methods: CD-1 mice were treated with α -naphthyl isothiocyanate (ANIT, 60 μg / kg, i.g.) for 48 h. After 24 h of ANIT treatment, HGF (10 μg / kg, i.v.) was administered. Mice were throughout treatment in metabolic cages. Urine samples were collected from the last 12 h of treatment. After 48 h, mice were sacrificed, blood and tissue were obtained. Liver function tests (ALP, GGT and bile salts), analysis of bile transporter expression by qRT-PCR, serum and urine creatinine content, albuminuria and HSP27 in urine, and H-E staining were performed, ROS content was addressed in kidney tissue.

Results: Cholestasis induced by ANIT was corroborated by the increase of bile salts in the liver and serum, and the increase in GGT and ALP. Interestingly, we found renal dysfunction determined by the increase in serum creatinine, and decrease in its clearance, as well as proteinuria and the increase in urine HSP72. Treatment with HGF reduced to control values the markers of liver and kidney damage, significantly improving renal histology. The protection mechanism was closely associated with the control of oxidative damage. In conclusion, HGF is presented as a therapeutic intervention point in cholestasis-mediated renal damage, counteracting the oxidative damage.

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Prevalence of acute kidney injury in hospitalized patients with cirrhosis and their transition to chronic kidney disease



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Background and aim: Acute Kidney Injury (AKI) is frequent in patients with cirrhosis and is associated with a poor prognosis. LRA can lead to Chronic Kidney Disease (CKD). The objective of the study was to determine the prevalence of AKI in hospitalized patients with decompensated cirrhosis, as well as the frequency of CKD after an episode of AKI.

Material and methods: Retrospective, descriptive and observational study. Information was obtained from 146 patients hospitalized in the Gastroenterology department of the Centro Médico Nacional La Raza in the period from January-December 2019. They included patients who met the LRA criteria. Information on the evolution of patients after hospital progress will be collected from the electronic medical system. The results were analyzed with recommended and central frequency measures to obtain percentages, means and average. 3-month survival was estimated using the Kaplan-Meier method and compared using the log-rank test. The odds ratio (OR) of the different factors related to the development of CKD was determined.

Results: Forty patients were excluded, of the remaining 106, 46 (43%) presented with AKI, with a median age of 58 years (19-75 years), 27 (58.6%) women and 19 (41.3%) men. 14 patients (30.4%) present some comorbidity, of which arterial hypertension and diabetes stand out. During hospitalization, all were treated with isotonic solutions and 12 received albumin for 2 days. 15 (32.6%) obtained a total response to treatment and 9 (19.5%) a partial response. 10 patients (21.7%) developed CKD. The severity of liver disease from high MELD predicted an increased risk of developing CKD. Grade 2 or 3 ascites, hypoalbuminemia, comorbidities, and the degree of AKI are associated with an increased risk of CKD.

Conclusions: The prevalence of both AKI and CKD is high in patients with decompensated cirrhosis. Most of the AKI episodes in patients with cirrhosis are reversible, however, it constitutes a risk factor for the transition to CKD, influencing the evolution of the disease.

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Correlation of serum ferritin concentrations with laboratory and demographic parameters and its alteration by different clinical conditions in patients with liver disease



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Background and aim: Ferritin is a protein whose main function is to store iron. It is documented that in liver diseases, proinflammatory states and metabolic syndrome (MS) its serum levels increase. This study's objective was to describe serum ferritin levels in a population with liver disease; evaluated at a hepatology center in northeast Mexico and its correlation with biochemical markers and comorbidities.

Material and methods: A retrospective study was carried out on patients from the Hepatology Center of the University Hospital “Dr. José Eleuterio González” from 2015 to January 2020, including 165 subjects (80 men and 85 women) aged 17-80 years. The following laboratory test results were analyzed: Serum ferritin, blood chemistry, blood count, lipid profile, liver function tests, coagulation

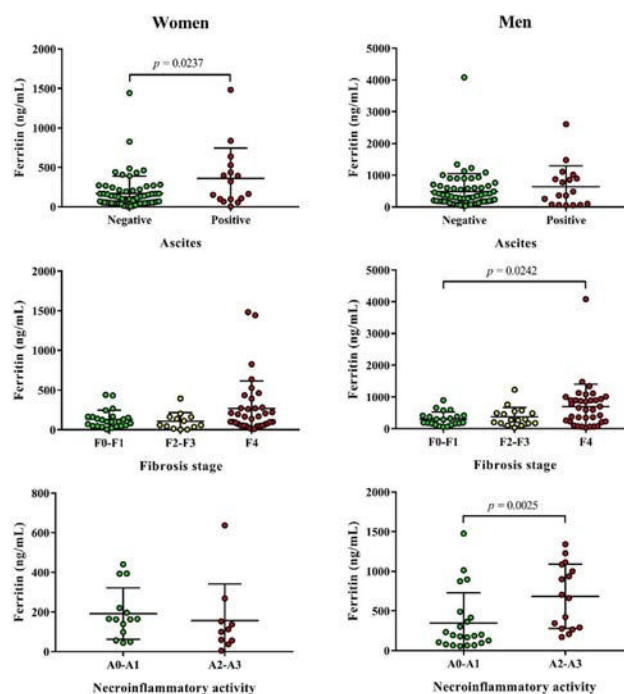


Figure 1. Ferritin levels between women and men with and without ascites, with different fibrosis stage and neuroinflammatory activity.