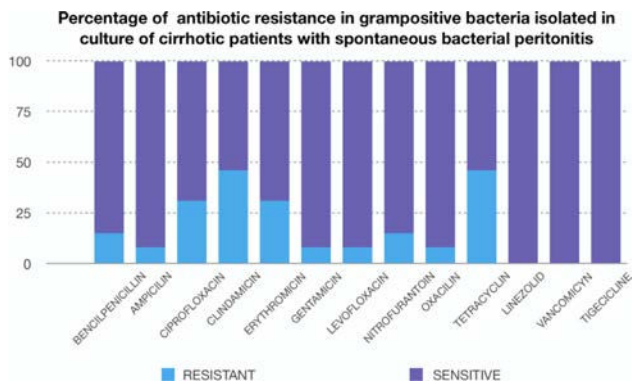
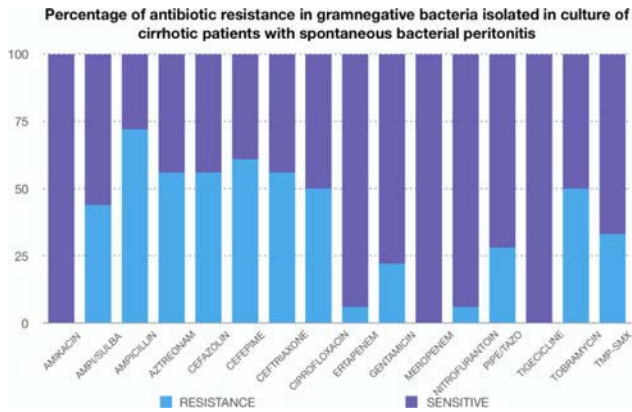


**Conflicts of interest:** The authors have no conflicts of interest to declare.



<https://doi.org/10.1016/j.aohep.2020.08.022>

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**Sustained viral response in patients with hepatitis C and chronic kidney disease in hemodialysis and treatment with direct acting antivirals in the UMAE 71**

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**Background and aim:** In Mexico, there is a high prevalence of patients with hepatitis C virus (HCV) with chronic kidney disease on hemodialysis (CKD-H); since the appearance of new direct-acting antivirals (DAAs), 95-99% of patients have been documented to be cured worldwide, however, in a mexican population with these characteristics, there are no studies that support the response to treatment. The objective was to determine the sustained viral response (SVR) and drug safety in patients with HCV and CKD-HD treated with DAAs free of sofosbuvir in patients at UMAE 71.

**Material and methods:** Observational and retrospective study that including patients over 18 years old with HCV diagnosed by positive RNA test using CRP technique, who also had permanent CKD-HD received at UMAE 71. Twenty-eight patients were included, of whom 25 received glecaprevir/pibrentasvir for 8 weeks and 3 received ombitasvir/paritaprevir/ritonavir/dasabuvir for 12 weeks; all completed treatment. SVR was considered negative CRP 12 weeks after treatment was completed; in addition, treatment-related adverse effects were documented. Statistical analysis was based on frequencies and percentages, means and standard deviation.



**Table 1**  
Baseline Characteristics of the Patients.

Characteristics	Glecaprevir/ Pibrentasvir Total (n = 25)	Ombitasvir/ paritaprevir/ ritonavir/ dasabuvir Total (n = 3)
Sex: Women-Men (%)	52%-48%	100% (M)
Age (years)	57.8 ± 16.4	52.6 ± 17.6
Diabetes mellitus (%)	40%	33.3%
Systemic arterial hypertension (%)	96%	100%
Genotype 1B (%)	96%	100%
Non-significant fibrosis (FIB4 F1-F2) (%)	68%	66.6%
Significant fibrosis (FIB4 F3-F4)	32%	33.3%

**Results:** The patients were analyzed from February 2019 to January 2020. The baseline characteristics of the patients are shown in Table 1. SVR was documented at 12 weeks of 100% and they presented minimal side effects.

**Conclusions:** Using sofosbuvir-free DAAs demonstrated SVR in all patients with frequent but not serious side effects, guaranteeing its efficacy and safety in the population studied with HCV and CKD-H.

**Conflicts of interest:** The authors have no conflicts of interest to declare.

<https://doi.org/10.1016/j.aohep.2020.08.023>

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**Total cholesterol/high-density lipoprotein cholesterol ratio, high-density lipoprotein triglycerides/colesterol with hepatic fat infiltration grade in non-alcoholic fat liver**

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**Background and aim:** Nonalcoholic Fatty Liver Disease (NAFLD) is a de worldwide public healthproblem, has a relationship with insulin resistance and, hyperglycemia, related to type 2 diabetes. Total cholesterol (TC)/ High density lipoprotein cholesterol (HDL) and ultrasensitive reactive C protein has been a biomarker of CVD risk, the Framingham Cardiovascular Institute suggested that TC/HDL should be <4. Because optimal cut-off values of TC/HDL and Triglycerides (TG)/HDL are already known to predict NAFLD, however, it has not been correlated with the degree of hepatic fat infiltration using abdominal ultrasound mode B (AUMB) study, with a sensitivity of 79.7% and specificity 86.2%. AIM: Describe the TC/HDL, TG/HDL ratio with degree of hepatic fat infiltration in patients diagnosed with Non-Alcoholic Fatty Liver.

**Material and methods:** Retrospective study of patients registered with NAFLD in external gastroenterology consultation at hospital Juárez in Mexico, from January 1, 2017 to January 31, 2020, who complied with the following: 1. No history of alcohol consumption or quantity < 30 grams/day men and < 20 grams/day women, 2. Exclusion of a history of specific diseases that may cause NAFLD, 3. AUMB with 3.5 MHz (Toshiba) soda according to the diagnostic criteria of NAFLD by the Chinese society of Hepatology 2010

