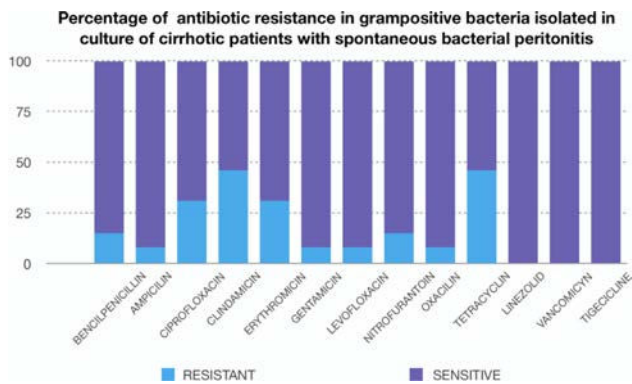
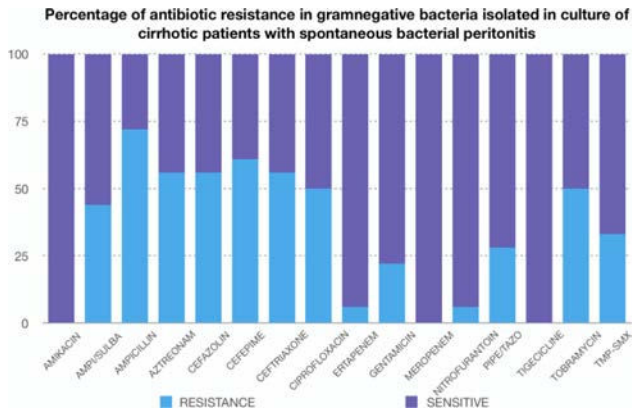


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Sustained viral response in patients with hepatitis C and chronic kidney disease in hemodialysis and treatment with direct acting antivirals in the UMAE 71

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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.

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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



that shows excessive accumulation of liver fat interpreted by the same radiologist doctor. 4. Full fasting lipid. Data was obtained from the clinical dossier and processed in the statistical program Jamovi 1.1.9, for obtaining means, medians and percentages. Chi squared test was used for categorical variable analysis and one-way variance analysis (ANOVA) for continuous variables, setting a $p < 0.05$ to significant.

Results: In total 102, mean age 52 years (20-79), female 80 (78.4%), nos previous history 63 (61.8%) metabolic syndrome 90 (88.2%) diabetics 46 (45.1%) obesity 64 (62.7%).

AUMB for fat infiltration: Grade I, 8 (7.8%) grade II 48 (47.1%) and grade III 46 (45.1%) being by FIB4 scale (Ishak 2-3) and NAFLD score for indeterminate fibrosis.

The median TC/HDL was correlated with the degree of hepatic fat infiltration by AUMB, grade I: 3.65 (2.81- 4.10) II, 4.06 (2.04-6.83) III, 4.81 (1.95-10.3), $p < 0.001$ value.

TG/HDL was also correlated with degree of hepatic fat infiltration being: grade I, 2.27 (1.31-3.05), II, 4.32 (0.887- 12.5) III, 6.05 (1.80-16.9) with p value < 0.0011 III, 6.05 (1.80-16.9) with p value $p < 0.0011$. High triglyceride levels and metabolic syndrome correlate with the degree of hepatic fat infiltration value of < 0.001 .

Conclusions: The TC/HDL and TG/HDL ratio correlates with the degree of hepatic fat infiltration by AUMB, however, it should be considered that in patients with high body mass index this study lowers its sensitivity and specificity so it should be performed in addition to other imaging modalities.

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

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Incidence and impact of bacterial infection on the forecast of patients with acute liver failure on chronic "ACLF", hospital Juárez de México



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Background and aim: Cirrhosis is associated with the deterioration of the immune system and the altered systemic inflammatory response, which predisposes to bacterial infections and a four-fold increase in mortality. Regarding ACLF, a study published by EF-Clif reported a 33% infection at diagnosis. Another study by Shalimar et al. He reported 10.8% of infections at diagnosis, with a 30-day survival of 24.0%; Infections were associated with ACLF-3 50%. Therefore, we consider it relevant to recognize this condition, since it confers a worse prognosis. Aim: To determine the incidence and impact of bacterial infection on the prognosis of patients with ACLF.

Material and methods: Retrospective descriptive observational study of patients diagnosed with ACLF according to the criteria of the European and American associations, bacterial infections were identified on admission, the records were reviewed, survival curves were evaluated using the Kaplan-Meier method, and the Cox regression with the SPSS statistical program.

Results: In our study, we identified 58 patients who met the ACLF criteria during 2019, of these 53.44% (n31) presented infection on admission. Most frequently, 41.9% (n13) presented urinary tract infection (UTI) followed by 22.5% (n7) spontaneous bacterial peritonitis (SBP), and more than one focused UTI/ SBP 25.8% (n8). Survival at 30 days was compared between patients without infec-

tion and with infection, using the Kaplan-Meier method reported a survival of 20% and 19% respectively ($p = 0.71$). A Cox regression was performed to assess whether the type of infection affects mortality, reporting HR = 1.14 ($p = 0.22$). In relation to the ACLF degree in patients with G1 infection 29.04% (n9) G2 45.16% (n14) G3 25.8% (n8) without significant difference in relation to mortality HR 1.06 ($p = 0.83$) With a 30-day survival 12.5% Y 30.7 for G1 and G2 ($p = 0.38$ 95% CI).

Conclusions: In our population, unlike previous studies, infections were higher, occurring in more than half, with a more frequent UTI followed by SBP, although this does not have an impact on prognosis, giving a survival similar to those patients without infection. Nor was a worse prognosis identified in relation to the types of infection. Grade 2 ACLF was the most frequent but with no significant impact on mortality.

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

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"CLIF-C ACLF mortality predictive utility in patients with acute liver failure in chronic "ACLF" in the hospital Juárez de Mexico population



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Background and aim: ACLF is a condition associated with high mortality. The CANONIC trial developed a score that classifies the ACLF grade according to the number of extrahepatic organic failures. Useful to determine prognosis of mortality with 33% ACLF-1, 35% ACLF-2 and 74% ACLF-3. Furthermore, it was identified that a score > 70 at admission is associated with a 90% mortality in 90 days. That is why we consider it relevant to objectify the risk of mortality associated with the degree of complication in our population. Aim: To determine ACLF grade and CLIF-C score that predicts 28-day mortality in patients with chronic acute liver failure at the Juárez hospital in Mexico.

Material and methods: Retrospective descriptive observational study of patients diagnosed with ACLF according to the criteria of European and American associations, 2019 records were reviewed, severity was classified according to CLIF-C, survival curves were assessed using the Kaplan-Meier method and Cox Regression with the SPSS statistical program.

Results: In our study, 58 patients who met ACLF criteria were collected, of these 36.2% (n 21) ACLF-1, 39.7% (n 23) ACLF-2, 24.1% (n 14) ACLF-3. Survival curves were performed using the Kaplan-Meier method, reporting a 28-day survival of 25%, 18%, and 7.7%, respectively. It was compared between these without showing statistical significance ($p = 0.25$). It was decided to carry out a multivariate analysis using the Cox regression method, analyzing the degree of ACLF, CLIF-C score, age, sex, infection, gastrointestinal bleeding, acute kidney injury (AKI), resulting among these that AKI is the only variable with significant association in survival ($p = 0.017$).

Conclusions: In our population, it was identified that there is no significant statistical impact on survival between ACLF grades, nor the number of organic failures (Clif-C score). The presence of LRA proved to be a better independent predictor of mortality.