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Mexican experience with direct-acting antivirals in the treatment of hepatitis C



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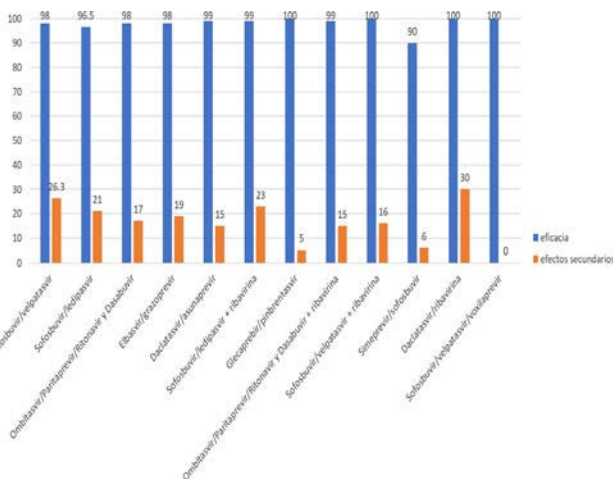
Background and aim: Chronic hepatitis C infection, develops cirrhosis with all its complications, the arrival in our country of direct-acting antivirals (DAAs), gave the opportunity to have safer and more effective drugs.

Material and methods: Retrospective, cross-sectional study of patients who received AAD in hospitals in the Mexican Republic. 20 hospital centers. Variables analyzed: gender, age, genotype, degree of fibrosis, initial and final viral load of ADA treatment. SVR and side effects were documented. Descriptive statistics were performed.

Results: Were included 813 patients, 529 women and 284 men, age 58.88 ± 12.10 years were included. Genotype 1: 647 patients (1A: 316, 1B: 318, 1A / B: 11 and 1 A / C: 2), genotype 2: 145, genotype 3:19 and genotype 4: 2. By degree of fibrosis: F0: 93 F1: 88, F2: 86, F3: 95 and F4: 451. Patients with F4 (451), Child Pugh were classified as A: 363 and B: 88. From the Child Pugh group A 7 (1.9%) did not respond and from the group B 1 (1.1%). There were 561 naïve and 252 no naïve, the percentage that presented SVR was from 90 to 100%. The most frequent side effects: headache 16% and fatigue 22%, nausea (3%), muscle pain (1%), abdominal pain (1%), with ribavirin, anemia was documented in 22%.

Conclusions: Direct Action Antivirals is an effective and safe option in the Mexican population studied. Adverse events were not significant.

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



<https://doi.org/10.1016/j.aohep.2020.08.034>

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Characterization of patients with primary sclerosing cholangitis in a third level hospital



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Background and aim: Primary sclerosing cholangitis (CEP) is a syndrome of unknown cause, but it may be the result of an environmental insult that occurs in patients genetically susceptible to the disease, which would indicate an autoimmune component. Aim: To describe the clinical characteristics, treatment and complications of patients with Primary Sclerosing Cholangitis

Material and methods: Design: retrospective, cross-sectional study. It was held at INNSZ during 2009-2019. 40 patients were included with the diagnosis of Primary Sclerosing Cholangitis, Both genders, ages 18-69 years. Statistic analysis: Percentages, means, medians with standard deviation were used. The X² test was used. A value of p ≤ 0.05 was considered statistically significant with a 95% confidence interval. The analysis was carried out using the statistical package SPSS® v. 25

Results: The number of patients was 40, male predominance in 52.5%, with a median age of 53 years and body mass index of 22.9. 22.7% of the patients had arterial hypertension and Type 2 Diabetes Mellitus as comorbidity. Cholecystectomy was the surgical antecedent in 29.5%. The predominant symptom at the time of diagnosis was jaundice in 57.5%. Primary large duct sclerosing cholangitis was observed in 92.5%, cirrhosis in 83%. and association with ulcerative colitis in 67.6%. 77% of the patients received ursodeoxycholic acid. Recurrent cholangitis presented in 37.5%. Liver transplant 30%, mortality was 12.5%, identifying as cause of death: n = 2 due to complications from liver cirrhosis, n = 1 due to infection, n = 1 due to liver transplant complications and n = 1 due to cholangiocarcinoma.

Conclusions: 1. Primary Sclerosing Cholangitis was presented predominantly in men, with a median of aged 53 years and associated with UC, 77% of the patients received medical treatment with AUDC. 2. Complications: recurrent cholangitis and dominant stenosis. 3. Liver transplant in 30%. 4. Main cause of death was due to complications associated with liver cirrhosis.

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

<https://doi.org/10.1016/j.aohep.2020.08.035>

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Clinical, demographic, radiological and histological features of a series of liver adenomas in a reference hospital



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Background and aim: Liver adenomas are benign tumors of epithelial origin, infrequent, predominantly in women of child-bearing age, and associated with the use of oral contraceptives