(ACO), and comorbidities such as metabolic syndrome, obesity, diabetes, etc. They are usually asymptomatic, of incidental diagnosis, associated with complications such as bleeding and malignant transformation to hepatocarcinoma, which has been related to their histological characteristics. Aim: To determine the clinical, demographic, radiological and histological characteristics of a series of liver adenomas in a reference hospital.

Material and methods: Observational, cross-sectional, retrolective study, carried out in the period 2009-2019.

Results: In this study female sex predominated in 61.1% and an average age of 34.3 years. The most frequent comorbidities were overweight and dyslipidemia with 38.9% and 27.8% respectively. Most were single lesions, in the right liver lobe, less than 5 cm in 55.6%. They were associated with ACO consumption in 27.8%. Adenoma subtypes were identified in 54% of cases, with inflammatory adenomas found in 66.6%, beta-catenin adenomas activated in 16.6% and inactivated adenomas in 16.6%, with evidence of complications such as hepatocarcinoma foci, hemorrhages and abscess.

Conclusions: Liver adenomas are rare tumors. They occurred predominantly in women, as single lesions smaller than 5 cm, associated with comorbidities and use of OAC. Complications such as hemorrhages, abscesses, and transformation to hepatocellular carcinoma were evident, which were associated with the histological subtype of adenomas.

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Characteristics of the overlap syndrome (HAI / CBP, HAI / CEP): a cohort type study in a reference center in Mexico during the period 2008–2018

A. Vélez Carrión, C. Moctezuma Velázquez, A. Torre Delgadillo

Gastroenterology Department, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Ciudad de México, Mexico

Background and aim: There is a clinical subgroup of patients with a combination of autoimmune liver disease, an "overlap", with features of cholestasis (CBP or CEP) in combination with HAI. Its management is relevant since, without an adequate treatment, these patients are in increased risk for developing cirrhosis and liver failure, have lower therapeutic response and their prognosis is worse than those with isolated autoimmune hepatitis, their behavior tends to be more aggressive with higher rates of cirrhosis and need for liver transplantation. Aim: To describe the clinical and biochemical characteristics and the natural history of a cohort of patients with overlap syndrome at Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán in the period January 2008 - December 2018.

Material and methods: Clinical, radiologic and histopathological records of patients with overlap syndrome were reviewed. Variables included; diagnosis (CBP / HAI or CEP / HAI), date of diagnosis, symptoms, laboratory values, metabolic comorbidities, other autoimmune diseases, characteristics of liver biopsy, time-associated variables: development of cirrhosis, decompensation, death, liver transplantation, biochemical response and relapse.

Results: Fifty patients were included in the study, 90% were women, mean age was 43.2 years (SD 11.0). The predominant comorbidity was arterial hypertension; fatigue and pruritus were the main symptoms; an important association with thyroid disease was evident, antinuclear antibodies were serologically observed in 100% of cases and mitochondrial antibodies in 57%. According to International's group criteria 14 were definitive cases and 32 were probable, with Paris criteria 33 were diagnosed. The most common outcomes were cirrhosis (50%) and disease relapse (60%). The median progression to cirrhosis was 73 months, survival and decompensation medians were not available. The percentage of biochemical response for CBP was 35.4% and for HAI 47%.

Conclusions: Overlap Syndrome at Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán predominantly affects middle-aged women with autoimmune comorbidities, the most common outcomes were cirrhosis and disease relapse.

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Correlation between the index platelet/ spleen diameter with the presence of esophageal varices by endoscopy in cirrhotic patients from the State of Mexico

A.M. Ganado-Escobar, J.A. Moreno-Tapia, M.S. Gonzalez-Huezo, A.L. Osorio-Núñez

Gastroenterology, Centro Médico ISSEMyM (CMI) Metepec, Estado de México, México

Background and aim: Endoscopy is the method of choice to determine the presence of esophageal varices (EV) in cirrhosis, however, it is invasive and expensive. Having a simple and non-invasive method would allow optimizing endoscopic procedures, minimizing costs and complications. The platelet / spleen diameter ratio (P / DB) has shown utility in predicting the presence of EV. The objective of this study is compare the P / DB index with endoscopic findings to predict the presence of EV in cirrhotic patients and to determine the best cut-off point in our population.

Material and methods: Retrospective study conducted from January 2015 to January 2019. Inclusion criteria: adults with a diagnosis of cirrhosis, sent for screening endoscopy of VE for the first time in our hospital and with complete clinic files. Patients with a history of non-cirrhotic portal hypertension, history of variceal hemorrhage and under treatment for primary or secondary prophylaxis were excluded. Variables analyzed: sex, age, etiology, Child Pugh score (CP), endoscopic findings. The P / DB index was determined by dividing the number of platelets by the maximum bipolar diameter of the spleen in millimeters. Statistical analysis was performed using Excel and SPSS.

Results: Of 455 files, 155 met inclusion criteria, 84/155 (54.1%) women and 71/155 (45.8%) men. Mean age: 60 years + 29 years. Etiology: alcohol was the most frequent in 45/155 (29.0%) followed by HCV in 33/155 (21.2%). 131/155 (84.5%) had VE, of these 82 (62.5%) were CP A, 36 (27.4%) CP B, and 13 (9.9%) CP C. The P / DB index with cutoff point on 1101 (n / mm3) / mm obtained a sensitivity of 73%, specificity of 61.9%, and AUC of 73%.

Conclusions: Previous studies suggest a cut-off point of the P / DB index of <909 (n / mm3) / mm, in our study the cut-off point identified with the best sensitivity and specificity was <1101 (n / mm3) / mm, undoubtedly it is not ideal. The results could change or be confirmed with a larger study population, in order to have a simple tool that allows optimization of the screening endoscopy.

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