51

Effect of pangenotype treatment on chronic hepatitis C. Real life studio

I. Santana Salgado, A. Bautista-Santos, R. Moreno Alcántar

Gastroenterology, Hospital De Especialidades, Centro Médico Nacional Siglo XXI, Mexico city, Mexico

Background and aim: Hepatitis C is the main cause of transplantation in the United States (USA) and worldwide, in Mexico it has a prevalence of 0.3-0.5% and represents one of the main causes of liver cirrhosis and alcohol consumption. Treatment has change with the arrival of direct-acting antivirals (DAAs), in particular with pangenotype schemes, reporting sustained viral response (SVR)> 95%. SVR reduces mortality from all causes, the need for liver transplantation, death related to cirrhosis and its complications. Aim: To determine the effect of pangenotype treatment with Glecaprevir / Pibrentasvir in patients with chronic hepatitis C.

Material and methods: Cross-sectional, retrolective, analytical and comparative study. All older subjects diagnosed with chronic hepatitis C, who received glecaprevir-pibrentasvir treatment and who had a viral load result at the end of treatment and APRI and baseline FIB-4 and post-treatment were included. Descriptive statistics and group comparisons were performed with t-Student, to show differences the Wilcoxon test. The project was submitted for approval by the institutional ethics committee.

Results: We analyzed 50 patients, 33 (66%) women, genotype 1b was the most frequent (36%), 41 patients received treatment for 8 weeks (82%), the mean age was 56 ± 13.78 and the median mass index body 26 (23-30). 18% (9) had diabetes mellitus, 2 (4%) patients with chronic kidney disease on hemodialysis. 16% (8) had cirrhosis. SVR 12 was 98%. A significant difference of $p < 0.05$ was shown in the fibrosis markers APRI and FIB-4 when comparing baseline and post-treatment. There were no adverse effects that caused the suspension of the treatment.

Conclusions: Pangenotype treatment with glecaprevir-pibrentasvir is effective in achieving SVR 12 in 98% and improves fibrosis parameters measured with biomarkers as has been shown in previous studies.

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

https://doi.org/10.1016/j.aohep.2020.08.052

52

Experience in treatment with direct action antivirals in patients with HCV-HIV coinfection

N. Martínez Gómez, A. Bautista-Santos, R. Moreno Alcántar

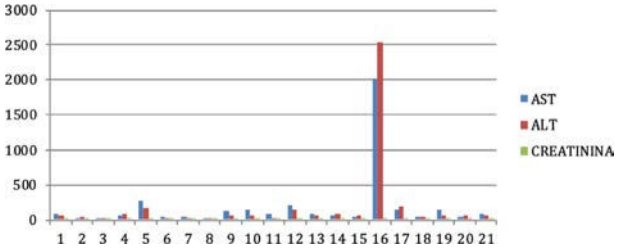
Specialties Hospital National Medical Center XXI Century Mexican Institute of Social Security, Mexico City, Mexico

Background and aim: Near 25% of people infected with Human Immunodeficiency Virus (HIV) are also carriers of the Hepatitis C Virus (HCV). Hepatitis C virus infections are generally asymptomatic, and because HIV-infected individuals have a decreased immune response, these infections can escape immune control and lead to chronic asymptomatic disease. The use of direct-acting antivirals (DAAs) decreases the inflammation and liver fibrosis in this group of patients. Aim: To describe the characteristics of patients coinfected with HIV with HCV and analyze the changes in liver inflammation assessed by aminotransferases and liver fibrosis measured by transitional elastography.

Material and methods: Cross-sectional, retrolective, analytical and comparative study. We included elderly subjects with a diagnosis of chronic HCV infection coinfected with HIV, treated with DAAs and who had a viral load result 12 weeks after treatment, aminotransferases and basal transition and post-treatment elastography. Descriptive statistics and group comparison were performed with the Student's t test, and the Wilcoxon test was shown to show differences.

Results: 21 male subjects were analyzed, the mean age was 44 ± 12.3 and 66% (14) were genotype 1 and 34% (7) genotype 4. The median AST 77 (42-1459) and ALT was 64 (35-87). The median fibrosis by transitional elastography was 6.5 (4.1-12.3). 100% percent of the participants received sofosbuvir and ledipasvir. The SVR was 95% in the analyzed group. The decrease in fibrosis measured by elastography before and after treatment was not statistically significant. There is a decrease in aminotransferases after treatment with AAD (Table 1).

Table 1
Baseline Values of Aminotransferases and Creatinine in HCV-HIV Co-infected Patients.



Conclusions: Treatment with ADD in patients coinfected with HIV and HCV has SVR rates similar to those described in monoinfected patients (95% in our group) and decreases inflammation and fibrosis as measured by transitional elastography.

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

https://doi.org/10.1016/j.aohep.2020.08.053

53

Hepatic and gastrointestinal manifestations of SARS-COV-2 infection (COVID-19)

J. Aquino-Matus, I. Lopez-Mendez, E. Juarez-Hernandez, S. Murua-Beltran Gall, J.D. Prieto-Nava, P. Castañeda-Mendez, G. Castro-Narro, M. Uribe

Medica Sur Clinic and Foundation, Mexico City, Mexico

Background and aim: Abnormal liver function tests (LFTs) and gastrointestinal (GI) symptoms have been reported up to 50% in patients with COVID-19, and in 5% they can precede respiratory symptoms. The objective of this work is to describe the LFTs and GI symptoms of patients with COVID-19 and their association with admission to the intensive care unit (ICU) and mortality.

Material and Methods: We conducted a retrospective, cross sectional, descriptive study, using files from patients with a positive Gen Finder COVID-19 test, admitted to Medica Sur Clinic and Foundation between March 13th through May 14th, 2020. We performed descriptive analysis of data and its association with clinical outcomes.