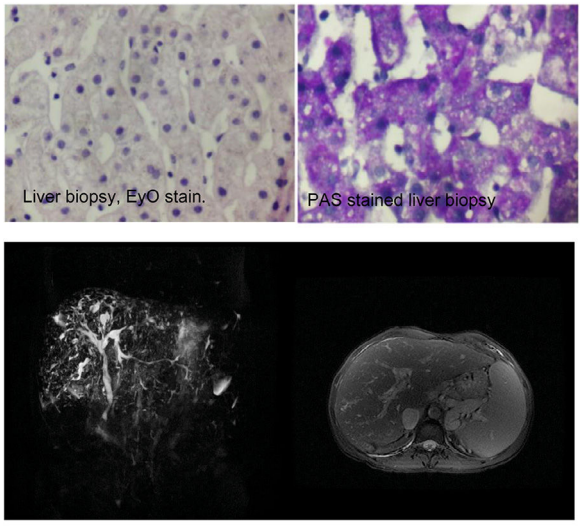
age; the clinical data will depend on the affected tissue and type of Glycogenosis. The histopathological report is the mainstay of diagnosis in this type of case and making a differential diagnosis with other entities and a genetic study.

**Conclusions:** Glycogen storage disorders are part of a group of rare and few suspected pathologies. It is not frequent to find them in adult patients due to their complications. The prognosis must be individualized based on the affected tissue and the subtype presented.

The authors declare that there is no conflict of interest.




Collagioresonance

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## ADDRESSING THE INFILTRATIVE PATTERN: COMPLEX DIAGNOSIS

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**Introduction and objective:** Alterations in liver function tests are frequent, so the approach based on the predominant alteration and the patient's medical history is relevant. Carrying out a liver biopsy in cases of diagnostic doubt is imperative. The objective of this work is to describe a clinical case of an infiltrative pattern approach that culminated in the diagnosis of Hepatosplenic T-cell Lymphoma (HSCTL).

**Patients and Methods:** Clinical case report. Presentation. Woman, 72 years old. History of a sister with cirrhosis. Consumption of alcohol and herbalists; arterial hypertension and Sjögren. He was admitted for persistent fatigue and jaundice. Laboratories with anemia, thrombocytopenia and kidney injury; Hepatic biochemistry with a predominantly cholestatic pattern at the expense of alkaline phosphatase and direct hyperbilirubinemia. Without acute liver failure. By imaging the liver, vessels and normal bile duct; splenomegaly; Negative hepatitis viral panel, positive ANAs and Anti-actin, negative antimitochondrials, normal immunoglobulins. HAI vs. DILI / HILI is suspected. Liver biopsy reports HSTCL-type lymphoproliferative process (Figure 1). It was supplemented with bone marrow aspirate and PET-CT. He started prednisone and cyclophosphamide.

**Discussion:** The systematic approach to altered liver biochemistry requires integrating personal and family risk factors for liver disease. The infiltrative pattern that resembles the cholestatic one represents a diagnostic challenge as it is little recognized. In this case, we report a rare neoplasm corresponding to 5% of peripheral T lymphomas; they usually develop in young adults and in the absence of lymphadenopathy. It also has an adverse prognosis due to refractoriness to chemotherapy.

**Conclusion:** The HSTCL presented in this clinical case represents a complex and infrequent diagnosis. The symptoms and age group were atypical and the identification was possible through a systematic evaluation of the infiltrative pattern and differential diagnoses.

The authors declare that there is no conflict of interest.

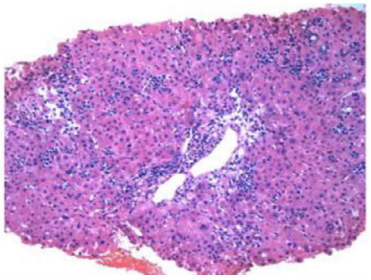

Figure 1. Atypical lymphocyte infiltrate in liver parenchyma.

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## PRIMARY BILIARY CHOLANGITIS COMPLICATED WITH ULCERATIVE COLITIS: A CASE REPORT

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**Introduction and Objectives:** Liver involvement is not unusual in patients with inflammatory bowel disease (IBD), where one third of patients have abnormal liver biochemical tests, becoming a diagnostic challenge. Primary biliary cholangitis (CPB) is an autoimmune liver disease that presents with chronic cholestasis, the presence of specific antibodies and histological findings of destructive non-suppurative cholangitis. Genetic, immunological, and environmental factors that contribute to the pathogenesis of IBD may also contribute to associated hepatobiliary disorders. Objective: Present the case of a 67-year-old woman who consulted for cholestatic symptoms. Medical record of smoking for 25 years was suspended 15 years ago with a smoking index of 5. She reported a history of weakness, asthenia, self-limited palmar and plantar pruritus of 2 years of evolution, associated with abnormal liver function tests (total bilirubin 1.8 mg / dl, INR 1.40, albumin 3.2 g / dL). The initial physical examination revealed jaundice in the sclera, palmar erythema, evidence of telangiectasia in the abdomen, collateral circulation with medusa caput, positive ascitic wave, and splenomegaly. R factor is cholestatic, with alkaline phosphatase of 416 U / L, gamma glutamyl transpeptidase 660 U / L, alanine transferase 59 U / L, for which possible viral and autoimmune causes are addressed as the first possibility, reflecting antimitochondrial antibodies with high titers (278 U / L), associated with immunoglobulin G of 2490 mg / dl and immunoglobulin M of 734 mg / dl. During her one-year follow-up, she reported the onset of diarrheal stools Bristol 6, 2 to 3 episodes per day, with occasional urgency and with inflammatory characteristics, due to the presence of mucus and blood. Infectious causes are ruled out, elevated acute phase reactants are reported, followed up with a colonoscopy and