immunosuppressants, should be individualized and guided by the severity of the cholestasis findings.

Materials and Methods: 66-year-old female. She presented in 2018 with the detection of hepatic steatosis, a weight loss of 32 kg in 2 years. Asthenia, adynamia, pruritus and scleral jaundice progressing to generalized. In laboratories: BT 11.37 (BI 8.5), AST 187, ALT 148, GGT 1761, FA 1819, ANAs positive anti centromere 1:40 and Hep-2 cells 1:640, cholangioresonance without data of CEP. Treatment with ursodeoxycholic acid was started, with no response, and a liver biopsy was performed compatible with HAI+CAI, Fig. 1 and 2. We started therapy with prednisone and azathioprine.

Conclusions: Recognizing that AIH and IAC are diseases with high morbidity that progress to chronic liver damage with fibrosis and cirrhosis, their early identification would help in the establishment of timely and effective treatment.

Funding: The resources used in this study were from the hospital without any additional financing

Declaration of interest: The authors declare no potential conflicts of interest.

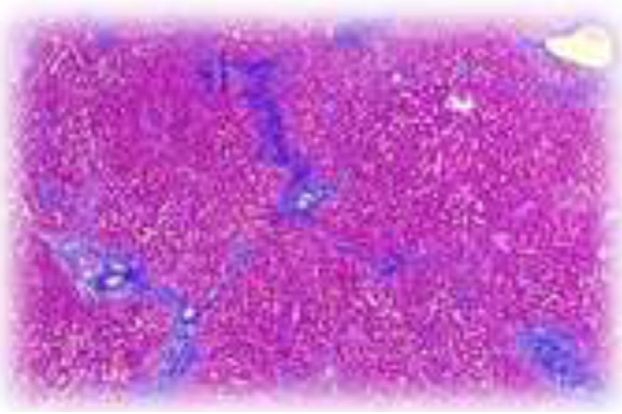

Fig.1: Masson's trichrome stain: fibrous portal expansion with the formation of incomplete portal-port bridges.

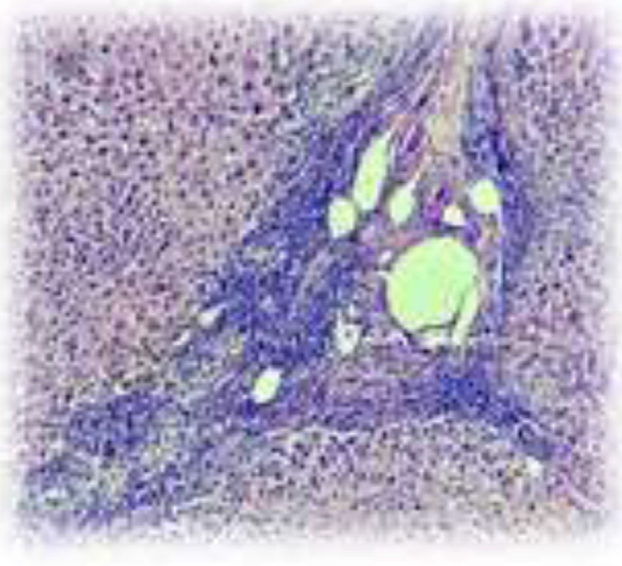

Fig. 2: No bile duct, granulomatous inflammation with inflammatory infiltrate predominantly lymphocytes, plasma cells and epithelioid macrophages that exceed the limiting plaque. Intracellular cholestasis.

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Accuracy of NVP score as a predictor of gastroesophageal varices in primary biliary cholangitis

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Introduction and Objective: The presence of gastro-oesophageal varices (GOV) in patients with primary biliary cholangitis (PBC) denotes a poor prognosis and may precede jaundice and cirrhosis. The appropriate time to begin screening with oesphageo-gastro-duodenoscopy (OGD) is controversial. Recently, non-invasive tools such as GOV predictors in CBP, such as New Castle Varices PBC Score (NVP Score), are cost-effective. This study aimed to determine the accuracy of NVP Score as a predictive tool for GOV in PBC patients.

Materials and Methods: A Cross-sectional, retrospective, observational study of 47 PBV patients who underwent OGD as screening. NVP score was calculated and its accuracy, p-value and AUC were determined.

Results: 47 patients were included; 43 (91.4%) were female, with a median age of 59 years. Initially, 70% of PBC patients had GOV. NVP Score was calculated, with a cut-off of 0.3, establishing sensitivity of 100%, specificity of 50%, PPV of 82.5% and NPV of 100%, p=0.05.

Discussion: GOV prevalence in our population study is high (70%) even in early disease stages due to the presinusoidal component of portal hypertension and other factors. This evidence shows the importance of early GOV diagnosis in PBC patients, using non-invasive tools as a cost-effective strategy.

Conclusions: NVP score is a useful non-invasive tool that accurately predicts the presence of GOV in PBC patients.

Funding: The resources used in this study were from the hospital without any additional financing

Declaration of interest: The authors declare no potential conflicts of interest.

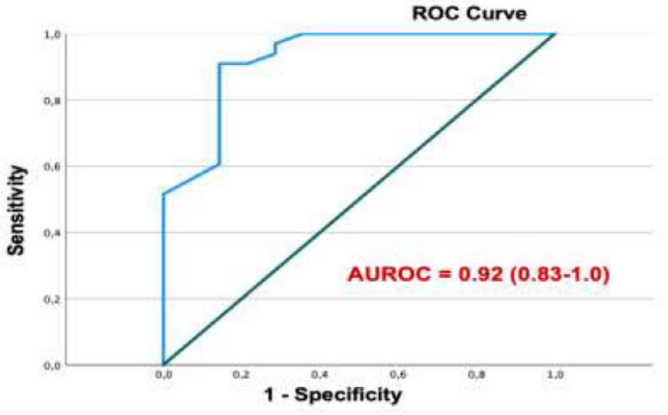

Fig. 1. ROC Curve of the NVP Score

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Trends of autoimmune liver diseases in the University Hospital, UANL for 26 years. A single-center experience in Mexico

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