

Treatment with nucleoside and nucleotide analogues in patients with chronic hepatitis B virus infection

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Introduction and Objective: This study aimed to compare the efficacy of treatment with entecavir (ETV) and tenofovir (TDF) in patients with chronic hepatitis B infection.

Material and Methods: Cross-sectional, descriptive, retrolective study. Realized in the "Hospital de especialidades Siglo XXI". We included patients >18 years with chronic hepatitis B infection in treatment and follow-up from January 1st, 2015, to March 1st, 2021. Descriptive statistics were performed and to show differences Wilcoxon test was used. Approved by the institutional ethics committee and informed consent was obtained.

Results: We included 33 patients, male gender predominated in 51.5% (17), mean age was 59 years (+/- 11.25). Co-infected with HIV were 18% (6). Median baseline viral load was 2500,00 (3940 – 191500,000 copies/ml). Median baseline APRI 0.3 (0.2-1.6) and FIB-4 1.33 (1.0-2.2). Exposure to previous treatments was 45.8% (16). The mean follow-up was 9.48 years (+/-4.82). Current treatment TDF 60.6% (20), ETV 27% (9). Incidence of hepatocellular carcinoma occurred in 3% (1). At 6 and 12 months of treatment, 69% and 64% (16/23 and 16/28), respectively, with undetectable viral load. There was a difference in baseline APRI compared to current $p < 0.05$; there was no difference in APRI throughout treatment.

Discussion: Treatment is effective for HBV both in chronic infection and liver cirrhosis, maintaining viral suppression with low seroconversion rates and low incidence of hepatocellular carcinoma.

Conclusion: Treatment with nucleotide and nucleoside analogues is effective for the suppression of the hepatitis B virus.

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Spontaneous elimination of the Hepatitis C virus at the CMN la Raza specialty hospital

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Introduction and Objectives: This study aimed to estimate risk factors for viral exposure in patients with spontaneous elimination of HCV in the Hepatitis clinic of CMN La Raza.

Materials and Methods: Retrospective, observational, descriptive, cross-sectional and single-center study. Records of patients with antibodies against HCV determined by third-generation ELISA from July 2017 to February 2020 were reviewed; those that did not have sufficient information to carry out the analysis were eliminated, patients with the positive anti-HCV test were selected, confirmatory test with HCV PCR detectable by Abbot's real-time PCR. Risk factors for exposure to HCV and demographic data were collected. The results were

analyzed with measures of relative frequencies and obtaining percentages, mean and average.

Results: Sixty patients (12.4%) with undetectable anti HCV+/PCR were included; 22 were men (35%) and 40 were women (65%), mean age of 54.4 years. Risk factors for exposure to HCV were: surgery (90%), transfusions (37%), dental interventions (10%). None presented a clinical picture suggestive of viral hepatitis. Associated comorbidities: systemic arterial hypertension (25%), Diabetes mellitus 2 (14%), obesity (8%).

Conclusions: All the patients studied had risk factors for exposure to HCV, as reported in the literature. A higher frequency of spontaneous elimination of HCV was found in the female gender. All patients with an anti-HCV+ test must undergo an HCV RNA test to confirm infection and start antiviral treatment since the spontaneous elimination of HCV is low.

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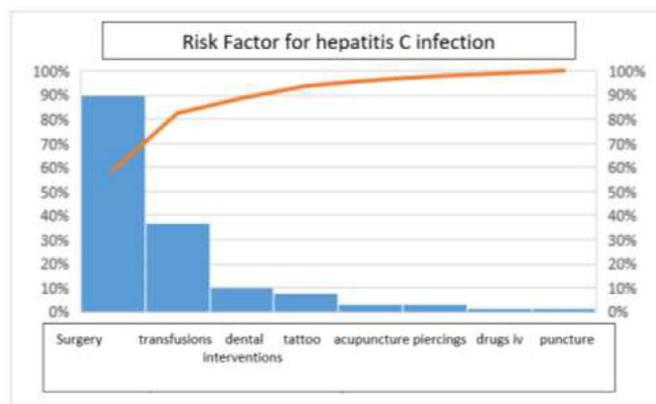


Figure 1.

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Incidence and risk factors of Chronic Viral Hepatitis type C in persons deprived of their liberty in the Social Rehabilitation Center (CERESO) of the state of Veracruz

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Introduction and Objectives: People deprived of liberty (PPL) is a key population for the elimination of chronic viral hepatitis c (VHC) by 2030, according to the WHO. The objective of our work is to know the incidence of the prison population in the 17 social rehabilitation centers (CERESO) of the state of Veracruz.

Material and Methods: A descriptive, cross-sectional, observational study was carried out in the 17 CERESOS of the state of Veracruz at 6466 PPL, by means of dry blood test screening. APRI/FIB-4 index, glomerular filtration rate, sexual orientation, HIV, BMI and comorbidities were determined.