

Results: The incidence of VHC in PPL was 0.6% (36 patients); 100 were men. 100% were found without HIV. 69 % of PPL reported being users of intranasal or intravenous psychoactive substances (UDIS) 61% had piercings and/or tattoos. 80.6% reported not having a school education or did not mention it, and only 14% had completed primary school. The population with the highest risk comprised the age range between 30 and 39 years (49%). According to APRI, only 14% were staged F3. Only one patient presented F4. Figure 1.

Conclusions: The incidence of PPL in the CERESOS of the state of Veracruz is below that observed in the world literature on the prison population. The low incidence could be explained by having the PPL that declared consumption of 0.4% of having been UDIS, compared to other CERESOS in the north of the country. The presence of VHC was observed in CERESOS with a population of 400 PPL and without the presence of VHC in CERESOS with a population of fewer than 100 PPL, a factor could be overpopulation.

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.

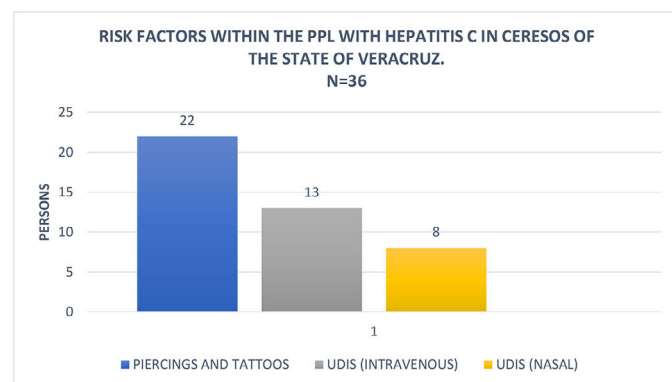


Figure 1.

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Detection of Hepatitis C and risk factors in the general population of the Centro Médico Nacional La Raza

GD Salazar Hinojosa, G Morales-Osorio,
MT Rizo-Robles, AY Cruz-Saucedo,
CM del Real Calzada

Specialty Hospital Antonio Fraga Mouret. Centro Médico Nacional La Raza. Instituto Mexicano del Seguro Social (IMSS). Mexico City, Mexico

Introduction and Objective: Detection of hepatitis C virus (HCV) infection is effective because there is an effective treatment. In Mexico, a seroprevalence of 1.4% is reported for the population, with the main risk factors being transfusion of blood products and unprotected sexual intercourse. This study aimed to detect anti-HCV and risk factors in La Raza National Medical Center.

Material and methods: Observational, longitudinal and descriptive study. A survey of risk factors was applied to the general population, signing informed consent, and a capillary sample was taken to determine anti-HCV with rapid immunochromatographic tests with colloidal gold for qualitative detection. Data were expressed as means, frequencies and percentages.

Results: 279 tests were performed. There were 175 women (62.7%) and 104 men (37.2%), and the average age was 44.3 years. The risk factors were: unprotected sexual contact (n=141, 50.5%),

presence of piercings or tattoos (n=86, 30.8%), accidents with sharp material (n=67, 24%), contact with catheters or endoscopes (n=52, 18.6%), sharing razor blades or toothbrushes (n=38, 13.6%), multiple sexual contacts (n=35, 12.5%), contact with HCV-positive patients (n=27, 9.6 %), transfusions before 1995 (n=17, 6%), STDs (n=14, 5%), intranasal drug use (n=8, 2.8%), sexual drug use (n=5, 1.7%) and others (n=19, 6.8%). None was reactive. Figure 1.

Conclusions: No anti-HCV reactive cases were detected. The risk factor, unprotected sexual intercourse, is the main one and the second is the presence of tattoos and piercings, but this did not influence the prevalence.

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RISK FACTORS IN THE GENERAL POPULATION

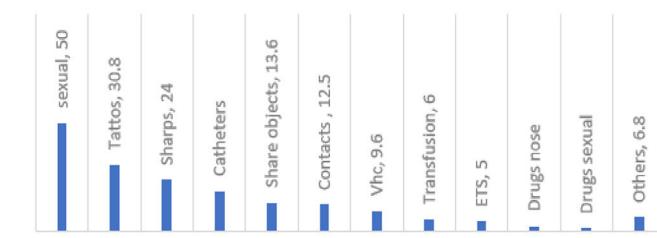


Figure 1.

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Metabolic-associated fatty liver disease (MAFLD) is not associated with bone mineral density (BMD) alterations in Mexican women: a cross-sectional study

GN López-Sánchez^{1,2,3}, N Martínez-Zavala^{1,2,3},
P Alberti-Minutti^{1,2,3}, A Vergara-Lopez^{1,2,3},
N Chavéz-Tapia^{1,2,3}, M Uribe^{1,2,3},
N Nuño-Lámbardi^{1,2,3}

¹ Translational Research Unit. Medica Sur Clinic Foundation Mexico

² National Medical Center "20 de noviembre" Mexico

³ Medica Sur Clinic Foundation Mexico

Introduction and Objective: This study aimed to determine the association between bone mineral density (BMD) and metabolic-associated fatty liver disease (MAFLD) in Mexican women through a cross-sectional study at a specialized medical center in Mexico City.

Material and methods: Data on cardiovascular risk factors were obtained; transient vibration-controlled elastography (VCTE) and dual-energy X-ray absorptiometry (DEXA) were performed. Patients were divided according to the presence or absence of MAFLD, according to the controlled attenuation parameter (CAP). The correlation test between T-score and CAP values was calculated to analyze the relationship between bone mineral density and MAFLD; additionally, the correlation between MAFLD vs. low BMI was determined and the risk ratio was calculated.

Results: MAFLD prevalence of the women enrolled was 63.33% osteopenia and osteoporosis were present in 43.3% and 6.7%, respectively; the bone mineral density (T-score) of the lumbar spine, hip and femur does not show statistical differences between the groups

(lumbar spine: -0.83 vs. -0.10 $p=0.10$; hip: -0.54 vs. -0.04 $p=0.37$). The OR calculated it was 0.750 (95% CI: $0.169 - 3.327$).

Discussion: We show that MAFLD and low bone mineral density are common diseases in Mexican women under 60 years of age with prevalence rates greater than 40%; however, these diseases are not associated. The results are consistent with previously reported data, showing that BMI is higher in patients with MAFLD, reinforcing the importance of this factor and its impact on both diseases.

Conclusions: A high prevalence of MAFLD was found in Mexican women regardless of BMD status.

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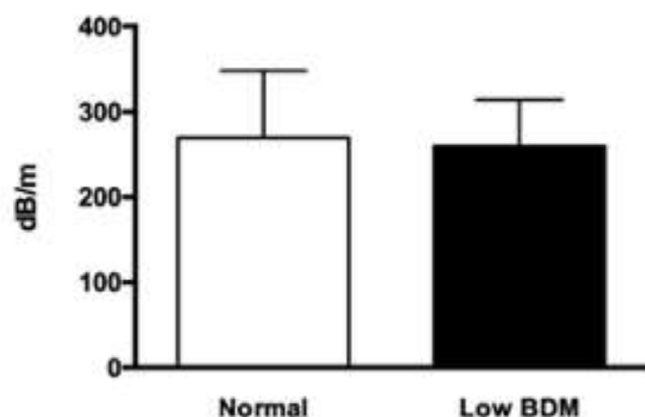


Figure 1. Comparison of the hepatic steatosis degree by means of the controlled attenuation parameter (CAP).

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Mediterranean diet vs. regional diet in a Mexican population with MAFLD: 3-month cohort

MJJ García-Carvajal¹, AD Cano-Contreras¹,
MR Francisco¹, HR Ordaz-Álvarez², SA Reyes-Díaz²,
M Vieyra-Vega², JM Remes-Troche¹

¹ Medical-Biological Research Institute. Veracruz University. Mexico

² Medicine faculty. Veracruz region. Veracruz University

Introduction and Objectives: Metabolic Associated Fatty Liver Disease (MAFLD) is the hepatic manifestation of a multisystemic disease. The Mediterranean diet has been proposed as an effective option in the initial treatment of these patients. The Regional diet is based on traditional Mexican food, favoring the consumption of fiber and antioxidants. This study aimed to compare the Mediterranean diet (MD) versus the regional diet (RD) in patients with MAFLD in a three-month cohort.

Materials and Methods: Prospective, comparative, longitudinal and experimental study in patients diagnosed with hepatic steatosis by ultrasound and transient elastography (FibroScan). Student's T-test was used for related samples for numerical variables. The trial was approved by the research ethics committee, and informed consent was obtained.

Results: Twenty-one patients were studied, mean age of 58.3 ± 8 , female gender predominated (57.1%). Two groups were selected randomly; 8 (%) participants were assigned to the MD group and 13 (%) to the RD group. The comorbidities reported were diabetes mellitus (71.4%), followed by systemic arterial hypertension (38.1%). Most

participants showed obesity at baseline (61.9%). The group with MD showed a significant reduction in steatosis and visceral fat ($p<0.0002$); no significant changes were observed in Kpa ($p=0.291$) (Table 1)

Conclusions: The Mediterranean diet was shown to be effective in reducing intrahepatic fat. The inclusion of foods such as beans, corn, and prickly pear (nopál) should be promoted, reducing the risk of expression of chronic diseases associated with metabolic disorders in Mexico.

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

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Table 1.

	Mediterranean diet		Regional diet	
	Baseline	End	Baseline	End
Visceral fat (%)	15.6±6.9**	14.6±6.3**	13.5±4.3	21.1±25
Total fat (%)	36.3±5.2	33±5.9	40±6.9	41.340±7.5
Weight (kg)	84.8±18	82.4±16	79.9±11	76±12
BMI	30.1±5.9	29.5±5	34.1±5.6	31.1±4.8
Systolic BP (mmHg)	122.3±16	118±11	130.7±14	128.7±13
Diastolic BP (mmHg)	72±10	76±5.3	75.1±10	79.1±10
Cap	293.8±39**	245.8±28**	294.4±52	280.1±53
Kpa	7.6±8.4	7.5±6.6	6.1±1.9	7.5±3.4
AST (U/L)	25.5 ± 10.8	18.8 ± 3.5	39.3 ± 21.6**	27.84 ± 8.3**
ALT (U/L)	33.33 ± 12.1	21.7 ± 8.0	40.7 ± 26.4	27.05 ± 9.4
GGT (U/L)	41.83 ± 22.4	31.5 ± 21	53.6± 0.16	45.35 ± 24.3
Glucose (mg/dL)	103.50 ± 18.0	100.5 ± 11.2	109± 0.06	104.96 ± 15.5
Triglycerides (mg/dL)	190.66 ± 144.4	140.9± 52	152.1± 0.13	132.52 ± 31.2
Cholesterol (mg/dL)	201.66 ± 52.5	168± 61	199.6± 48.9	182.73 ± 23.4
Platelets (mcl)	256.83 ± 30.6	258.5 ± 41.7	241.3± 48.8	238.90 ± 37.1
Albumin (g/dL)	4.24 ± 0.7	4.5 ± 21.7	4.4 ± 28.2	4.40 ± 0.3
Globulin (g/dL)	2.76 ± 0.7	2.9 ± 0.71	2.6 ± 0.36	2.75 ± 0.2

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Prevalence of non-alcoholic fatty liver disease in apparently healthy blood bank donors: metabolic, alcohol, and combined damage

JE Lira-Vera¹, O Morales-Gutiérrez²,
FY Vargas-Durán², P Alagón-Fernández del Campo²,
AK Soto Martínez², D Montemira-Orozco²,
A Burak-Leipuner², C Hinojosa-Segura²,
G Gutiérrez-Reyes², M Martínez-Castillo²,
S Sánchez-Valle², MA Lemus-Peña²,
D Montes de Oca-Ángeles², A Hernández-Barragán²,
M Hernández-Santillán², MF Higuera-de la Tijera²,
YL Béjar-Ramírez², JL Pérez-Hernández²

¹ Angeles Hospital. San Luis Potosí, México

² General Hospital of México "Dr. Eduardo Liceaga". México City, México

Introduction and Objectives: This study aimed to determine the prevalence of non-alcoholic fatty liver disease due to alcohol consumption and combined damage in the healthy population of the blood bank of the Hospital General de México "Dr. Eduardo Liceaga."

Material and Methods: Prolective, cross-sectional, descriptive, and analytical study. We included donors ≥ 18 years old. We excluded subjects with known liver disease. Transient vibration-controlled hepatic elastography was the method of estimation of hepatic steatosis and fibrosis. We used descriptive statistics.

Results: We included two hundred fifty-eight donors, 129 (50%) have fatty liver disease. 67 (25.96%) had non-alcoholic fatty liver disease, 31 (12.01%) had alcoholic fatty liver disease, and 31 (12.01%) had combined damage. In the metabolic damage group,