

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

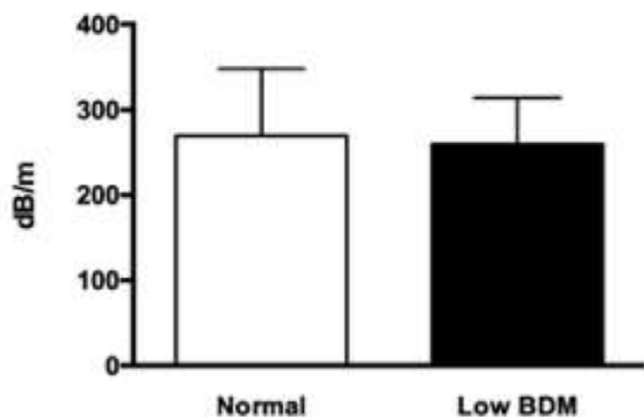


Figure 1. Comparison of the hepatic steatosis degree by means of the controlled attenuation parameter (CAP). <https://doi.org/10.1016/j.aohep.2022.100831>

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

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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 (nopal) 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±2.5
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

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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,