

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

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Table. Association between TSH and NAFLD/MAFLD.

Characteristic	NAFLD			MAFLD				
	Univariate OR (IC 95%)	p	Multivariate OR (IC 95%)	p	Univariate OR (IC 95%)	p	Multivariate OR (IC 95%)	p
Male	2.1 (1.8-2.4)	**			1.5 (1.2-1.82)	**		
MetS	5.1 (4.2-6.1)	**	1.6 (1.2-2.1)	**	3.1 (2.5-3.8)	**	1.6 (1.2-2.1)	**
TSH >4.5	1.2 (0.9-1.5)	0.11			1.3 (0.9-1.8)	0.09		
TSH >2.5	1.1 (1.0-1.3)	0.01			1.2 (1.0-1.4)	0.03		
TSH >3.1	1.2 (1.0-1.4)	0.002			1.2 (1.0-1.5)	0.01		
% fat >29.8	2.2 (1.9-2.6)	**	2.2 (1.6-2.9)	**	1.8 (1.5-2.1)	**	2.0 (1.4-2.8)	**

** p≤0.001; NAFLD non-alcoholic fatty liver disease; MAFLD metabolic dysfunction-associated fatty liver disease; MetS metabolic syndrome; TSH thyroid stimulating hormone.

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Prevalence of high-risk non-alcoholic steatohepatitis according to the fast® index in a group of diabetic patients

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Introduction and Objectives: Diabetes is a high-risk condition for the progression of metabolic fatty liver disease (MAFLD). The FAST index combines the result of transient elastography (Fibroscan®) and AST levels and is used to predict the risk of suffering from non-alcoholic steatohepatitis (NASH) with a high risk of progression (NAS >4, F>2). This study aimed to know what proportion of diabetic patients is at risk of suffering from high-risk NASH according to the FAST® index.

Materials and Methods: Observational, transversal study to estimate prevalence. Diabetic patients who agreed to perform Fibroscan® and liver biochemical profile were included, and the FAST® index was calculated (<0.35 without risk; ≤ 0.35 to <0.67 indeterminate; ≥ 0.67 high-risk NASH). Descriptive statistics were used.

Results: One hundred fifty diabetic patients were included; 106 (70.7%) women; mean age 56.5±10.5 years. According to the steatosis degree by controlled attenuation parameter (CAP): S0=71(47.3%), S1=14(9.3%), S2=29(19.3%), S3=36(24%). According to the fibrosis degree (KPA): F0=82(54.7%), F1=4(2.7%), F2=8(5.3%), F3=9(6.0%), F4=47(31.3%). According to the FAST index: without risk= 96 (64%), indeterminate= 24 (16.0%), and with high risk= 30 (20%). There was no correlation between the HbA1c levels, diabetes evolution, obesity degree, or the presence of dyslipidemia.

Conclusions: The NASH high-risk progression's prevalence is high in diabetic patients; The factors that determine this risk in this population are still not clear, but timely detection strategies are required to efficiently identify this subgroup of patients. The FAST index is a relatively accessible tool that, due to its non-invasive nature, could be an alternative to liver biopsy for decision-making when starting specific therapy with action at histological liver changes in NASH.

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Manifestations of SARS-CoV-2 in patients with chronic liver disease

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Introduction and Objectives: This study aimed to analyze the degree of severity of SARS-CoV-2 infection in patients with the previous chronic liver disease through clinical, laboratory and histological variables.

Materials and Methods: From November 2021 to July 2021, at the Valentín Gómez Farías Hospital, a Gastroenterology service, 70 patients were treated with prior informed consent and endorsed by the ethics committee. For this study, 51 individuals with chronic liver disease and diagnosis of SARS-CoV-2 were included: 25 with steatohepatitis and 26 with liver cirrhosis. The following findings were observed:

Results: Histological findings:

- Micro vesicular steatosis.
- Mild mortal and lobular inflammatory activity.
- High viral load in the vascular endothelium (48 to 53%) and cytopathic effect of the SARS-CoV-2 virus.
- Ischemia due to hypoperfusion mainly due to myocardial injury.
- Immune hyperactivation.
- Drug-reactive liver injury.
- Apoptosis

Discussion: The COVID-19 pandemic is more severe in vulnerable patients, mainly older adults, male gender and comorbidities such as hypertension, diabetes, nephropathy, heart disease, lung disease, immunosuppression and patients with liver disease. Of these, 60% have severe symptoms and a mortality of 34%.

Conclusions: COVID-19 is the leading cause of death in Mexico. High-risk entities in this viremia are of great global prevalence. Steatohepatitis (NASH) and liver cirrhosis predispose high mortality and complications, possibly evidenced by these clinical evaluations and hepatic laboratory tests.

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Table 1. Demographic, biochemical and symptomatology characteristics of the two groups

Previous pathologies	Steatohepatitis	Liver cirrhosis
Age	55.64	60.84
Gender	72% women - 28% men	42% women – 58% men
BMI	30.76	27.84
Comorbidities		
Overweight/obesity	100%	100%
DM 2	31%	20%
Alcoholism	0%	27%
Autoimmune disease	0%	4%
Laboratory		
AST	42.24	56.76
ALT	50.25	69.90
DHL	308.2	315.6
Platelets	170	100.38
Ferritin	496.24	592.5
D-dimer	530.54	1,064
Lymphocytes	35.2	29.96
ESR	32.32	30.06
PCR	49	47.03
Oxygen saturation	85.24	85.69
Clinic:		
Cough	16 (64%)	14 (54%)

(continued)