CT. Both gelatinases, MMP-2 y MMP-9, were found elevated in CHC (mild and severe fibrosis) vs. CT; and decreased in OH, CiOH, HGNA (mild and severe fibrosis) vs. CT, plus there are significant differences between all etiologies, p<0.001.

Discussion: In patients with CHC, MMP-2 y -9 serum concentration increases, particularly in severe fibrosis stages, although it has no effect on ECM (extracellular matrix) degradation, as they are inactive. Nevertheless, there is a significant decrease in these gelatinases in ALD and NAFLD.

Conclusions: MMP-2 y MMP-9 module depends on the etiological agent involved, which can be useful for the differential diagnosis of liver diseases.

Funding: This work was partially financed by CONACyT SALUD-2016-272579 (GRG) and PAPIIT- UNAM TA200515 (GRG).

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

https://doi.org/10.1016/j.aohep.2022.100868

MMP-7 is a non-invasive biomarker of chronic liver diseases

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Introduction and Objectives: This study aimed to evaluate serum concentrations of MMP-7 in different liver etiologies and according to fibrosis stage.

Materials and methods: A cross-sectional and multicenter study was carried out, including subjects with alcoholism (WHO criteria), without (OH) and with liver injury (cirrhosis, CiOH); diagnosed by clinical, biochemical data, non-alcoholic fatty liver (NAFLD) and chronic Hepatitis C (CHC). Transitional elastography (Fibroscan) was performed in NAFLD and CHC, considering mild fibrosis (MF: F0, F1, F2) and advanced fibrosis (AF: F3, F4). As controls, subjects without alcohol consumption (CT) were recruited. For the quantification of MMP-7, Multiplex-MERCK© was used. Statistical analysis was performed using SPSS V.22 using Mann Whitney U, p<0.05.

Results: It was included 99 subjects (OH); 45 (CiOH); 48 (CHC, FL); 54 (CHC, FA); 27 (NAFLD, FL); 36 (NAFLD, AF) and 131 CT. MMP-7 was found to be elevated in CHC (FL and FA), vs. CT; and decreased in OH, CiOH, NAFLD (FL and FA) vs. CT, plus there are significant differences between all etiologies, p<0.001.

Discussion: MMP-7 is a matrilysin that degrades extracellular matrix products (proteoglycans); it increases significantly in subjects with CHC compared to CT, while in other pathologies with stages, even in advanced fibrosis, the levels are decreased compared to CT.

Conclusion: The increased MMP-7 in serum of chronic Hepatitis C and decreased in alcoholism and non-alcoholic fatty liver patients suggests that, according to the etiology, the levels can be useful to make a differential diagnosis. It is a potential non-invasive biomarker.

Funding: This work was partially financed by CONACyT SALUD-2016-272579 and PAPIIT- UNAM TA200515.

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

https://doi.org/10.1016/j.aohep.2022.100869

Autoimmune hepatitis with superimposition of primary sclerosing cholangitis on non-specific chronic ulcerative colitis

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Introduction and Objetives: Chronic nonspecific ulcerative colitis can be associated with autoimmune hepatitis (AH) and Primary Sclerosing Cholangitis (PSC) as an overlap (prevalence 1.7-12.6%). The evolution depends on the clinical picture, biochemical pattern, and histological determination. The response to immunosuppressive treatment of inflammatory bowel disease and autoimmune hepatitis is good, but not Primary Sclerosing Cholangitis.

Case Summary: 26-year-old female resident of Mexico City. Family history of arterial hypertension and acute myocardial infarction. Smoking suspended, alcoholism denied, other history denied. Current condition: Begins 2013 with diarrhea with scant blood, bloating, abdominal pain, general malaise, weight loss; microcytic hypochromic anemia, thrombocytosis, hypertransaminasemia. Colonoscopy: Pancolitis Mayo 2. Biopsy: chronic ulcerative colitis, intense cryptitis, cryptic abscesses. Hypertransaminasemia and cholestatic syndrome persisted; viral hepatitis was ruled out, positive ANAP 1:80, and negative anti-smooth muscle. Liver biopsy: lymphoplasmacytic infiltrate without cholangiole damage or cholestasis, suggestive of HA. He received steroid, azathioprine, ursodeoxycholic acid and mesalazine. Treated latent TB. He received infliximab with improvement. August 2020: jaundice and direct hyperbilirubinemia. Cholangioresonance 2021: Primary Sclerosing Cholangitis. Liver biopsy 2021: lymphocytic infiltrate beyond the limiting plate, plasma cells, cholangiole proliferation, peripheral sclerosis, intracytoplasmic and canalicular cholestasis, focal necrosis, bridges of fibrosis (F3) compatible with AH and PBC. Biological therapy was suspended, Azathioprine was adjusted, and sent for transplant by MELD of 20. Fig. 1 y Fig. 2.

Results:

Conclusions: The patient debuted with moderate Montreal E3S2 UC and confirmed HA. She presented biochemical and clinical remission and intermittent cholestasis; She presented jaundice six years later, confirming PSC by MRI and Biopsy. The evolution of this overlap depends on age, gender and initial phenotype, regardless of the course of UC, representing a diagnostic and therapeutic challenge

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.

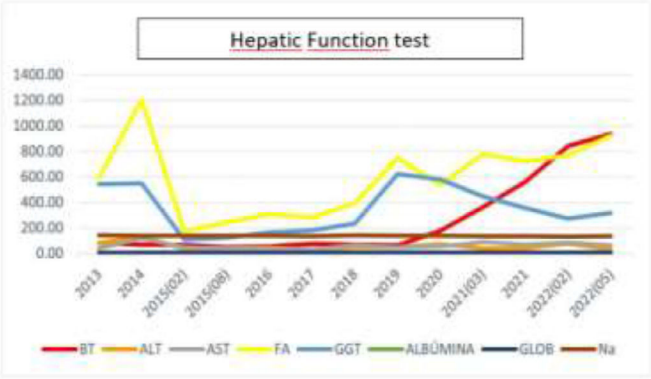

Figure 1. Enzyme evolution

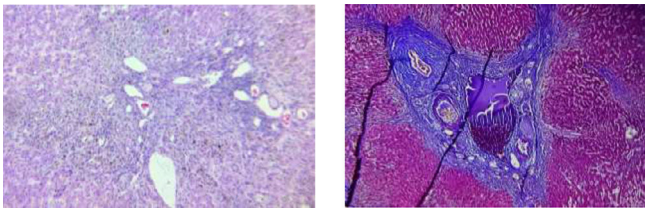

Fig. 2.

https://doi.org/10.1016/j.aohep.2022.100870

Liver transplantation, experience at the general hospital of Mexico during the last four years

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Introduction and Objectives: Liver disease is increasingly prevalent in the world and in our country, the need for liver transplantation is increasing; In our country, there are more and more centers that perform liver transplantation. This study aimed to report the results of the liver transplant program at the Hospital General of México "Dr. Eduardo Liceaga" (HGM) during the last four years.

Materials and Methods: Retrospective, observational study. The records of all patients who received transplants in the last four years at the HGM were reviewed, documenting age, etiology, transplant indication, survival, and mortality. Descriptive statistics were performed.

Results: For four years, 36 patients were transplanted, 22 men (61.1%) and 14 women (38.9%) aged 51 ± 10.2 years, the most frequent etiology is alcohol consumption (33%), followed by autoimmune hepatitis (17%), and liver disease associated with metabolic dysfunction (14%). Three deaths have been reported. Figures 1 and 2.

Discussion: The experience in liver transplantation in the HGM has increased, although, in the pandemic, there was a global decrease; since they were restarted, the number of transplant patients is increasingly important, already competing with the rest of the centers in the country. The main cause for transplantation is alcohol consumption, which is a very frequent pathology in our country.

Conclusions: The HGM liver transplant program has grown, the main cause of transplantation is alcohol consumption, and mortality is very low.

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.

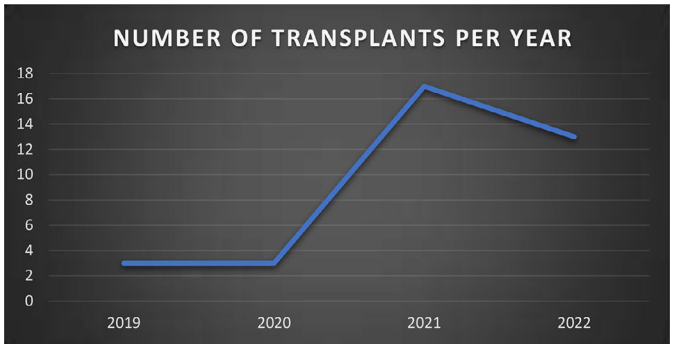

Figure 1.

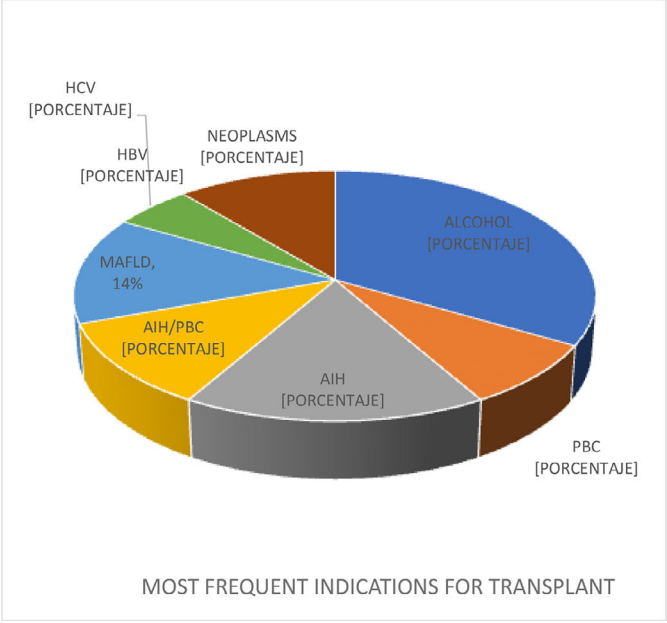

Figure 2.

https://doi.org/10.1016/j.aohep.2022.100871

Jejunal lymphoma of large cell high grade B monomorphic in a patient with hepatic transplant

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Introduction and Objective: High-grade monomorphic B-cell jejunal lymphoma in a post-liver transplant patient**:** the post-transplant lymphoproliferative disease (PTLD) hepatic has an incidence of 3%, 85% for B cells and 15% for T cells. The incidence increases in rich organs with B cells, like the small intestine. The Epstein-Barr virus (EBV) is crucial in the pathogenesis. Up next is the case of a patient post-liver transplant (PLT) with proximal jejunal stenosis for lymphoma. This study aimed to report a case of jejunal lymphoma in a patient with PLTD.