P-56 LOW ROLE OF NON-INVASIVE FIBROSIS ASSESSMENT USING FIB-4 AND APRI IN PATIENTS WITH AUTOIMMUNE HEPATITIS

Aline Lamaison[1], Javier Troncoso[1], Pablo Villafranca[1], Marcel Bonilla[1], Maximo Cattaneo[2], Laura Carreño[3], Jaime Poniachik[2], Alvaro Urzúa[2]

[1] *Escuela de Medicina, Universidad de Chile, Santiago, Chile*
[2] *Sección de Gastroenterología, Departamento de Medicina Interna, Hospital Clínico Universidad de Chile, Santiago, Chile*
[3] *Departamento de Anatomía Patológica, Hospital Clínico Universidad de Chile, Santiago, Chile*

Introduction: The evaluation with non-invasive tests (NIT) of liver fibrosis is a more accessible method to estimate risk in patients with liver disease. The APRI and FIB-4 are scores that use easily accessible laboratory variables. They have been validated mainly in viral hepatitis and non-alcoholic fatty liver (NAFLD), but their usefulness in autoimmune hepatitis (HAI) has been little studied.

Objective: To evaluate the usefulness of APRI and FIB-4 in the screening of significant fibrosis (SF) in patients with HAI.

Methods: Observational, cross-sectional and retrospective study that includes liver biopsies performed between 2015-2018. The presence and degree of fibrosis were recorded according to the METAVIR scale; F3-F4 is considered FS. Histological diagnoses and clinical data were recorded.

Results: 93 HAI liver biopsies were analyzed; 80% women; average age 52 (18-82) years. Fibrosis present in 69% (F0: 29, F1: 12; F2: 10, F3: 15, F4: 27). FS at 45.2%. The diagnostic concordance (kappa index) of FS by biopsy and FIB-4 (> 3.25) was acceptable, but not for APRI (> 0.7). The ROC curve for APRI was only 0.58 and for FIB-4 0.75. With the cutoff of 0.7 the APRI had a sensitivity of 94%, but a specificity of only 10% and with the cutoff of 3.25 the FIB-4 had a sensitivity of 72% and specificity of 69%, for the diagnosis of FS.

Conclusion: In HAI the usefulness of NIT fibrosis evaluation using APRI and FIB-4 was scarce. FIB-4 could be more useful, but liver biopsy remains important for staging and prognosis.

https://doi.org/10.1016/j.aohep.2021.100420

P-57 LIVER STEATOSIS AND STEATOHEPATITIS IN LIVER DISEASES OTHER THAN ALCOHOLIC AND NON-ALCOHOLIC FATTY LIVER

Ana Jiménez[1], Felipe Contreras[1], Miguel Leiva José[1], Nicolás Moreno[1], Claudio Altschiller[1], Andrea Jimenez[1], Alvaro Urzúa[1], Maximo Cattaneo[1], Laura Carreño[2], Juan Pablo Roblero[1], Jaime Poniachik[1]

[1] *Sección de Gastroenterología, Departamento de Medicina Interna, Hospital Clínico Universidad de Chile, Santiago, Chile*
[2] *Departamento de Anatomía Patológica, Hospital Clínico Universidad de Chile, Santiago, Chile*

Introduction: Fatty liver disease (FLD) alcoholic and non-alcoholic are prevalent conditions. The damage is determined by steatosis and steatohepatitis with or without fibrosis. There is little information on its role in the progression to significant fibrosis (SF) of chronic liver diseases (CLD) other than FLD.

Objective: To describe the frequency of steatosis and steatohepatitis in liver biopsies of patients with CLD other than FLD.

Methods: Observational, retrospective study with biopsies performed between 2015-2018. The presence and degree of steatosis, steatohepatitis and fibrosis were recorded according to the METAVIR scale; F3-F4 is considered SF.

Results: 268 biopsies analyzed; 93 with FLD are excluded. 175 are included: 53% autoimmune hepatitis (AIH), 27% primary biliary cholangitis (PBC), 7% viral hepatitis (VH) and 13% others. 74% women; age 52 (18-82) years; 58% had steatosis and 46% had steatohepatitis; 67% fibrosis, which was SF in 61%. Steatosis/steatohepatitis/fibrosis according to etiology: AIH 34%/46%/69%; PBC 19%/9%/53%; VH 77%/15%/39%. When analyzing the presence of SF according to the presence of steatosis or steatohepatitis: in steatosis 36% vs 48% without steatosis; In steatohepatitis there were more SF (65% vs 36%; p = 0.004). According to aetiology SF/non SF: HAI 92%/38% (p = 0.001); PBC 20%/24%; VH 50%/22% (NS).

Conclusion: There was a high frequency of steatosis and steatohepatitis in patients with CLD. The presence of steatohepatitis is associated with a higher degree of fibrosis in patients with CLD, particularly in AIH, which may have an impact on the evolution and treatment.

https://doi.org/10.1016/j.aohep.2021.100421

P-58 CONCORDANCE BETWEEN ECOGRAPHY AND THE CONTINUOUS ATTENUATION PARAMETER (CAP) BY TRANSIENT ELASTOGRAPHY FOR THE DIAGNOSIS OF LIVER STEATOSIS

Juan Francisco Rozas, Katherine González, Camila Estay, Maximo Cattaneo, Alvaro Urzúa, Juan Pablo Roblero, Alexandra Sandoval, Jaime Poniachik

Servicio de Gastroenterología, Hospital Clínico de la Universidad de Chile, Santiago, Chile

Introduction: Abdominal ultrasound is the test of choice for the screening of liver steatosis (LS) however it has a poor performance (20%). Transient elastography (TE) through the Continuous Attenuation Parameter (CAP) has shown an adequate correlation with the degree of steatosis by liver biopsy.

Objectives: To evaluate the concordance between abdominal ultrasound and CAP by TE for the diagnosis of LS.

Methods: Observational study. 160 patients (age 53 ± 14 years, 66.2% women) referred for TE (FibroScan; Echosens). The main indication was non-alcoholic fatty liver disease (44.4%). A cutoff of 233 dB / m was defined for the diagnosis of CAP steatosis and cuts recommended by the manufacturer were used for staging the grade of LS. Clinical data and reports of abdominal ultrasounds performed in the 90 days prior to the examination were recorded. Statistical analysis by proportion of agreement and kappa index.

Results: LS was diagnosed by ultrasound in 85 patients (53.1%) vs 92 patients (57.5%) by CAP. The proportion of concordance between both exams was 74.3%, with a kappa index of 0.529. In patients with LS diagnosed by CAP, 73.9% had a concordant diagnosis by ultrasound, increasing to 82.4% when considering only patients with moderate and severe LS by CAP.

Conclusion: There is moderate concordance between CAP and ultrasound for the diagnosis of LS, which increases in moderate and severe steatosis. The CAP could be an alternative tool for the diagnosis of LS, with eventual greater precision in mild cases.

https://doi.org/10.1016/j.aohep.2021.100422