

P-7 EPIDEMIOLOGY OF AUTOIMMUNE HEPATITIS IN LATIN AMERICA: PRELIMINARY RESULTS FROM ALLATIN COHORT

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Conflict of interest: No

Introduction and Objectives: Autoimmune hepatitis (AIH) is a rare disease characterized by a destructive immune response to hepatocytes in the absence of an identified causative agent. The epidemiology of AIH in Latin America is largely unknown. This study aims to address the epidemiology of AIH in Latin America.

Patients / Materials and Methods: This ongoing retrospective, international, multicentric cohort study, sponsored by ALEH, enrolls AIH patients from different countries in Latin America.

Results and Discussion: Data were accrued on 200 patients [Brazil (36.3%), Argentina (22.3%), Chile (21.8%), Cuba (7.3%), Costa Rica (5.2%), Ecuador (5.2%), and Mexico (2.1%)], 85.9% female, with a mean age at AIH diagnosis of 43.8 years. The most common form of disease presentation was chronic asymptomatic elevation of liver enzymes (40.9%), while acute severe hepatitis and fulminant hepatitis were observed in 7.2% and 2.8% of cases, respectively. Cirrhosis was present in 39% of patients at diagnosis. AIH type 1 was diagnosed in 93.7%, type 2 in 1.6%, while 4.8% were seronegative. Overlap with primary biliary cholangitis and primary sclerosing cholangitis was reported in 5.7% and 2.9% of cases, respectively. Most patients were symptomatic (66.8%) at diagnosis, with jaundice (42.4%) and asthenia (28.3%) being the main symptoms. Hashimoto thyroiditis (11.4%) and lupus (4.9%) were the most common extrahepatic autoimmune diseases associated with AIH. Prednisone was prescribed to 86%, azathioprine to 81%, and mycophenolate to 8% of patients as first-line treatments.

Complete biochemical response after the first 12 months of treatment was achieved by 66.9% of patients. Mycophenolate (60%) was the preferred option for second-line therapy, which was prescribed to 10.7% of the individuals. Of the patients, 10.5% died, while 1.5% underwent liver transplantation. Hepatocellular carcinoma was diagnosed in 1.1% of patients.

Conclusions: Our unprecedented data shed light on AIH epidemiology and management in Latin America.

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P-8 TRENDS IN ALCOHOL-ASSOCIATED CIRRHOSIS IN CHILE: A POPULATION STUDY BETWEEN 2001 TO 2020.

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Conflict of interest: No

Introduction and Objectives: Alcohol-associated cirrhosis (AAC) is the leading cause of death from cirrhosis in the world. In recent years, an increase in alcohol consumption and AAC has been observed, especially in women, young people, low socioeconomic levels, and certain ethnic groups. Objective: To perform a descriptive study of patients hospitalized for AAC and non-alcohol-associated cirrhosis (NAAC) in Chile between 2001 and 2020, stratified by socioeconomic and demographic variables of the patients.

Patients / Materials and Methods: Of 72,096 hospital discharges, 44,971 patients hospitalized for AAC and non-alcohol-associated cirrhosis (NAAC) in Chile between 2001 and 2020, were identified. A descriptive statistical study was carried out on the behavior of the AAC and NAAC at the national and regional levels by sex, age, and health insurance provider. Additionally, a study of patient survival rates was carried out using Kaplan-Meier.

Results and Discussion: The results are detailed in Table 1: presents the number of cases per 100,000 inhabitants in the corresponding group under study.

Conclusions: When calculating the number of discharges per 100,000 inhabitants in Chile over the years, the AAC has remained relatively constant, while the NAAC has shown a reduction of more than 50%, going from 12.8 to 6.2 hospital discharges. Furthermore, of the total discharges due to cirrhosis, nearly two-thirds correspond to AAC.

Regarding the differences between health insurance, a contrast is observed between the AAC and NAAC. AAC is more prevalent in patients with public health insurance, both for men and women. Although NAAC is higher in patients with private health insurance for both sexes, it does not present significant differences between forecast and sex compared to AAC.

Finally, an age trend is observed in discharges due to cirrhosis, both in AAC and NAAC, especially in the age groups of 50-59 and 60-69. Furthermore, it is precisely in these age groups that AAC tends to be more prevalent than NAAC.

Number of cases per 100,000 inhabitants										
	2001	2002	2003	2010	2011	2018	2019	2020	Average	
AAC	13.2	13.2	13.7	12.7	12.7	12.1	11.4	13.0	13.1	
NAAC	12.8	13.4	11.6	6.6	6.0	7.0	7.0	6.2	7.7	
Difference between AAC & NAAC (%)	3.0%	-1.5%	15.3%	48.0%	52.8%	42.2%	38.6%	52.3%	41.2%	
NAAC Women with Public Insurance	10.0	9.4	10.9	5.9	5.7	7.1	7.5	7.1	7.0	
NAAC Women with Private Insurance	0.0	6.2	8.8	9.5	11.0	10.8	9.5	7.9	8.4	
Difference between Women with Public & Private Insurance in NAAC (%)	100.0%	34.0%	19.3%	-61.0%	-93.0%	-52.1%	-26.7%	-11.3%	-20.0%	
NAAC Men with Public Insurance	15.5	15.6	13.7	7.1	4.7	5.3	5.6	5.8	7.8	
NAAC Men with Private Insurance	0.0	2.4	10.2	7.0	10.9	12.5	9.2	5.8	8.5	
Difference between Men with Public & Private Insurance in NAAC (%)	100.0%	84.6%	25.5%	1.4%	-131.9%	-135.8%	-64.3%	0.0%	-9.0%	
AAC Women with Public Insurance	6.5	6.0	6.8	5.8	6.0	5.7	5.7	5.9	6.3	
AAC Women with Private Insurance	0.1	1.8	2.4	2.0	2.0	1.1	1.6	1.2	1.7	
Difference between Women with Public & Private Insurance in AAC (%)	98.5%	70.0%	64.7%	66.5%	66.7%	80.7%	71.9%	79.7%	73.0%	
AAC Men with Public Insurance	26.01	24.8	27.1	23.5	23.1	23.2	22.2	26.9	25.2	
AAC Men with Private Insurance	0.0	4.7	8.0	9.3	9.3	7.1	5.4	5.9	6.5	
Difference between Men with Public & Private Insurance in AAC (%)	100.0%	81.0%	70.5%	60.4%	59.7%	69.4%	75.7%	78.1%	74.2%	
AAC 15-19 y	0.2	0.4	0.1	0.1	0.5	0.2	0.1	0.2	0.2	
NAAC 15-19 y	0.3	0.3	0.2	0.4	0.4	1.3	1.4	0.6	0.7	
Difference between 15-19 y AAC & NAAC (%)	-50.0%	25.0%	-100.0%	-300.0%	-20.0%	-550.0%	-1300.0%	-200.0%	-250.0%	
AAC 20-29 y	1.0	1.0	1.5	0.8	1.5	0.7	0.9	0.8	1.1	
NAAC 20-29 y	1.0	1.1	1.3	0.8	1.4	1.7	1.5	1.0	1.1	
Difference between 20-29 y AAC & NAAC (%)	0.0%	-10.0%	13.3%	0.0%	6.7%	-142.9%	-66.7%	-25.0%	0.0%	
AAC 50-59 y	44.1	42.3	37.7	31.3	31.4	32.5	29.0	35.4	35.7	
NAAC 50-59 y	37.1	39.6	30.0	15.8	14.1	15.5	13.0	12.3	18.9	
Difference between 50-59 y AAC & NAAC (%)	15.9%	6.4%	20.4%	49.5%	55.1%	52.3%	55.2%	65.3%	47.1%	
AAC 60-69 y	56.8	53.0	56.1	46.9	48.2	36.9	35.4	38.3	47.6	
NAAC 60-69 y	62.4	66.4	59.7	26.6	26.2	21.7	27.5	20.5	33.3	
Difference between 60-69 y AAC & NAAC (%)	-9.9%	-25.3%	-6.4%	43.3%	45.6%	41.2%	22.3%	46.5%	30.0%	

Table 1: Number of cases per 100,000 inhabitants in the corresponding group under sturdy

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P-9 SURVIVAL ANALYSIS OF A BRAZILIAN COHORT OF PATIENTS WITH WILSON DISEASE

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Conflict of interest: No
Introduction and Objectives: Wilson's disease (WD) is a rare autosomal recessive disease leading to impairment in copper excretion and subsequent accumulation primarily in the liver and brain. Long-term survival appears to be similar to that of the general population, depending on early diagnosis and treatment. However, studies evaluating WD survival are scarce. We aimed to evaluate the long-term survival of a cohort of WD patients followed at a single Hepatology Center in Brazil.

Patients / Materials and Methods: Demographic characteristics, age at diagnosis, type of manifestation (isolated hepatic, isolated neuropsychiatric or associated hepatic and neuropsychiatric) of WD patients, followed between 1999 and 2023, were evaluated. The average survival and its relationship with the predominant disease phenotype were determined.

Results and Discussion: 34 patients were evaluated, 53% female, mean age at diagnosis 21 ± 9 years (6 to 42), disease duration of 11 ± 7 years (1 to 25) until outcome. The majority (47%) had the isolated hepatic manifestation, 38% hepatic neuropsychiatric manifestations and 15% isolated neuropsychiatric disorder. The overall population mortality rate was 36%. The mean age at the time of death was 33 ± 12 years (11 to 55). The estimated average survival at 5 years was 85%, at 10 years 70% and at 20 years 40%, from diagnosis. There was a tendency towards lower survival in patients who presented neuropsychiatric manifestations, either alone or in association with liver disease, compared to patients with isolated liver manifestations (50% vs. 80%; p= 0.07). There was no difference in survival curves according to gender (p=0.82) or considering the age at onset of the disease above or below 20 years (p=0.54).

Conclusions: Despite being potentially treatable, WD still presents high mortality, affecting young patients, whose survival rate is greatly reduced. WD patients with neuropsychiatric symptoms had worse survival. These data highlight the need for earlier diagnosis and easier access to treatment.

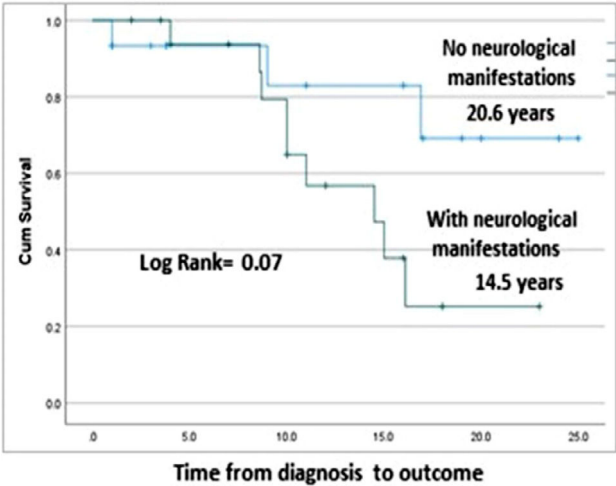


Figure 1. Survival curve according to clinical manifestation after WD diagnosis

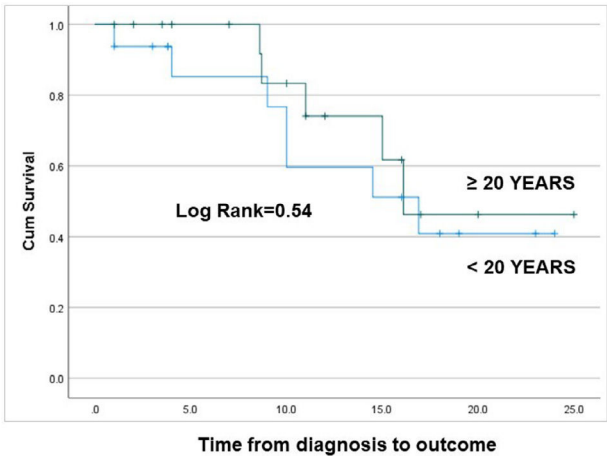


Figure 2. Survival curve considering the age at onset of the disease? or < 20 years

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