Table 1: Characteristics of lean patients with and without cirrhosis

Variables	Cirrhosis N=102 (%)	Non-cirrhosis N=45 (%)	P-value
Sex			
Female	51 (50%)	33 (73.3%)	**0.008**
Male	51 (50%)	12 (26.7%)	
BMI (mean)	23.2	23.2	0.89
Age (mean)	68.8	62.2	**<0.001**
Diabetes	45 (44.1%)	12 (26.7%)	**0.04**
Dyslipidemia	9 (8.8%)	11 (24.4%)	**0.01**
Chronic kidney disease	4 (3.9%)	1 (2.2%)	0.60
Hypertension	1 (0.9%)	8 (17.8%)	0.08
Hepatocellular carcinoma (HCC)	54/102 (53%)	8/45 (17.8%)	**<0.001**
Common Variants: PNPLA3 (rs738409)			**0.05**
GG	31/56 (55.4%)	10/34 (29.4%)	
CG	20/56 (35.7%)	19/34 (55.9%)	
CC	5/56 (8.9%)	5/34 (14.7%)	
MBOAT7 (rs641738)			0.29
TT	7/56 (12.5%)	2/34 (5.9%)	
CT	25/56 (44.6%)	14/34 (41.2%)	
CC	24/56 (42.9%)	18/34 (52.9%)	
TM6SF2 (rs58542926)			0.64
TT	0/56 (0%)	0/34 (0%)	
CT	6/56 (10.7%)	5/34 (14.7%)	
CC	50/56 (89.3%)	29/34 (85.3%)	
HSD17B13 (rs72613567)			0.45
TT	0/53 (0%)	1/33 (3%)	
AT	9/53 (17%)	5/33 (15.2%)	
AA	44/53 (83%)	27/33 (81.8%)	
GCKR (rs1260326)			0.84
CC	18/56 (32.1%)	11/32 (34.3%)	
CT	30/56 (53.6%)	15/32 (46.9%)	
TT	8/56 (14.3%)	6/32 (18.8%)	

*The alleles description in the table begins with homozygous, heterozygous, and wild type in PNPLA3, MBOAT7, TM6SF2, HSD17B13, and GCKR, respectively

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P-16 UNLOCKING S-PINDOLOL'S POTENTIAL FOR MASLD: BENEFICIAL EFFECTS ON MUSCLE MASS AND FUNCTION AND LIVER HISTOLOGY IN WESTERN- DIET FED MICE

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Conflict of interest: No

Introduction and Objectives: Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is linked to sarcopenia, which worsens disease's prognosis. The complex liver-muscle crosstalk opens the possibility that improvements in muscle quantity and quality may be directly beneficial for MASLD. This study investigates the effects of s-pindolol, a beta-blocker known for its anabolic properties, on both muscle mass and function as well as on MASLD progression in mice.

Patients / Materials and Methods: Male C57BL6 mice were subjected to a western diet (WD) for 20 weeks to induce MASLD and then mice were randomly grouped and treated with 3 mg/kg s-pindolol twice a week or left untreated. Assessments included grip and isolated muscle strength, body composition via bioimpedance spectroscopy, Abdominal MRI, liver histology, serum analyses and gene expression profiling.

Results and Discussion: S-pindolol reduced liver steatosis and inflammation and was associated with lower levels of MCP-1, IL-10, TGF-β, and ACACA (Acetyl-CoA Carboxylase Alpha). S-pindolol also counteracted IGF-1 serum levels reduction seen in WD-fed mice. In addition, S-pindolol treatment led to an increase in muscle mass as confirmed by bioimpedance spectroscopy and MRI techniques. While exercise performance remained unchanged, grip strength improved together with a reduction in myosteatosis suggesting enhanced muscle quality. This was supported by an increase in muscle fiber diameter, indicating muscular hypertrophy independent of exercise.

Conclusions: S-pindolol treatment ameliorates MASLD and enhances muscle quality in WD-fed mice. It may be hypothesized that s-pindolol's positive effects on muscle mass and function could play a role in its beneficial effects on MASLD through improvement of secretion of various salutary myokines. The present data underscore S-pindolol's therapeutic potential in MASLD.

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P-17 AMIKACIN USE AND RISK OF NEPHROTOXICITY IN PATIENTS WITH LIVER CIRRHOSIS HOSPITALIZED FOR SEPSIS

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Conflict of interest: No

Introduction and Objectives: Aminoglycosides are a group of broad-spectrum antibiotics, which have action especially against gram-negative bacteria. It is associated with nephrotoxicity in 10-20% of cases, a figure that increases in patients with liver cirrhosis. Amikacin is frequently used in sepsis, with little information about the risk of nephrotoxicity in cirrhosis. The aim was to determine the association between amikacin use and renal function deterioration in patients with liver cirrhosis and sepsis.

Patients / Materials and Methods: Retrospective, observational, analytical study in patients with liver cirrhosis of any etiology, who required hospitalization for sepsis between 2017 and 2023, and who received antibiotic therapy. An increase in serum creatinine $\geq$ 0.3 mg/dl in the first 7 days of hospitalization was used as a marker of renal function deterioration. Clinical variables, renal failure and mortality were compared between patients who received amikacin and those who did not. Stata 13.0 was used for data analysis with a statistical significance of 0.05.

Results and Discussion: In this study 228 patients were included, median age 65 years (54-70), 100 (44%) women, 70 received amikacin (31%). Renal function deterioration was present in 25 (36%) patients with amikacin and 33 (21%) without amikacin. In patients with initial serum creatinine > 2.0 mg/dl and in those with Child-Pugh C cirrhosis, the probability of developing renal function deterioration was higher in those who received Amikacin (OR 7.5; 95% CI 1.1