Conclusions: Overall, the findings of this study showed that the baseline ALBI grade was superior to Child score in predicting the prognosis of patients with uHCC treated with atezo-bev.

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P-35 CLINICAL AND EPIDEMIOLOGICAL DIFFERENCES BETWEEN PATIENTS MONOINFECTED WITH HEPATITIS B AND COINFECTED WITH HEPATITIS DELTA IN A HYPERENDEMIC REGION OF HEPATITIS B

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Conflict of interest: No

Introduction and Objectives: Hepatitis B and co-infection with hepatitis delta are viral liver diseases that can rapidly progress to cirrhosis and hepatocellular carcinoma (HCC). *Objectives:* To compare the epidemiological profile between patients mono-infected with hepatitis B and patients co-infected with hepatitis B and delta in a hyperendemic region.

Patients / Materials and Methods: A cross-sectional and historical cohort study analyzing 286 medical records of co-infected individuals and 649 medical records of mono-infected. Variables: sex, age, stage of liver fibrosis, levels of liver enzymes, albumin, platelets, alpha-fetoprotein, presence of HCC, and outcomes (liver transplant or death).

Results and Discussion: Of the 286 co-infected, 189 (70.5%) were male, mean age 56 ± 19. About stage of fibrosis, 97 (34%) had no fibrosis, 163 (57%) had (F1F3), and 26 (9%) had cirrhosis (F4). Mean GGT were 64.6 ± 86.6 U/L, ALT 36.2 ± 33.1 U/L, AST 41.2 ± 61.1 U/L, albumin 4.1 ± 0.75 g/dL, platelets 192 ± 77 thousand/mm^3, alpha-fetoprotein 122.7 ± 181.1 ng/mL. 12 (4.2%) developed HCC, mean age of 53 ± 11.8; 8 (2.8%) underwent liver transplantation, and 22 (7.7%) died. Of the 659 mono-infected, 449 (68.14%) were male, mean age 53 ± 12.7. About stage of fibrosis, 248 (36%) had no fibrosis, 335 (48.69%) had fibrosis (F1F3), and 105 (15.26%) had cirrhosis (F4). Mean GGT were 64.4 ± 85.9 U/L, ALT 36.2 ± 33.8 U/L, AST 40.7 ± 59.9 U/L, albumin 4.19 ± 0.74 g/dL, platelets 3.27 ± 3.4 thousand/mm^3, alpha-fetoprotein 117.6 ± 2133.5 ng/mL. 31 (4.7%) developed HCC, mean age of 57.4 ± 12.6; 18 (2.7%) died.

Conclusions: Co-infected patients have a higher prevalence of liver fibrosis and develop HCC at a younger age. There was statistical significance in platelet count, indicating greater severity of liver dysfunction in the mono-infected group.

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P-36 THE PROGNOSTIC ROLE OF NEUTROPHIL-LYMPHOCYTE RATIO IN PATIENTS WITH ALCOHOLIC HEPATITIS

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Conflict of interest: No

Introduction and Objectives: The neutrophil-lymphocyte ratio (NLR) has been used as a predictor of survival in critically ill patients. However, there are scarce studies that evaluate the relationship between NLR and alcoholic hepatitis.

To determine the association between NLR with mortality and the degree of acute-on-chronic liver failure (ACLF).

Patients / Materials and Methods: Longitudinal, retrospective, observational and descriptive cohort study of a hospital center. The subjects met criteria for alcohol hepatitis established by the National Institute on Alcohol Abuse and Alcoholism. Patients with concomitant infections or conditions that could alter the NLR were excluded.

Statistical analysis was performed with the SPSS version 26 program. To compare clinical values, Student's T-test or Mann Whitney U test were performed according to the distribution of the data. The association analysis between NLR and 30-day mortality, as well as the association between NLR and ACLF degrees, were carried out using a point-biserial correlation. Cohen's d test was performed to determine the effect size.

Results and Discussion: This study included 58 patients with alcoholic hepatis (98% men). There was significant difference between patients who died within 28 days compared with those who survived (Table 1). The mean NLR value in patients who survived was approximately three times the value presented in patients who died within 28 days ($p < 0.001$). A gradual increase in severity-dependent NLR was identified based on the CLIF-C ACLF SCORE.

In addition, significant associations between NLR and 28-day mortality ($p < 0.001$), and between NLR and the degree of ACLF ($p < 0.001$) were found. According to Cohen's test, the effect size of the NLR was moderate (0.678).

Conclusions: The association between high NLR levels and mortality within 28 days is confirmed. Furthermore, there is an association between NLR and the severity of ACLF. Therefore, the NLR could be a useful prognostic factor in the clinical practice for alcoholic hepatitis.

Table 1. Comparison of clinical data and severity scales between surviving and non-surviving subjects at 28 days.			
Variable	Death in the first 28 days (n=33)	Survivors after 28 days (n=25)	*p*
Age	46.0 ± 8.7	41.8 ± 10.1	0.094
Leukocytes	21.6 (15.0, 29.6)	9.6 (7.7, 13.2)	< 0.001
Platelets	168.9 ± 97.1	138.8 ± 91.9	0.234
PT	23.0 (19.1, 28.6)	22.2 (17.9, 25.7)	0.236
BT	24.4 ± 9.3	15.0 ± 10.1	< 0.001
INR	2.00 (1.79, 2.70)	1.94 (1.50, 2.27)	0.118
Cr	2.16 (1.30, 3.19)	1.30 (0.82, 2.09)	0.007
NLR	23.0 (18.0, 34.0)	8.0 (5.0, 11.0)	< 0.001
CLIF-C ACLF Score	56.18 ± 6.28	46.88 ± 6.35	< 0.001
MADDREY	71.3 (55.3, 99.1)	65.6 (33.4, 74.5)	0.059
MELD	35.7 ± 12.5	25.0 ± 8.6	< 0.001
MELD NA	39.2 ± 15.8	29.7 ± 13.8	0.021

Abbreviations: *PT: prothrombin time, BT: Total bilirubin, Cr: creatinine, NLR: neutrophil lymphocyte ratio.*

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P-37 ENHANCED DIAGNOSTIC ACCURACY OF FIB-4 WITH M30 FOR IDENTIFYING AT-RISK PATIENTS WITH STEATOTIC LIVER DISEASE

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Conflict of interest: No

Introduction and Objectives: Liver fibrosis is an important prognostic factor in alcohol-associated liver disease (ALD) and metabolic dysfunction-associated steatohepatitis liver disease (MASLD). New drugs in steatotic liver disease (SLD), such as Resmetirom, are indicated in individuals with at least significant fibrosis. Cytokeratin-18 is a hepatocyte cytoskeleton protein that is released during apoptosis in its cleaved form by caspases (M30) and can be used as a non-invasive test (NIT) to stratify liver fibrosis. However, data on its performance is scarce in the Hispanic population. We aim to evaluate the diagnostic performance and additive value of M30 to identify significant fibrosis in a cohort of patients with ALD and MASLD.

Patients / Materials and Methods: We conducted a cross-sectional cohort study of patients with ALD and MASLD who underwent liver biopsy or transient elastography between 2014–2023. The cut-off points for significant fibrosis (F2) and cirrhosis by transient elastography were ≥7.8 and ≥12.5 kPa, respectively. A receiver operator characteristic (ROC) was used to assess the performance of M30 and FIB-4.

Results and Discussion: We included 55 ALD and 43 MASLD patients. The median age was 51 [42–60] years and 70.4% were male. Median liver stiffness was 6.8 [4.6–27.9] kPa and median M30 190.4 [146-274.8] U/l. Around 41.8% had F2 and 33.6% had cirrhosis. FIB-4 outperformed M30 in predicting significant fibrosis (AUROC 0.88 vs. 0.66, p-value=0.007) and cirrhosis (AUROC 0.93 vs. 0.56, p-value<0.001) (Figure 1). Five out of 29 (17.2%) patients had a low FIB-4 (<1.3) but significant fibrosis; in this scenario, M30 correctly identified F2 in 4 (80%) of them. Thus, the misclassification of significant fibrosis was reduced from 5.1% to 1.0% using a stepwise assessment with FIB-4 and then M30.

Conclusions: M30 had limited diagnostic value in detecting liver fibrosis in the Hispanic population, but its use in combination with FIB-4 can identify more patients with significant fibrosis than FIB-4 alone.

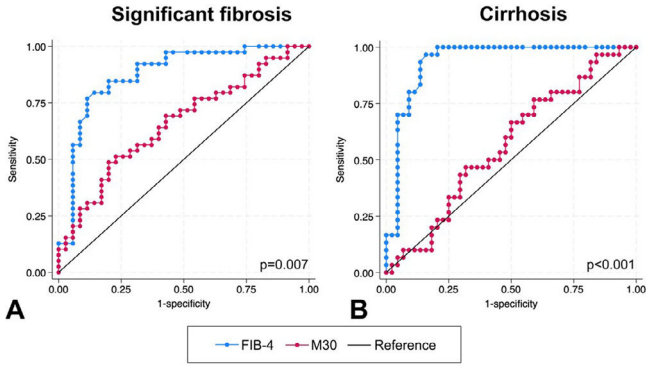

Figure 1. Receiver operator characteristic curves of M30 and FIB-4 to predict significant fibrosis and cirrhosis in a cohort of patients with alcohol-associated liver disease (ALD) and metabolic dysfunction-associated steatohepatitis liver disease (MASLD)

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P-38 EVALUATION OF THE GENETIC AND VIROLOGICAL PROFILE OF PREGNANT WOMEN INFECTED WITH HEPATITIS B AND C VIRUSES IN A REFERENCE CENTER IN RIO DE JANEIRO, BETWEEN 2016 AND 2022

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Conflict of interest: No

Introduction and Objectives: It is estimated that there are around 400 million people living with hepatitis B (HBV) and/or C virus (HCV) infections worldwide. This situation is relevant because both viruses can be transmitted vertically (VT). Despite efforts to prevent VT, many measures still need to be reinforced, especially