regarding the spread of clinically relevant viral variants. Therefore, this study aimed to demonstrate the clinical/laboratory profile of pregnant women identified as positive for HBV and HCV during prenatal care, and referred to a specialized viral hepatitis unit in Rio de Janeiro between 2016-2022, and to identify those with clinically relevant mutations that can be transmitted vertically.

Patients / Materials and Methods: To this end, all pregnant women with positive rapid tests were retested by eletrochemioluminescence using commercial tests for HBV antigens and antibodies against HBV and HCV. In addition, molecular tests were carried out to quantify HBV DNA and/or HCV RNA. Liver enzyme tests were also carried out in order to classify pregnant women according to HBV clinical phase.

Results and Discussion: Two hundred and thirty-two pregnants women with HBV and HCV infection were analyzed. Among the 138 pregnant women with HBV, 95% had HBeAg-negative chronic infection and the mean viral load was 3.70 log IU/ml. Up to now, 6 samples were sequenced, Genotypes A1 (n=5/6,83%) and D3 (n=1/6,16%) were identified and the mutation Y100C was found. In 94 pregnant women with HCV, 75.7% had HCV RNA successfully amplified, with subtypes 1a (n=12/33; 36,4%), 1b (n=17/33; 51,5%) and 3a (n=3/33; 9,1%) detected. Clinically relevant mutations were found V321L, V321IV, C316N.

Conclusions: Identifying mutations in HBV and HCV infections is crucial for epidemiological surveillance and postpartum treatment. Our findings highlight the importance of monitoring drug-resistant mutations in pregnant women with these infections.

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P-39 PREVALENCE AND FACTORS ASSOCIATED WITH TREATMENT ADHERENCE IN LIVER TRANSPLANT PATIENTS ATTENDED AT LACARDIO, BOGOTÁ, COLOMBIA

Oscar Alfredo Beltran Galvis[1], Maria Elena Ramos Cifuentes[1], Juliana Chaves Ceron[1], Aura Islena Blanco Torres[1], Angelica Maria Sanabria Jiménez[1]

[1] *LaCardio, Bogotá, Colombia*

Conflict of interest: No

Introduction and Objectives: Patients undergoing liver transplantation need long-term follow-up to ensure graft success and survival. Adherence to lifestyle recommendations and medication, particularly immunosuppressive therapy, is a key factor in graft survival and in reducing public health costs. Adherence impacts graft survival and public health costs. Given its importance and the lack of research in Latin America and Colombia, we assess local adherence levels and explore factors associated with non-adherence. *Objective:* To determine the prevalence of adherence to pharmacological and non-pharmacological treatments and the associated factors among liver transplant patients treated at a tertiary care hospital in Colombia

Patients / Materials and Methods: The BAASIS questionnaire was used to assess adherence among liver transplant patients at a specialized transplant center in Colombia. In addition, ITBS questionnaire was used for the identification of barriers to immunosuppressive medication adherence (external vs. patient-controlled barriers). Demographic and clinical data were collected from 2006 to 2024.

Results and Discussion: In this study, 398 post-transplant patients with a mean age of 49 at transplantation were analyzed. Logistic regression using the BAASIS scale showed 35.1% (140) were non-adherent to their immunosuppressive regimen. The ITBS scale categorized barriers as unintentional (e.g., skipping medications due to travel, depression, or running out) or intentional (e.g., forgetting, side effects, feeling well, or routine deviations). Bivariate analysis revealed a significant association with adherence at a 5% significance level. Pre-transplant follow-up variables also showed links to non-adherence and prior assessments of unsuitability by social work or psychology.

Conclusions: Non-adherence in post-transplant patients is influenced by both intentional and unintentional factors, underscoring the need to address these in pre- and post-transplant education. Special attention should be given to non-adherence histories during pre-transplant evaluations and psychological or social work assessments that deem patients unsuitable at any point. More targeted follow-up and education could significantly reduce non-adherence rates.

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P-40 ASSOCIATION BETWEEN LIVER STIFFNESS MEASUREMENTS USING MR ELASTOGRAPHY AND PORTOSYSTEMIC SHUNTS IN PATIENTS WITH ADVANCED CHRONIC LIVER DISEASE

Rodrigo Pereira Luz Pereira[1], Cristiane Nogueira Villela[2], Juliana Mesiano[2], Guilherme Cunha Moura[2]

[1] *RIO DE JANEIRO / UFRJ, Rio de Janeiro, Brasil*
[2] *UFRJ, Rio de Janeiro, Brasil*

Conflict of interest: No

Introduction and Objectives: Spontaneous portosystemic shunts (SPSSs) have been reported in 60% of cirrhotic patients and its prevalence increases with the deterioration of liver function. SPSSs are often associated with hepatic encephalopathy, gastroesophageal varices and increased risk for complications and death. Therefore, the selection of patients with a high probability of having significant SPSSs can have great impact in the management of patients with liver cirrhosis. In cirrhotic patients, liver stiffness measurements show a good correlation with the severity of disease and the occurrence of gastroesophageal varices. We hypothesize that liver stiffness values could also correlate well or even predict the presence of significant portosystemic shunts.

Patients / Materials and Methods: This was a retrospective study of 51 patients with advanced chronic liver disease/cirrhosis who underwent liver magnetic resonance imaging with elastography (MRE) from 2022 to 2023. MR images were reviewed by two radiologists looking for the presence of SPSSs, defined as spontaneous communications between the portal venous system and/or splanchnic veins and the systemic venous system. In addition, presence or absence of gastroesophageal varices was also recorded. Regarding SPSSs, patients were assigned into two groups: with and without SPSSs. Among patients with SPSSs patients were assigned into two groups: Large SPSSs (L-SPSSs, ≥8 mm), small SPSSs (S-SPSSs <8mm), or without SPSSsMedian. Levels of MRE between patients with and without SPSSs was analyzed and the accuracy of liver stiffness by MRE to predict SPSSs was evaluated by AUROC curves. A statistical significance level of 0.05 was adopted.

Results and Discussion: Among 51 included patients, 68% were male, and mean age was 64 years old. SPSSs were present in 28% of patients with only 6.5% having LSPSSs. Gastroesophageal varices were identified in 32%. Mean liver MRE stiffness values was 4.4 kPa (3.0 – 13.1 kPa). The performance of MRE for the prediction of SPSSs and gastresophageal varices was good, with an AUROC of 0.85 (0.75 – 0.97; p< 0.001) for SPSSs and 0.84 (0.72 – 0.96; p<0.001) for Gastroesophageal varices. The best MRE elastography cutoff for the presence of SPSSs and gastroesophageal varices was 5.0 kPa (S=85%,

Sp=83%,PPV=61% and NPV=93%) and for the detection of gastroesophageal varices was 4.4 KPa (S=83%,Sp=77%, PPV=66% and NPV=91%).

Conclusions: MRE elastography is a reliable tool to adequately exclude non-invasively the presence of portosystemic shunts and gastresophageal varices and help identify patients at low risk for the development of related complications.

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P-41 MICRORNAs FROM EVs AS POTENTIAL LIVER FIBROSIS NON-INVASIVE BIOMARKERS IN CHRONIC HEPATITIS C

Victoria Cairoli[1], Marcela De Sousa[2], Jean Carla Sejas[2], María Victoria Preciado[1], Pamela Valva[1]

[1] *Instituto Multidisciplinario de Investigaciones en Patologías Pediátricas (IMIPP-CONICET-GCBA), Ciudad Autónoma de Buenos Aires, Argentina*
[2] *Unidad Hepatología, Hospital de Agudos J.M Ramos Mejía, Ciudad Autónoma de Buenos Aires, Argentina*

Conflict of interest: No

Introduction and Objectives: Liver fibrosis evaluation is essential in management of chronic hepatitis C (CHC). Extracellular vesicles (EVs) are essential components of liquid biopsy. MicroRNAs (miRNAs) within EVs could serve as biomarkers of damage due to their role in regulating fibrogenesis through gene expression modulation. The objective was: evaluate plasma derived (p)EVs-miRNAs as biomarkers of significant fibrosis (F≥2) in CHC.

Patients / Materials and Methods: pEVs were isolated using exoRNeasy kit (QIAGEN) from 50 CHC cases (36% F≥2, assessed by liver fibrosis). miRNA-enriched RNA was extracted, sequenced by NGS and significant differential expression (SDE) analysis was performed between F≥2 and F<2 cases [fold change (FC)≥1.5; false discovery rate (FDR)≤0.2]. Diagnostic value of SDE miRNAs was assessed using ROC curves analysis. A score to predict significant fibrosis was generated by a binomial logistic regression model and its performance was compared with those of APRI and FIB-4 indexes. Plasma expression of SDE miRNAs was evaluated by RT-qPCR.

Results and Discussion: SDE analysis showed upregulation of miR-122-5p (FC=3.06, FDR<0.001) and downregulation of miR-92a-3p (FC=-1.5, FDR=0.051) in pEVs from F≥2 individuals. Each miRNA showed moderate power to discriminate F≥2 cases, but excellent power in the generated score ($AUROC_{miR-122}$=0.746; $AUROC_{miR-92a}$=0.767; $AUROC_{score}$=0.858). By APRI and FIB-4 indexes, 15 and 14 cases were classified as indeterminate, respectively. The score managed to correctly classify 11 APRI and 13 FIB-4 misclassified cases (Table 1). In plasma, no differences were observed in miRNA expression between fibrosis stages ($p\text{-value}_{miR-122}$=0.874; $p\text{-value}_{miR-92a}$=0.650).

Conclusions: Different stages of liver fibrosis showed specific pEVs-miRNA expression signatures. The combined evaluation of miR-122 and miR-92a in the score demonstrated excellent performance for discriminating F≥2 cases and improve APRI and FIB-4 performances. Direct plasma evaluation did not reflect the profiles observed in pEVs, highlighting the value of pEVs as potential biomarkers of liver fibrosis.

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P-42 ASSESSING THE TRAINING NEEDS OF PERUVIAN HEALTHCARE PROFESSIONALS

CESAR CASTRO VILLALOBOS[1], Rommel Zambrano Huilla[1], Rosario Mayorga Márquez[1], Jorge Garavito Rentería[1], Luis Antonio Díaz Piga[2]

[1] *HOSPITAL ARZOBISPO LOAYZA, Lima, Perú*
[2] *PONTIFICIA UNIVERSIDAD CATOLICA DE CHILE, Santiago de Chile, Chile*

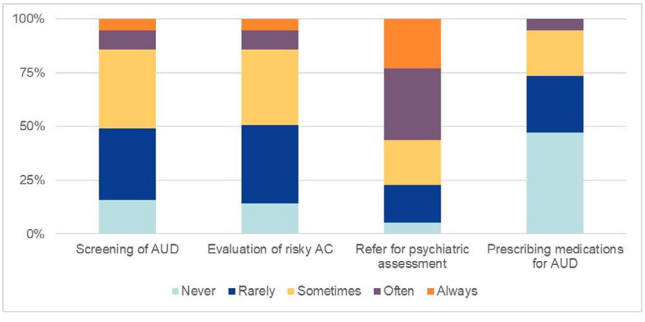
Conflict of interest: No

Introduction and Objectives: Alcohol-associated liver disease (ALD) is the most frequent cause of cirrhosis in Western countries. Although Peru does not have the highest alcohol per capita consumption, the prevalence of alcohol-related health consequences is extremely high. To overcome the higher burden of disease due to alcohol, we aimed to assess the understanding and knowledge gaps in the management of alcohol use disorder (AUD) and ALD in Peruvian healthcare providers.

Patients / Materials and Methods: We performed a non-probabilistic survey among physicians who are involved in the assessment and treatment of patients with ALD. Firstly, we developed fourteen questions from an expert panel on ALD in Latin America. Once the instrument was refined, it was submitted to physicians through the Peruvian Association for the Study of the Liver (APEH). The questionnaire included demographic data, assessment of alcohol intake in clinical practice, AUD treatment, and treatment of alcohol-associated hepatitis.

Results and Discussion: Fifty-seven healthcare professionals were recruited. Median age was 39 [34–51] years old, and 51% were women. Eighty-one percent of physicians were gastroenterologists and the median experience time was 7 [2–17]. Most physicians do not assess alcohol intake routinely (86%) and only 14% screen for AUD. Also, about 75% rarely or never prescribe medications for AUD, while only 56% refer to addition therapist routinely. Finally, only 19% perform a management of alcohol-associated hepatitis in line with the current recommendation, and 11% of participants do not use any international guidelines for managing ALD.

Conclusions: There is a huge gap in the clinical skills to assess and manage AUD and ALD properly. Training opportunities are urgently needed in the Peruvian health care providers to early detect and treat AUD and its striking consequences.



Assessment of diary clinical practice