

P-46 IMMUNOSUPPRESSION IN POST LIVER TRANSPLANTATION: REVIEW OF THE EXPERIENCE IN A CHILEAN UNIVERSITY HOSPITAL

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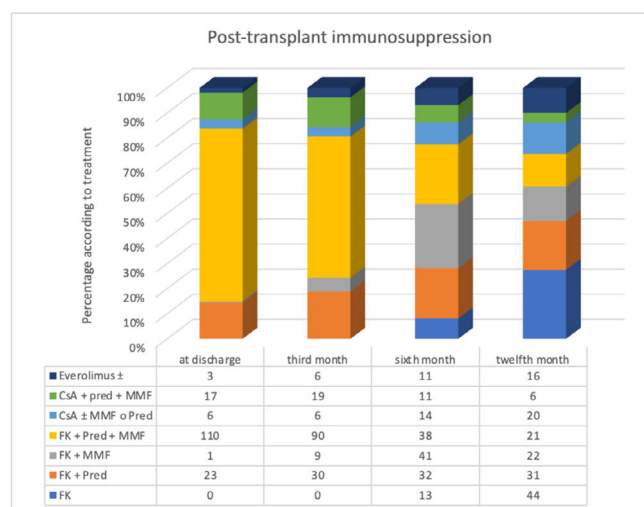
Conflict of interest: No

Introduction and Objectives: Liver transplantation is currently a cost-effective therapy for the treatment of advanced liver diseases. Immunosuppression plays a key role in the prevention of organ rejection. Corticosteroids and anti-CD-25 antibodies are used in the induction phase, while calcineurin inhibitors, mycophenolate, corticosteroids and mTOR inhibitors are used in the maintenance phase. **Objectives:** To describe the type of immunosuppression regimen used in the management of liver transplant patients during the first post-transplant year.

Patients / Materials and Methods: Observational, retrospective cohort study of adult patients undergoing liver transplantation at the Hospital Clínico UC (Santiago, Chile), between January 2020 and June 2023. Demographic and clinical data were included. Immunosuppression regimens used in four periods during the first year of follow-up (at discharge, third, sixth and twelfth month) were evaluated. Pediatric patients, combined transplants and cases with post-transplant follow-up in centers not associated with our hospital were excluded.

Results and Discussion: A total of 160 patients were analyzed, of whom 149 (93.1%) were cirrhotic. The predominant etiology was MASLD (34.3%). The average age was 54 years, with a predominance of females (53.7%). The active immunosuppression regimen at discharge and at the third month of follow-up was the combination of tacrolimus, mycophenolate, and prednisone, representing 68% and 56%, respectively. The dual tacrolimus-mycophenolate mofetil regimen was the most prevalent at month 6 (26%), while at one year of follow-up, tacrolimus monotherapy was the most commonly used (27%). Only 34% of cases were able to maintain monotherapy at one year after transplant (43 patients with tacrolimus, 6 with cyclosporine and 6 with everolimus).

Conclusions: Tacrolimus is the most frequently used immunosuppressant in the maintenance phase. The use of mycophenolate mofetil and prednisone decreases as time progresses post-transplant. Only one third of cases achieved monotherapy at one year of follow-up.



P-47 DEGREES OF LIVER STIFFNESS AND STEATOSIS AS PREDICTORS OF PREECLAMPSIA COMPLICATIONS

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Conflict of interest: No

Introduction and Objectives: Liver damage in preeclampsia is caused by antiangiogenic factors such as soluble tyrosine kinase, placental growth factor, and soluble endoglin. These induce endothelial injury and fibrin deposits in the hepatic microcirculation, thus modifying the physical characteristics of the liver parenchyma and therefore its stiffness. **Objectives:** To evaluate the correlation between the degree of liver stiffness and the severity of patients with preeclampsia.

Patients / Materials and Methods: This study was observational, analytical, cross-sectional, and prospective. It included pregnant women from the 20th week of gestation, dividing them into three groups: those with a normal pregnancy, those with pre-eclampsia, and those with severe features of pre-eclampsia. Transient elastography was conducted on all participants. Pregnant women with chronic systemic arterial hypertension or pre-existing liver diseases were excluded. Descriptive statistics for measures of central tendency were utilized, and a univariate analysis was performed, considering kilopascals as the dependent variable, the three groups as fixed factors, and BMI as a covariate.

Results and Discussion: 34 patients were included, 9 in the control group, 12 in the preeclampsia group and 13 in the preeclampsia with severity features group. The mean gestational age was 32 ± 5.8 weeks. The mean age was 27.26 ± 7.73 years. The mean BMI was 28.88 ± 4.83 . The mean kPa in the control group was 4.35 ± 0.98 , in the preeclampsia without severity features group 5.05 ± 0.87 , and in the preeclampsia with severity features group 6.67 ± 1.84 . The mean control group CAP was 202.82 ± 21.26 db/m2, in the preeclampsia without severity features group was 227.81 ± 47.81 db/m2, and in the preeclampsia with severity features group was 215.28 ± 37.41 db/m2. Univariate contrasts were significant for preeclampsia with severity criteria features versus preeclampsia F (2 of 23) = 7.679, $p = 0.011$. Preeclampsia with severity features versus control F (2 of 22) = 11.134, $p = 0.003$.

Conclusions: Liver stiffness significantly increases in patients with preeclampsia and preeclampsia with severity features measured by transient elastography. This increase is due to intrahepatic fibrin deposition, but not by fibrosis (collagen) itself. Transient elastography could be useful as a predictor of severity in patients with preeclampsia.

Ethical statement: Study approved by the research ethics committee of the General Hospital of Mexico registration key DI/23/310-E/03/37.

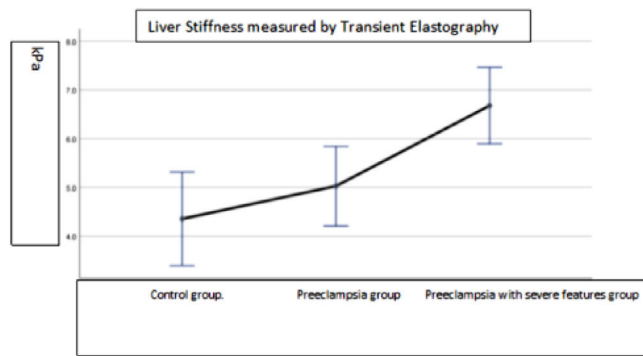


figure 1

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P-48 COMPARISON OF THE ALBI MODEL (ALBUMIN/BILIRUBIN INDEX) WITH ESTABLISHED SCALES AS PREDICTOR OF RESPONSE TO STEROID TREATMENT IN PATIENTS WITH SEVERE ALCOHOLIC HEPATITIS

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Conflict of interest: No

Introduction and Objectives: Alcoholic hepatitis (AH) is acute liver inflammation associated with excessive alcohol consumption. Due to its high mortality rate, various predictive models have been studied. The ALBI model (serum albumin/bilirubin index) predicts patient mortality without the need for subjective data in patients with chronic liver disease, achieving significantly better performance than Child Pugh and MELD models.

Evaluate the prognostic utility of the ALBI model for determining the response to steroid treatment in patients diagnosed with severe alcoholic hepatitis.

Patients / Materials and Methods: Retrospective cohort study from October 2019 to September 2023. We evaluated severity criteria, demographic characteristics, and endoscopic features. Maddrey, MELD, MELDNa, ABIC, Glasgow, and ALBI models were compared at the time of admission, and the Lille score was calculated 7 days after steroid treatment. Statistical analysis was performed using SPSS 26 software, with a p-value of <0.005 considered statistically significant.

Results and Discussion: We included 170 patients, 21 women (12.4%) and 149 men (87.6%), average age of 45 ± 13.5 years. Of these, 30.6% were classified as Child-Pugh B and 69.4% as Child-Pugh C. Concomitant infection was documented in 15.3%, with urinary tract infections being the most prevalent, and the most frequent endoscopic finding was portal hypertensive gastropathy in 98% of patients, of which 65.5% were mild and 34.4% were severe. The 90-day follow-up mortality rate was reported at 34.7%. Comparing the different scales, we found good diagnostic accuracy for ALBI (AUC:0.64 [95%CI:0.57–0.73]; p=0.002), MELD 3.0 (AUC:0.62 [95%CI:0.53–0.70]; p=0.009), MELDNa (AUC:0.61 [95%CI:0.52–0.69]; p=0.01), and ABIC (AUC:0.60 [95%CI:0.51–0.69]; p=0.02).

Conclusions: The ALBI model, due to its objective and straightforward nature, is increasingly employed in the evaluation of hepatic dysfunction. It provided prognostic assessment comparable to MELD, MELDNa, and MELD3.0 for predicting the response to steroid treatment in patients with severe alcoholic hepatitis.

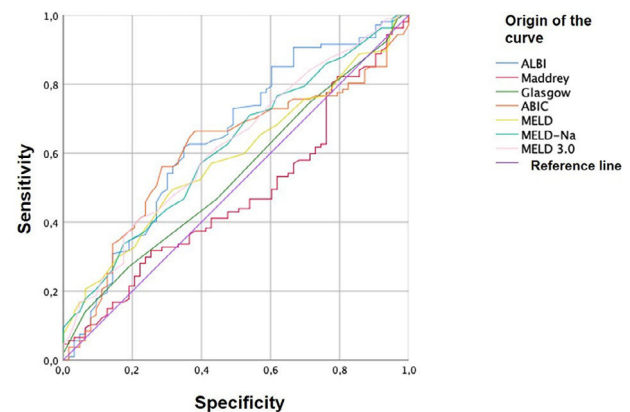


Figure 1. Area Under the Curve (AUC) of Prognostic Scales

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P-49 EFFECT OF STATINS IN REVERSING CELL GROWTH DYSREGULATION IN THE EARLY STAGES OF HEPATOCARCINOGENESIS

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Conflict of interest: No

Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most common primary liver tumor and the fifth leading cause of cancer death. Hexachlorobenzene (HCB) is an environmental pollutant and endocrine disruptor. It plays a role in hepatocarcinogenesis by promoting angiogenesis and cell proliferation, partly by altering thyroid hormones, regulators of the cell cycle.

We previously demonstrated that HCB deregulates liver growth, involving TGF- β 1 and triiodothyronine (T₃); and that Atorvastatin (AT) prevents these effects.

Objective: To evaluate the capacity of AT to reverse the effects generated by HCB in the early stages of HCC development.

Patients / Materials and Methods: We analyzed the effect of HCB (5 μ M) with/without AT (20 μ M) in Huh-7 cell line on 1-(PCNA), 2-(caspase-3 and cytochrome-c), 3-(TGF- β 1), 4-(Cox-2); by western blot; 5- T₃-generating enzyme (Deiodinase I); RT-PCR; 6-cell migration, wound technique; 7-number of colonies. We evaluated the reversal effect of AT on the previously mentioned parameters.

Results and Discussion: HCB increased cell proliferation and migration (PCNA levels 38%, p <0.01), cell migration (47%, p <0.05) and number of colonies (44%, p <0.05); induced apoptosis (Cytochrome-c 30%, p <0.01, and caspase-3 27%, p <0.05); induced inflammation (TGF- β 1 41%, p <0.01, and Cox-2 28%, p <0.05) when