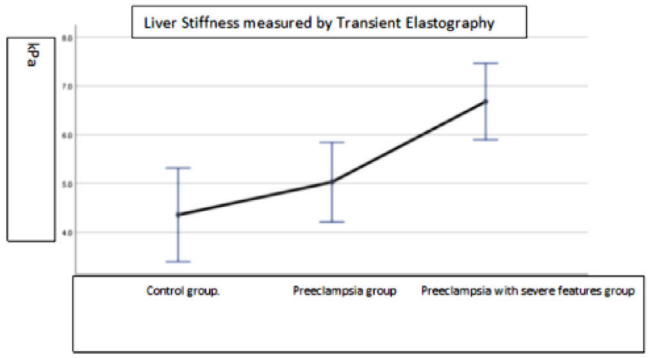

figure 1

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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.

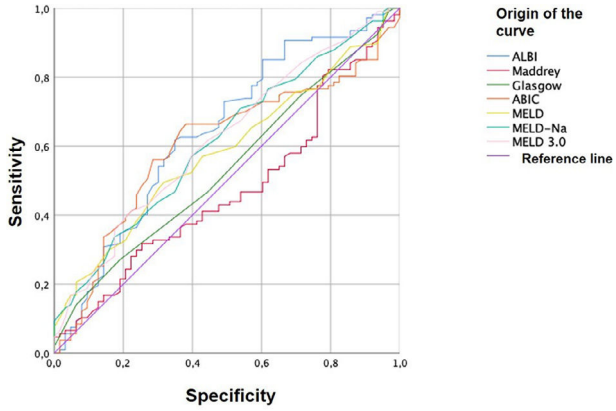

Figure 1. Area Under the Curve (AUC) of Prognostic Scales

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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-β1 and triiodothyronine (T_3); 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 (5μM) with/without AT (20μM) in Huh-7 cell line on 1-(PCNA), 2-(caspase-3 and cytochrome-c), 3-(TGF-β1), 4-(Cox-2); by western blot; 5- T_3-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-β1 41%, p <0.01, and Cox-2 28%, p <0.05) when