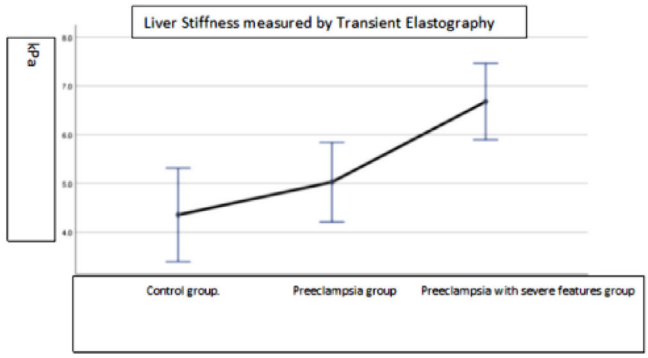

figure 1

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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.

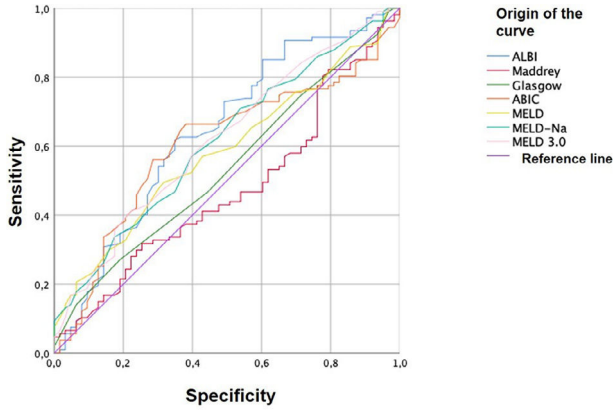

Figure 1. Area Under the Curve (AUC) of Prognostic Scales

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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

compared to the control. In addition, decreased T_3 levels by decreasing DI (28%, p <0.05). Atorvastatin reversed these effects on every parameter studied, reaching control values.

Conclusions: Atorvastatin administration, in addition to prevention, can reverse proliferation, migration, inflammation, and apoptosis in our model, potentially reversing the deregulation of cell growth in the early stages of hepatocarcinogenesis. In addition, AT restores DI activity, potentially balancing thyroid metabolism.

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P-50 CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF PATIENTS WITH ACUTE HEPATITIS B VIRUS IN A PUBLICAL HOSPITAL IN CHILE FROM 2015 TO 2022.

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Conflict of interest: No

Introduction and Objectives: Since Chile is a low endemic Hepatitis B virus (HBV) country, most cases present as acute infection that resolves spontaneously (95%). There is scarce literature describing the demographic characteristics and serological follow-up of patients with acute HBV infection in Chile.

The objective is to describe demographic, clinical, laboratory and serological characteristics of patients evaluated in the viral hepatitis polyclinic of a Chilean public hospital. To evaluate indication criteria, received treatments, and surrogate markers of therapeutic objectives.

Patients / Materials and Methods: Observational, retrospective study including adults with acute HBV infection, without immunodeficiency, controlled in hepatology policlinic between 2015 and 2022 at Hospital del Salvador. Descriptive statistics were used to determine the demographic characteristics of this population, criteria for indication of antiviral therapy and surrogate markers of therapeutic targets.

Results and Discussion: 180 clinical records were reviewed. 147 were excluded: poor treatment adherence and follow-up (30), deceased (59), chronic HBV infection (39) and immunodeficiency (19). 33 patients were included in the analysis, with mean age of 32.3 years and 69.6% being men. Sexual transmission was the most frequent transmission mechanism (48%). There were no cases with cirrhosis at the time of diagnosis. 6 patients (18.1%) required antiviral treatment due to severity, being entecavir the antiviral most frequently prescribed. 36.3% achieved ALT normal levels, most of them at the third month. 39.3% achieved loss of the HBV surface antigen (HBsAg).

Conclusions: Most patients achieved loss of HBsAg, however, many had no follow-up HBsAg studies or did not adhere to medical controls. Only 1 patient was diagnosed as chronic infection during follow-up. Follow-up and adherence to medical controls in patients with acute HBV infection need to be improved.

TREATMENT N: 33 PATIENTS WITH HBV ACUTE INFECTION	
Treatment indication criteria	N (%)
HVB chronic hepatitis with persistent ALT >1.1 above normal level and viral load HVB >2.000 UI/mL	1 (3.03)
No treatment indication	27 (81.81)
Severe acute hepatitis with or without liver failure	5 (15.15)
Antiviral prescription n= 6	
1. ENTECAVIR	6 (100%)
TREATMENT AND FOLLOW-UP RESULTS	
ALT level normalization (< 55 UI/mL)	
1. Yes	12 (36,36)
2. Normal baseline level	6 (18,18)
3. No follow-up	13 (39,39)
4. No ALT baseline levels	2 (6,06)
Time to ALT normalization	
1. Month 3	7 (21,21)
2. Month 6	2 (6,06)
3. Month 12	1 (3,03)
4. Month 18	2 (6,06)
5. Normal prior to first control	3 (9,09)
6. No follow-up	18 (54,54)
HBsAg loss	
1. Yes	13 (39,39)
2. No	1 (3,03)
3. No follow-up	19 (57,57)
Time to HBsAg loss	
1. Month 3	6 (18,18)
2. Month 6	5 (15,15)
3. Month 12	1 (3,03)
4. Month 18	1 (3,03)
5. No follow-up	19 (57,57)
6. Persistent positive HBsAg	1 (3,03)

Clinical and serological characteristics of patients with acute HBV infection.

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P-51 TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS), EXPERIENCE IN A UNIVERSITY CENTER

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Conflict of interest: No

Introduction and Objectives: Transjugular intrahepatic portosystemic shunt (TIPS) is a procedure that diverts portal blood flow to the hepatic vein with the aim of reducing portal hypertension, being an alternative for managing its complications, such as variceal gastrointestinal bleeding and ascites, in both cirrhotic and non-cirrhotic patients. *Objetives:* To characterize patients who underwent TIPS between January 2007 and July 2024 at the Hospital Clínico De la Universidad de Chile

Patients / Materials and Methods: Observational, retrospective cohort study. 39 patients medical records who underwent the procedure during the specified period were reviewed.

Results and Discussion: 39 patients were analyzed, 53.8% of whom were men, with an average age of 60.7 years. The procedure was performed in 51% (20/39) of the patients within a period of just 4 years (2019 to 2024). The main indication was secondary to variceal