

P-66 INCIDENCE AND FACTORS ASSOCIATED WITH ONE-YEAR POST-LIVER TRANSPLANT REJECTION AND MORTALITY, A COHORT STUDY

Vicente Arancibia Aguilera¹, Jaime Poniachik Teller², Daniela Simian Marin², Máximo Cattaneo Buteler², Álvaro Urzúa Manchego², MATÍAS MARTÍNEZ OLGUÍN¹

¹ Department of Pharmaceutical Science and Technology, Faculty of Chemical and Pharmaceutical Science, Universidad de Chile, Santiago, Chile
² Servicio de Gastroenterología, Departamento de Medicina Interna, Hospital Clínico de la Universidad de Chile, Santiago, Chile

Conflict of interest: No

Introduction and Objectives: Liver transplantation is the only curative procedure for liver cirrhosis, where pharmacotherapeutic factors are crucial to avoid complications. Transplant rejection is an adverse event that endangers the transplanted organ and the patient's life. *Objective:* To determine the clinical, pharmacotherapeutic, and morbid factors associated with rejection and mortality in patients during the first year after orthotopic liver transplantation.

Patients / Materials and Methods: Retrospective cohort study in patients who underwent liver transplantation at the Clinical Hospital of the University of Chile from August 2019 to August 2022, with at least one year of post-transplant follow-up. The days until rejection (confirmed by biopsy) and death were recorded to perform a survival analysis using Cox Proportional Hazards Regression. The effect magnitude of each associated factor was evaluated using Hazard Ratio (HR) and its 95% Confidence Interval (95% CI).

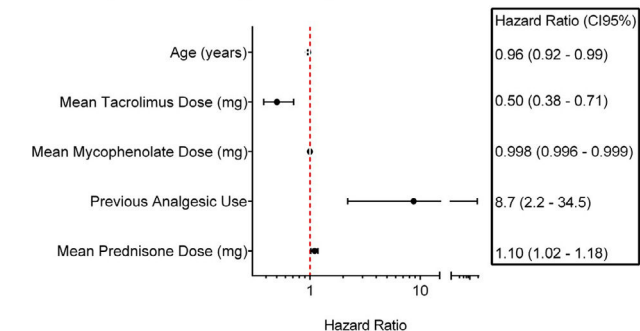
Results and Discussion: During the study period, 63 patients underwent transplantation; 60% (38) were men, and the median age was 60 (IQR 52-63) years. The incidence of rejection was 43% (27), of which 11 (17%) were biopsy-confirmed, and 6% (4) of the patients died during the first year.

Risk factors for biopsy-confirmed rejection included using analgesics before transplantation (HR: 8.7, 95% CI: 2.2 – 34.5) and the average prednisone dose in the first month (HR: 1.1, 95% CI: 1.02 – 1.18). Protective factors included age (HR: 0.96, 95% CI: 0.92 – 0.99), average tacrolimus dose (HR: 0.5, 95% CI: 0.38 – 0.71), and average mycophenolate dose (HR: 0.998, 95% CI: 0.996 – 0.999).

Regarding mortality, the risk factor identified was the occurrence of re-transplantation (HR: 11.3, 95% CI: 1.16 – 109.3).

Conclusions: Higher doses of tacrolimus and mycophenolate were associated with a lower risk of rejection, while higher doses of prednisone were associated with a higher risk of the event. Considering the factors that can predict the event would help optimize therapy and improve clinical outcomes.

Figure 1. Associated factors to biopsy-confirmed rejection of hepatic trasplant. Cox Proportional hazards Regression Analysis.



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P-67 FREQUENCY OF MASLD IN INFLAMMATORY BOWEL DISEASE

JAIME ISRAEL CERVANTES CONTRERAS¹, Graciela Elia Castro Narro¹, Abdiel Esaú Moreno González¹, Sophia Eugenia Martínez Vázquez¹, Miriam Bastida Osorio¹, Carolina Ivette Zubía Nevárez¹, Martha Alejandra Fernández Galindo², Luisangela Meza López¹, Jesús Kazuo Yamamoto Furusho¹

¹ Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Ocotlan, México
² Hospital Valentón Gómez Farías, ISSSTE, Guadalajara, México

Conflict of interest: No

Introduction and Objectives: Hepatic involvement as an extra-intestinal manifestation of inflammatory bowel disease (IBD) has been widely described; however, there is limited information on the presence of non-alcoholic steatosis and hepatic fibrosis, as well as the recent definition of metabolic dysfunction-associated steatotic liver disease (MASLD). The aim of our study is to describe the frequency of non-alcoholic hepatic fibrosis and steatosis, as well as MASLD, and to describe the associated factors for these conditions.

Patients / Materials and Methods: This is a cross-sectional and analytical study. Patients diagnosed with IBD were included, and transient hepatic elastography (THE) with iLivTouchFT100®/UAP was performed to obtain values of steatosis and hepatic fibrosis. Additionally, the presence of metabolic syndrome criteria was evaluated to diagnose MASLD. Demographic and clinical variables of the disease were recorded. For the statistical analysis, R Commander software and R Studio Desktop application were used.

Results and Discussion: A total of 136 patients diagnosed with IBD were included, of which 80 (58.82%) were women and 56 (41.18%) were men. The mean age was 44.83 years (SD ±15.78). Regarding the type of IBD, 106 (77.9%) patients were diagnosed with UC, while CD was diagnosed in 30 (22.1%) patients; the majority, 90 participants (66.18%), presented some degree of hepatic steatosis, with mild being the most common in 34 patients (25%). Regarding fibrosis, 33 (24.26%) patients presented some degree of fibrosis. 76 (55.8%) patients were diagnosed with MASLD, while 14 (10.29%) patients with hepatic steatosis did not meet any criteria for metabolic syndrome. No significant differences were observed regarding disease activity, but differences were seen in nutritional variables such as BMI, weight, and waist circumference.

Conclusions: In patients with IBD, the presence of non-alcoholic hepatic steatosis is significant, with 66.18% (n=90) of patients showing some degree of steatosis. More than half of the patients [n=76 (55.8%)] met the criteria for MASLD.

Nutritional Assessment Variables by absence/presence of hepatic steatosis				
Variables	Patients without steatosis	Patients with steatosis	p-value	General group
Weight	60.31 (±11.51)	65.79 (±15.80)	<0.05	63.92 (±14.67)
Height	1.62 (±0.09)	1.59 (±0.10)	0.2362	1.60 (±1.10)
	81.96 (±9.14)	92.05 (±12.99)	<0.05	88.64 (±12.72)

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