

Conflict of interest: No

Introduction and Objectives: Hepatocellular carcinoma is the 3rd deadliest type of cancer worldwide and metabolic dysfunction-associated steatotic liver disease is the fast-growing cause of liver disease. Ultra-processed foods are consumed in Westernized-style diets (WD) and emulsifiers, especially carboxymethylcellulose (CMC) and polysorbate 80 (P80), feature among the most consumed food additives globally. Nevertheless, the effects of these additives on hepatocarcinogenesis still elusive. Thus, we assessed the effects of populational-based doses of CMC/P80 in a murine model of MASLD-associated hepatocarcinogenesis.

Patients / Materials and Methods: Male C57BL/6J mice were allocated into 8 groups and received intraperitoneal doses of diethylnitrosamine (25 mg/Kg of b.w., 1 × /week, G1-G8) for 4 weeks. By the 6th week, mice were fed a WD (G2-G8) or a basal diet (G1) for 24 weeks. At the 10th week, mice received intragastric doses of CMC (370.0/740.0 mg/Kg of b.w., G3/G4), P80 (100.0/200.0 mg/Kg of b.w., G5/G6), or their combination (370.0+100.0/740.0+200.0 mg/Kg of b.w., G7/G8) or vehicle (G1/G2) for 20 weeks (5 × /week). A glucose tolerance test was performed and hepatic tumoral/non-tumoral and serum samples were collected. Data were analyzed by one/two-way ANOVA or Kruskal-Wallis and Tukey's/Dunn's *post hoc* tests.

Results and Discussion: Pronounced final body weight/adiposity index ($p < 0.0001$) were observed in G5-G7. Tumor incidence/multiplicity were not altered by emulsifiers, but G6/G8 showed a higher proportion of larger tumors ($> 50\text{mm}^3$, $p < 0.0001$). Hepatocellular adenoma occurrence was frequent in all groups. WD-fed mice showed a glucose intolerance profile ($p < 0.0001$). G2/G5-G7 shared a similar macro/microvesicular steatosis ($p < 0.0001$) aspect, whereas hepatocellular hypertrophy was pronounced in G5-G7 ($p < 0.0001$). No differences were observed in lobular inflammation or alanine aminotransferase, total cholesterol, and triglycerides levels.

Conclusions: Our findings revealed that populational-based doses of emulsifiers promotes MASLD-associated hepatocarcinogenesis by pronouncing hepatic steatosis and the adiposity index.

<https://doi.org/10.1016/j.aohep.2024.101683>

P-70 ALCOHOL CONSUMPTION RECURRENCE IN LIVER TRANSPLANT PATIENTS WITH ALCOHOLIC CIRRHOSIS: HEALTH AND SOCIAL IMPACT

Fernando Cairo¹, Lucia Navarro¹, Ignacio Roca¹, Ana Saracho¹, Nicolas Dominguez¹, Omar Galdame¹, Manuel Barbero¹

¹ HOSPITAL EL CRUCE, BUENOS AIRES, Argentina

Conflict of interest: No

Introduction and Objectives: Alcoholic cirrhosis is a leading cause of liver transplantation. However, post-transplant alcohol recurrence remains a significant challenge, affecting graft survival and patient outcomes. Identifying predictive factors for relapse is crucial for optimizing the allocation of scarce donor organs. *Objetives:* To evaluate the recurrence rate of alcohol consumption in patients who have undergone liver transplantation due to alcoholic cirrhosis and identify clinical and psychosocial variables predicting relapse risk.

Patients / Materials and Methods: A retrospective observational study was conducted on 167 consecutive patients who underwent liver transplantation for alcoholic cirrhosis between January 2013 and July 2023. Pre-transplant data, including demographics, alcohol consumption history, and psychosocial variables, were collected from medical records. Post-transplant alcohol consumption was assessed using the AUDIT questionnaire. Statistical analyses included chi-square tests, Fisher's exact tests, t-tests, and Mann-Whitney U tests.

Results and Discussion: Among the 167 patients, a 5% (9/167) recurrence rate of alcohol consumption was observed. The recurrence group showed significantly lower adherence to post-transplant treatment ($p = 0.021$) and higher rates of graft dysfunction ($p < 0.001$) compared to the non-recurrence group. No significant differences were found in demographic variables, pre-transplant alcohol consumption, or psychological awareness of disease. The education level was lower in the recurrence group ($p = 0.05$). The average AUDIT score in the recurrence group was 8, indicating intermediate risk. Recurrence was associated with a longer post-transplant follow-up period ($p < 0.001$) and higher alcohol intake (median 40g/day).

Conclusions: Predicting post-transplant alcohol relapse based solely on pre-transplant indicators is complex. Lower adherence to post-transplant treatment and higher graft dysfunction rates were significant in the recurrence group. The AUDIT questionnaire was useful in assessing post-transplant alcohol consumption risk. Comprehensive pre- and post-transplant evaluations incorporating medical and psychosocial factors are needed to enhance patient long term outcomes and optimize the use of limited transplant resources.

<https://doi.org/10.1016/j.aohep.2024.101684>

P-71 BARIATRIC SURGERY AND THE IMPACT ON THE LIVER. COHORT STUDY OF ONE CENTER IN ARGENTINA

Maria Mercedes Cortese¹, Lucas Muñoz¹, Gabriel Rifrani¹, Natalia Ahumada¹, Daiana Arnedillo¹, Antonella Cordone¹, Morena Carvalho¹, Martina Rigoni¹, Alceo Galimberti¹, Norberto Tamagnone¹, Federico Tanno¹, Hugo Tanno¹, Lucia Hernandez¹, Maria Virginia Reggiardo¹, Fernando Bessone¹

¹ Hospital Provincial del Centenario, Rosario, Argentina

Conflict of interest: No

Introduction and Objectives: Losing weight and lifestyle modifications are still pillars of treatment for metabolic associated steatotic liver disease (MASLD) and steatohepatitis (MASH), despite the emerging therapies. Bariatric surgery (BS) has been reported to improve degeneration, inflammation, and fibrosis. *Aim:* To describe liver histological patterns and biochemical parameters in patients undergoing BS.

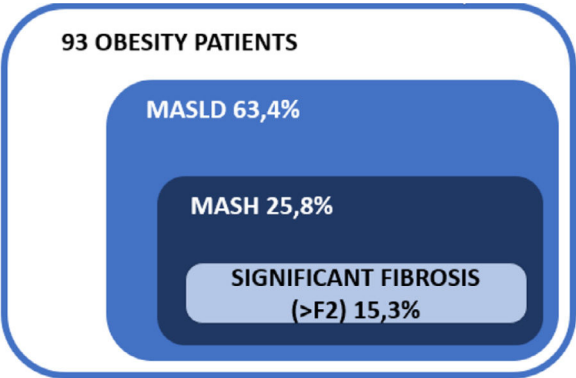
Patients / Materials and Methods: Observational retrospective study including 93 patients who underwent BS in one center in Argentina, between 2017-2023. A liver biopsy (LB) was performed during the surgery to all patients. Anthropometric and biochemical parameters, including fibrosis-4 index (FIB-4), were assessed intraoperatively and 6 months after surgery.

Results and Discussion: The mean age was 44.1 (± 9.4), women 92.5%. Mean BMI before surgery, 42.7 (± 7.1) kg/m². We studied 25 patients who presented type II diabetes mellitus and 72 who were insulin resistance (77.4%). Other comorbidities like high blood pressure and hypothyroidism were found in 43% and 25.8% of this sample. LB showed MASLD in 63.4%, and MASH in 25.8% of cases. Liver fibrosis was present in 65% of patients, being significant ($\geq F2$) in only 14 patients (15.3%) (F2: 10, F3: 3, F4: 1;). Strikingly, FIB-4 < 1.3 was observed in 10/14 (71%) patients with fibrosis stage $\geq F2$. Patients with significant fibrosis had lower platelets and higher glycemia, AST, triglycerides, HOMA and FIB-4 compared with those who did not present these disorders ($p < 0.05$). Six months after surgery, a reduction of BMI was observed compared to the preoperative BMI (42.7 vs 39.4 kg/m²; $p = 0.034$). After six month of surgery, also a significant

improvement of AST, glycemia, triglycerides and HOMA were shown in patients with significant fibrosis ($p<0.05$).

Conclusions: Despite the high prevalence of MASLD in this cohort, significant fibrosis was found in only 15%. FIB-4 was not effective to predict liver fibrosis $\geq F2$. Bariatric surgery can induce long-term improvement of cardiometabolic risk factors.

Comparison of biochemical parameters according to the presence of fibrosis intra bariatric surgery			
Variable	No significant fibrosis (F0-F1)	Significant fibrosis ($\geq F2$)	P value
Platelets	263 (231-319)	222 (178-271)	0.042
Glycemia (mg/dL)	93 (85-102)	113 (100.2-141.2)	0.003
AST (IU/L)	18 (15-25)	26 (19.2-36.5)	0.043
ALT (IU/L)	21 (14-29)	27 (17-38.8)	0.132
Cholesterol (mg/dL)	176.5 (152-200)	178 (146-203)	0.996
Triglycerides (mg/dL)	104 (78.5-144.8)	136.5 (118-166)	0.012
HDL (mg/dL)	48 (40.2-54)	40.5 (32.2-53.5)	0.232
LDL (mg/dL)	104.5 (88.2-123)	99 (76.8-53.5)	0.387
TSH	2.4 (1.6-3)	2.85 (2.2-3.8)	0.159
HOMA	3 (2.1-5.1)	4.6 (3.6-9.9)	0.027
FIB-4	0.72 (0.5-0.9)	1.08 (0.8-1.4)	0.009



<https://doi.org/10.1016/j.aohep.2024.101685>

P-72 HEPATITIS B AND C VIRUS PREVALENCE USING RAPID TEST IN A CHILEAN COHORT

Javier Eduardo Pérez Valenzuela¹, Franco Antonio Weisser Vuskovic², Freddy Siegel³, Herman Aguirre⁴, Jaime Poniachik⁵, Gonzalo Vizueta⁶, Elizabeth Araya⁷, Juan Rozas⁸, Luis Felipe Bustamante⁹, Fabiola Castro¹⁰, Lilian Isla⁴, Daniela Simian⁵, Andrea Martínez⁶, Luis Sotillet⁷, Daniela García⁹, Javiera Achondo¹⁰, Lorena Castro Solari¹⁰, Gabriel Mezzano Puentes¹⁰

¹ Departamento de Medicina Interna, Clínica Universidad de los Andes, Chile, Santiago, Chile
² Residente Medicina Interna, Universidad de los Andes, Chile, Santiago, Chile
³ Hospital de Valdivia, Valdivia, Chile, Santiago, Chile
⁴ Gastroenterología, Hospital del Salvador, Santiago, Chile, Santiago, Chile
⁵ Hospital Clínico Universidad de Chile, Santiago, Chile, Santiago, Chile
⁶ Hospital Juan Noé, Arica, Chile, Santiago, Chile
⁷ Hospital San José del Carmen, Copiapó, Chile, Santiago, Chile

⁸ Complejo asistencial Dr. Víctor Ríos Ruiz, Los Ángeles, Los Ángeles, Chile, Santiago, Chile
⁹ Hospital Hernán Henríquez Aravena, Temuco, Chile, Santiago, Chile
¹⁰ Centro de Enfermedades Digestivas, Clínica Universidad de los Andes, Santiago, Chile

Conflict of interest: Yes, Laboratorio Gador financió los tests rápidos.

Introduction and Objectives: Hepatitis B (HBV) and C (HCV) viruses are one of the main causes of morbidity and mortality worldwide. Their epidemiology in Chile is not completely known, with an estimated prevalence of 0.034-0.15% for HBV and 0.1-0.19% for HCV. Although, in Chile, there is a wide coverage and availability of antiviral treatments, the main barrier to achieve the elimination of these viruses is the lack of knowledge of the serological condition. **Objectives:** To establish the prevalence of HBV and HCV infection in the population at risk in Chile.

Patients / Materials and Methods: Cross-sectional, multicenter study, with participation of 8 Chilean health centers. HBV/HCV rapid tests (CTK-BIOTECH) were applied in people aged 18 years-old or older with at least 1 risk factor. Demographic and clinical data were collected using REDCap®. Statistical analysis was performed using Stata 16.0 software.

Results and Discussion: A total of 806 patients were included in the analysis, mean age was 44.6 ± 15.1 years and 53.6% were women. The main risk factors were: being in prison (22.5%), exposed health care personnel (16.9%) and obesity with steatotic liver disease (16.6%). Three patients tested positive for HBV and one patient had HBV/HCV coinfection. Seroprevalence of HBV and HCV infection was 0.49% and 0.12%, respectively. Two of the patients had coinfection with HIV. Serological confirmation to date was done in 3 of the 5 positive tests and confirmed the diagnosis in 3 of them (2 HBV and 1 HCV).

Conclusions: In this preliminary study, the prevalence of HBV and HCV infection in the population at risk is low. Further patient recruitment is required to identify the population on which to focus screening efforts and other preventive public health measures.

Table 1. Clinical and demographic characteristics.

	Total N = 806 (%)
Age, years (mean $\pm$ SD)	44.6 $\pm$ 15.1
Sex, n (%)	
Female	432 (53.6)
Male	367 (45.5)
No binary	5 (0.6)
Non informed	2 (0.2)
Residency region, n (%)	
Metropolitana de Santiago	387 (48.0)
Los Ríos	119 (14.8)
Arica y Parinacota	101 (12.5)
Araucanía	55 (6.8)
Atacama	53 (6.6)
Biobío	47 (5.8)
Maule	13 (1.6)
Los Lagos	9 (1.1)
Valparaíso	8 (1.0)
Nuble	3 (0.4)
Coquimbo	2 (0.2)
Libertador General Bernardo O'Higgins	2 (0.2)
Magallanes y Antártica	2 (0.2)
Tarapacá	1 (0.1)
Antofagasta	1 (0.1)
Aysén	1 (0.1)
Native people, n (%)	78 (9.7)
Alcohol consumption, n (%)	
Yes	180 (22.3)
No	503 (62.4)

(continued)