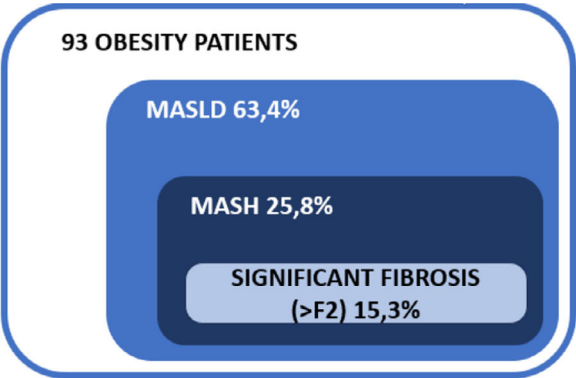


improvement of AST, glycemia, triglycerides and HOMA were shown in patients with significant fibrosis ($p<0.05$).

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



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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)

(Continued)

	Total N = 806 (%)
Comorbidities, n (%)	
Steatotic liver disease	165 (20.5)
Hypertension	164 (20.3)
Insuline resistance	97 (12.0)
Diabetes Mellitus	69 (8.6)
Hypothyroidism	44 (5.5)
Cirrhosis	36 (4.5)
Chronic kidney disease	7 (0.9)
Other	147 (18.2)
HVB/HVC risk factors, n (%)	
Being in prison	181 (22.5)
Exposed health-care personnel	136 (16.9)
Obesity with steatotic liver disease	134 (16.6)
Transaminase elevation	120 (14.9)
HIV coinfection	49 (6.1)
Alcoholic cirrhosis	23 (2.9)
Pregnancy	18 (2.2)
Blood donor	17 (2.1)
Men who have sex with men	14 (1.7)
Blood transfusion before 1996	10 (1.2)
Other	380 (47.2)

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P-73 NORADRENALINE IN THE TREATMENT OF HEPATORENAL SYNDROME TYPE AKI: RESULTS IN NON-ICU HOSPITAL SETTING

Zuly Plácido Damián¹, Javier Diaz Ferrer¹, Giancarlo Perez Lazo²

¹ HOSPITAL NACIONAL EDGARDO REBAGLIATI MARTINS, Lima, Perú
² HOSPITAL NACIONAL GUILLERMO ALMENARA IRIGOYEN, Lima, Perú

Conflict of interest: No

Introduction and Objectives: Hepatorenal syndrome acute kidney injury (HRS-AKI) is a phenotype of acute kidney injury that occurs in patients with decompensated liver cirrhosis owing to circulatory dysfunction and systemic inflammation. To describe the clinical characteristics, treatment responses, and outcomes of patients who developed HRS-AKI in a non-ICU hospital setting.

Patients / Materials and Methods: Case series analysis. The electronic medical records were reviewed. Stata v18.0 was used for descriptive analysis.

Results and Discussion: Sixteen patients with cirrhosis admitted to a non-ICU hospital area who developed HRS-AKI were identified. The median age was 64.5 years (interquartile range [IQR]: 57-66.5). Sixty-eight percent had MASLD etiology. Seventy-five percent of patients were classified as CHILD C, with a median MELD-Na score of 26 points (IQR: 19-31). At the time of HRS-AKI diagnosis, the mean duration of prior intravenous albumin administration was 2.9 days.

All patients underwent central venous catheterization and hemodynamic monitoring. Eighty-eight percent (14) of the patients had resolved HRS-AKI, although two patients developed acute respiratory failure as a complication. The overall hospital mortality rate was 43.8% (n=7), HRS-AKI recurrence at 30 days was 35.7% (5/14), and time to recurrence was approximately 17 days.

Conclusions: HRS-AKI is a critical condition in patients with cirrhosis treated with vasopressors and intravenous albumin. In this case series, the use of norepinephrine outside the ICU proved to be effective and safe; however, the high recurrence and mortality rates suggest that it should be considered as a bridge therapy to liver transplantation.

Characteristics at the diagnosis of HRS-AKI	n (%)
Associated infection	UTI 3 (37) SBP 2 (25) SB 2 (25)
ACLF grade	
I	6 (46.2)
II	2 (15.4)
III	5 (38.4)
HRS-AKI stage	
Ib	6 (37.5)
II	7 (43.7)
III	3 (18.8)
Serum creatinine, median (IQR)	2.3 (1.7-2.6)
Oliguric	2 (12.5)
Initial MAP, mean (SD)	70.5 (± 8.6)
Dose of noradrenaline [mcg/kg/min] (range)	0.15 (0.08-0.33)

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P-74 GLYCOSYLATED HEMOGLOBIN LEVELS AS A PREDICTOR OF HEPATIC FIBROSIS DUE TO MASLD

Stefanny Cornejo Hernández¹, Esly Esquivel Alarcón¹, Reyna Hernández Espinoza¹, Juan Salvador García Hernández¹, Mayra Gabriela García Araiza¹, Trinidad Baldovinos Hernández², Javier Bastida Alquicira², Eira Cerda Reyes¹, Adriana Martinez Cuazitl¹

¹ research Department Central Military Hospital, Mexico City, México
² Radiology Department Central Military Hospital, Mexico City, México

Conflict of interest: No

Introduction and Objectives: Hepatic steatosis associated with metabolic dysfunction (MASLD) has a prevalence of 30% worldwide, and 80% of these patients do not present alterations in liver biochemistry. One of the cardiometabolic criteria is having glycosylated hemoglobin ≥5.6%, so an analysis was carried out using the ADA criteria for the diagnosis of prediabetes with HbA1C levels 5.7% - 6.4% and the degree of liver fibrosis.

Objectives: Compare the values of glycosylated hemoglobin and fibrosis determined by Transient Elastography.

Patients / Materials and Methods: Patients with MASLD criteria were included who underwent Transient Liver Elastography (Fibroscan® 630 Expert v10720), APRI, FIB4, NAFLD score, blood count, liver biochemistry, lipid profile, glucose, glycosylated hemoglobin, clotting times. (TP, INR). It was compared with a control of healthy people. For statistical analysis, SPSS V24 was used for continuous quantitative variables expressed as mean and percentage, with moderate Spearman's Rho correlation.

Results and Discussion: Seventy-five patients with steatosis determined by CAP ≥ 232 were included. The age of the patients was 45 (40, 50).

Patients were classified as healthy (HbA1C <5.7%), prediabetic (HbA1C 5.7%-6.4%), diabetic (HbA1C >6.5%), and patients with a previous diagnosis of diabetes were classified as diabetic controlled (HbA1C <7%) and uncontrolled diabetics (HbA1C >7%), HbA1C levels were 5.7% (5.4%-5.9%). According to the MASLD criteria, 25 patients had HbA1C < 5.6% and 50 with HbA1C > 5.6% or with treatments for T2D.

Sixty-five patients (86.7%) had no fibrosis, and 10 (13.3%) had fibrosis, with 5.1 kPa (4.3 kPa, 6.5 kPa).