

(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

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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

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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).

Although no association was found between the degree of steatosis and the degree of fibrosis, the patient with the highest level of fibrosis presented the highest degree of steatosis. $\chi^2=8.916$, $p=0.178$

No association was found between the degree of steatosis and diabetes.

$\chi^2=11.723$, $p=0.068$

However, the degree of diabetes is associated with the presence of fibrosis and the degree of fibrosis, with a weak positive correlation existing between HbA1C levels and CAP levels, Spearman's rho 0.280 $p=0.015$. Tables 1 and 2

Although no assessment was found between BMI and kPa to determine if there is an association between the degree of fibrosis and the nutritional level, curiously, it can be observed that a healthy patient with grade 3 fibrosis has uncontrolled diabetes. Table 3

Conclusions: Prediabetes may be a predictor of the presence of liver fibrosis associated with MASLD.

Table 1 Association between the degree of diabetes and the presence of fibrosis

Fibrosis /Diabetes degree	Healthy n (%)	Prediabetes n (%)	Controlled Diabetes n (%)	Uncontrolled Diabetes n (%)
Healthy	32 (49.2)	25 (38.5)	7 (10.8)	1 (1.5)
Fibrosis	3 (30)	2 (20)	4 (40)	1 (10)
$\chi^2=8.883$, $p=0.031$				

Table 2 Association between the degree of diabetes and the presence of fibrosis

Fibrosis /Diabetes degree	Healthy n (%)	Prediabetes n (%)	Controlled Diabetes n (%)	Uncontrolled Diabetes n (%)
F0-F1	32 (49.2)	25 (38.5)	7 (10.8)	1 (1.5)
F2	1 (16.7)	2 (33.3)	3 (50)	0 (0)
F3	2 (66.7)	0 (0)	0 (0)	1 (33.3)
F4	0 (0)	0 (0)	1 (100)	0 (0)
$\chi^2=25.796$, $p=0.002$				

Table 3 Association between the degree of fibrosis and nutritional status

Degree of fibrosis/ Nutritional status	Healthy n (%)	Overweight n (%)	Obesity I n (%)	Obesity II n (%)	Obesity III n (%)
F0-F1	3 (4.6)	22 (33.8)	35 (53.8)	4 (6.2)	1 (1.5)
F2	0 (0)	2 (33.3)	1 (16.7)	3 (50)	0 (0)
F3	1 (33.3)	2 (66.7)	0 (0)	0 (0)	0 (0)
F4	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)
X ² = 21.524 p=0.043					

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P-75 INFLUENCE OF THE ARTERIAL HEPATIC FLOW IN ELASTOGRAPHY (2D SHEARWAVE) LIVER VALUES

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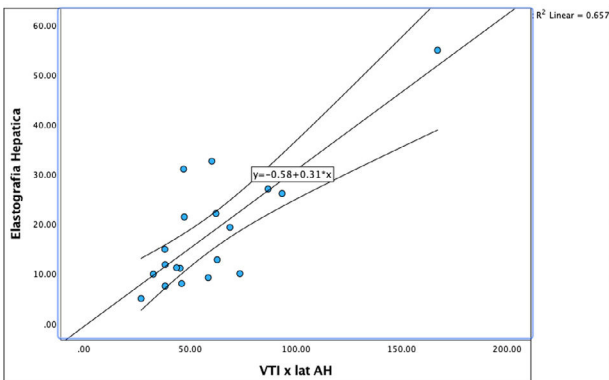
Conflict of interest: No

Introduction and Objectives: The liver receives blood at low pressure through the portal vein (80%). Distortion of hepatic histioarchitecture, reduces portal flow and increases hepatic arterial flow (HAF). Liver elastography (LE) non-invasively measures liver stiffness (LS), but intrahepatic and extrahepatic factors also influence LS. The velocity-time integral of the hepatic artery (HAVTI) estimates the area under the spectral Doppler curve. This study investigates the correlation between LS and HAVTI in cirrhosis patients, aiming to explain dynamic LS changes in cirrhosis and portal hypertension.

Patients / Materials and Methods: Elastography and spleno-portal Doppler were performed on cirrhosis patients under follow-up at Sanatorio Sagrado Corazón. The median of five LS measurements was determined, and the HAVTI was measured in the same study. Spearman's correlation method was used to establish the correlation between LE values and HAVTI

Results and Discussion: Twenty cirrhosis patients were evaluated (65% men), with a median age of 58 years. The most common etiology was HCV (35%), followed by alcohol use disorders (30%). Seventy percent were CHILD A (median MELD-Na 10). At the time of the study, 68.4% had experienced at least one decompensation event. We found a correlation of $r=0.65$ ($p=0.004$) between hepatic elastography values and HAVTI.

Conclusions: Our study demonstrates a significant correlation between LS and HAVTI in cirrhosis patients. This suggests that non-invasive HAVTI assessment may provide valuable insights into dynamic LS changes associated with cirrhosis and portal hypertension.



Correlación Elastografía hepática / VTI art Hepática

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P-76 MANIFESTATIONS OF PORTAL HYPERTENSION IN PATIENTS WITH COMMON VARIABLE IMMUNODEFICIENCY: PRELIMINARY DATA

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Conflict of interest: No

Introduction and Objectives: Liver involvement in common variable immunodeficiency (CVID) can be found in 9% to 79% of cases and may lead to reduced survival. Anicteric cholestasis and portal hypertension (PH) were the main hepatic manifestations. We aimed to establish the prevalence and characteristics of PH in patients with