

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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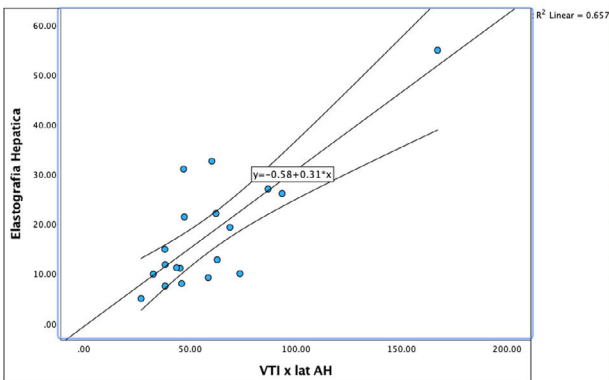
Conflict of interest: No

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.



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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