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Conflict of interest: No

Introduction and Objectives: Liver transplantation (LT) is the definitive treatment for decompensated cirrhosis and liver failure. Patients with ascites refractory to the use of diuretics fit the criteria for a special situation, according to technical note No. 32/2021, issued in 2021 by the Ministry of Health (MS). Cases with refractory ascites now directly and immediately receive 29 points on the MELD score. Thus, changes in the waiting time for LT are expected after the aforementioned technical standard, but the real impact on morbidity and mortality is unknown.

This study aims to compare the waiting time for LT for refractory ascites before and after technical note No. 32/2021. In addition, the study will also evaluate the proportion of those transplanted for refractory ascites after the 2021 resolution.

Patients / Materials and Methods: The electronic medical records of patients undergoing LT in a tertiary service during the years before (2018 and 2019) and after (2022 and 2023) technical note No. 32/2021 were evaluated. Patients undergoing LT of both sexes and aged 18 or over were included. The data was stored in a spreadsheet and compared.

Results and Discussion: There was a 59-day reduction in the median waiting time, considering the interval between the special situation being granted and the actual LT being performed. In addition, there was a 5.85% increase in the number of LT for refractory ascites, considering the years 2018 and 2019 *versus* 2022 and 2023.

Conclusions: The implementation of technical note No. 32/2021 correlated with a reduction in the waiting time for LT for patients with refractory ascites. In addition, the implementation of this resolution was also correlated with a small increase in the number of transplants for refractory ascites. Despite the initial results, a longer observation period is needed for more in-depth analyses of survival and morbidity.

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P-86 SHORT TERM RESULTS OF TRANSPLANTED ACLF PATIENTS IN A YOUNG TRANSPLANT PROGRAM IN CHILE

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Conflict of interest: No

Introduction and Objectives: Pts with ACLF should be assessed for liver transplant (LT) due to the high mortality without LT (28-day mortality: grade 1 = 14.6%, 2 = 32%, 3 = 78.6%). There is a survival benefit for ACLF grades 2-3 with LT (85-89% at 3-months and 70-80% at 3-years). Grade 2, and specially grade 3 ACLF pts remain a challenge for LT teams. New scoring systems (eg. SALT-M) have been developed to assist decision-making. There is limited data on this topic in Chile and Latin America. *Aim:* To characterize ACLF pts who underwent LT in our center between January 2020 and March 2024.

Patients / Materials and Methods: Observational retrospective study. Clinical and laboratory data were collected. The cohort was divided into 3 groups based on ACLF grade. We calculated ACLF scores and assessed outcomes at 28-days and 3-months after LT.

Results and Discussion: A total of 100 LT were performed between January 2020 and March 2024. 31 pts (31%) had ACLF before LT. Table 1 shows general data of ACLF LT pts. Alcohol and autoimmune were the most frequent etiologies. Infection was the most frequent extrahepatic comorbidity before and after LT (80.7% and 93.6% respectively). Length of stay (LOS) was influenced by the grade of ACLF, with grade 3 patients having the longest ICU stay (20.92 days). 28-day and 3-month survival rates were 90.3% and 87.1%, respectively. Only grade 3 ACLF LT pts showed a difference between 28-day and 3-month survival. Multi organ dysfunction syndrome (MODS) was the main reported cause of death (75%).

Conclusions: Short term outcomes were consistent with national and international data. Infections were the main complication before and after LT. SALT-M score correlates with ACLF severity but would not have changed the decision to perform LT. A prolonged LOS is expected in ACLF LT pts.

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P-87 TRANSCULTURAL ADAPTATION OF THE MEDITERRANEAN DIET TO THE DIETARY HABITS OF EACH GEOGRAPHICAL REGION OF ARGENTINA FOR THE TREATMENT OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD)

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Conflict of interest: No

Introduction and Objectives: The progressive increase in the prevalence of MASLD and its impact on morbidity and mortality require dietary options for its prevention and treatment, with the Mediterranean diet (MD) being the most scientifically supported. This study analyzes the similarities and differences of this diet with respect to the dietary habits of the different regions of Argentina,

focusing on the content of flavonoids, carotenoids, and Omega 3, 6 and 9 fatty acids. *Objective:* To compare the content of flavonoids, carotenoids, and omegas 3, 6 and 9 between the MD and the usual consumption according to regions of Argentina, for a transcultural adaptation.

Patients / Materials and Methods: Observational, cross-sectional, and descriptive study. A survey was conducted with 225 individuals to evaluate dietary habits. The primary data were quantitatively transformed for the calculation of the aforementioned nutrient content, in selected foods from both diets. Chi2 was used to establish correlations between variables.

Results and Discussion: The comparison of both diets shows that the nutrients analyzed were found to be below that suggested, with a high Omega6/Omega3 ratio. (Table1) To meet the recommendations, it is only necessary to increase the consumption of the analyzed food sources. Significant relationships were found (chi2, P between 0.0001 and 0.04) in the comparison of olive/fish consumption vs geographical region, vegetables/sex/pathologies vs BMI, and physical activity vs referred pathology.

Conclusions: Adaptation would be possible in all regions of the Argentine Republic through the substitution of non-locally produced foods with regional products that allow reaching the nutrient amounts, considering cost and culinary traditions. Some adaptation suggestions are the inclusion of chocolate, chia, amaranth, quinoa, and the replacement of olive oil with canola, chia, flax, grape or soybean oil. The proposed adapted Mediterranean diet provides the recommended amount of nutrients and its cost is similar to that of the usual Argentine diet.

P-88 rs641738 MBOAT7 POLYMORPHISM AS A PREDICTOR OF FIBROSIS IN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD)

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Conflict of interest: No

Introduction and Objectives: Recent studies have indicated that certain polymorphisms may be associated with the progression of metabolic dysfunction-associated steatotic liver disease (MASLD).

To construct a predictive fibrosis score and evaluate the association of the risk genetic polymorphisms rs738409 PNPLA3, rs58542926 TM6SF2, rs641738 MBOAT7, rs1260326 and rs780094 GCKR, rs72613567 HSD17B13 and rs2642438 MARC1 in MASLD.
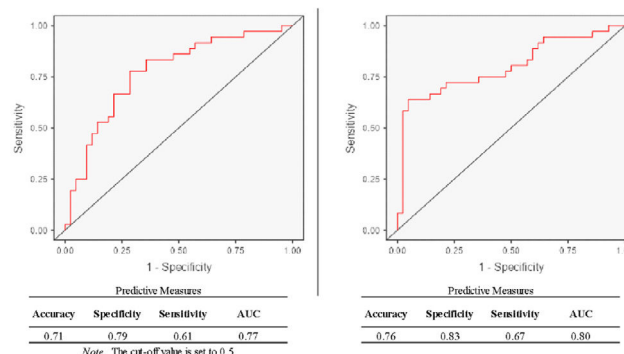
Patients / Materials and Methods: This cross-sectional and retrospective study analyzed 212 biopsy-proven MASLD patient samples from the Hospital das Clínicas, Faculty of Medicine, University of São Paulo. Samples were divided into two groups: Group 1: absent and mild fibrosis (F0-1, n=113) and Group 2: significant and advanced fibrosis (F2-4, n=99). Demographic, laboratory, and histological data were compared, along with their association and frequency with the polymorphisms. Genotyping was performed by real-time PCR allele discrimination, and statistical analysis was conducted using Jasp® and Jamovi® software. The significance level adopted was 5%.

Results and Discussion: Most patients were female (146; 68.9%) with an average age of 56 years and were obese (BMI of 30.7). Group 1 had a higher frequency of dyslipidemia and NAS score 0-4 (71%), higher total cholesterol levels, and lower levels of AST, ALT, GGT, and alpha-fetoprotein compared to Group 2 ($p < 0.05$). The regression model (ROC Curve) used the TT genotype of the MBOAT7 gene associated with age, ALT, AST, GGT, TG, HDL, LDL, and total cholesterol to predict fibrosis (AUC: 0.77; Sen: 0.61; Spe: 0.79; Acc: 0.71; R^2: 0.14) (Fig. 1A). Another model with AFP (n = 76) showed (AUC: 0.80; Sen: 0.67; Spe: 0.83; Acc: 0.76; R^2: 0.24) (Fig. 1B). The polymorphisms of the PNPLA3, TM6SF2, GCKR, HSD17B13, and MARC1 genes did not demonstrate risk or protection in this cohort.

Conclusions: This study underscores the rs641738 MBOAT7 polymorphism as a potential predictor of fibrosis in MASLD, highlighting its value in clinical assessment and management.

Figure – ROC Curve

Predictive Measures			
Accuracy	Specificity	Sensitivity	AUC
0.71	0.79	0.61	0.77

Predictive Measures			
Accuracy	Specificity	Sensitivity	AUC
0.76	0.83	0.67	0.80

Note. The cut-off value is set to 0.5

P-89 ADHERENCE TO IMMUNOSUPPRESSIVE THERAPY IN LIVER TRANSPLANT PATIENTS: FACTORS ASSOCIATED TO COMPLIANCE AND IMPACT ON QUALITY OF LIFE

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Conflict of interest: No

Introduction and Objectives: One of the primary challenges following liver transplantation is preventing graft rejection, for which immunosuppressive therapy is essential. The success of this therapy depends, among other factors, on patient adherence to the prescribed medication regimen. The aim was to evaluate adherence to immunosuppressive therapy and the possible factors associated to adherence in liver transplant patients.