

local microbiology is important for the correct choice of antibiotics and achieving good clinical outcomes. **Objective:** To evaluate the microbiology of infections in patients with cirrhosis who were hospitalized in our institution between 2015 and 2022.

Patients / Materials and Methods: A retrospective, observational, and analytical study of LC patients hospitalized for any reason between 2015 and 2022. Positive cultures in LC patients (1036 in total) were reviewed, focusing on blood cultures, ascitic fluid cultures, and other types (bronchial secretions, devices and pleural fluid). Urine cultures, non-infection-related episodes, and contamination cases were excluded. Clinical characteristics of patients in each episode, as well as antimicrobial resistance of each organism, were analyzed. STATA 13.0 was used for data analysis with significance set at < 0.05.

Results and Discussion: A total of 494 episodes of positive cultures from 187 LC patients were included; median age was 61 years (20-81), with 62% male. In 41% of episodes, the patient was immunosuppressed, and 47% were on prophylactic antibiotics. Forty percent of cultures were blood cultures, 20% ascitic fluid, and 40% other types of cultures. The most frequently isolated microorganisms were Enterobacteriaceae and Gram-positive bacteria. Resistance to extended-spectrum beta-lactamases, Vancomycin, and carbapenemases was evaluated, with Vancomycin resistance being the most frequent, only evaluated in enterococci. Immunosuppression was significantly associated with antibiotic resistance (56% vs 25%; p=0.001), whereas prior use of prophylactic antibiotics did not show a significant association (40% in both groups).

Conclusions: The results suggest the need for empirical therapies for our patients and emphasize the importance of rational antibiotic use.

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P-95 SARCOPENIA: RISK FACTOR FOR MORTALITY IN CIRRHOTIC PATIENTS ON WAITING LIST FOR LIVER TRANSPLANTATION IN A REFERENCE CENTER, COLOMBIA

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Conflict of interest: No

Introduction and Objectives: Sarcopenia is an independent predictor of mortality in patients with chronic liver disease pre- and post-transplant. Measurement of muscle strength by dynamometry can serve as a surrogate marker of frailty in patients with chronic liver disease, especially in those in whom it is not possible to assess sarcopenia through imaging.

Patients / Materials and Methods: To determine the association between sarcopenia, complications of cirrhosis and mortality in cirrhotic patients on the waiting list for liver transplant in a liver transplant reference center in Colombia. **Methods:** An observational, analytical and retrospective study was carried out with a cohort of patients with cirrhosis on the waiting list for liver transplant between 2020 and 2022, in a liver transplant reference center in Colombia.

Results and Discussion: We included 310 patients with a diagnosis of cirrhosis who were on the liver transplant waiting list and had dynamometry and anthropometry records to calculate the SARC-F index. A bivariate analysis was carried out which shows that a high score in CHILDA, MELD, ICU stay, complications such as SBP, dynamometry measurement and sarcopenia generate an estimate of significant association, taking into account a p <0.05. Subsequently, a multinomial logistic regression model was carried out, chronic

kidney disease and sarcopenia stand out as influential factors in mortality with P <0.05.

Conclusions: Sarcopenia and chronic kidney disease are factors that have a significant association with higher mortality.

Table 1. Demographic characteristics			
	Total population n= 310	Dead n=73	Value of P
Age, middle (IQR)	42.00 [32.00, 48.00]	45.00 [36.00, 49.00]	0.015
Female sex, n (%)	127 (41.0)	32 (43.8)	0.816
Diabetes Yes, n (%)	95 (30.6)	26 (35.6)	0.467
Hypertension Yes, n (%)	70 (24.5)	21 (28.8)	0.424
Hypothyroidism Yes, n (%)	54 (17.4)	16 (21.9)	0.228
CKD(chronic kidney disease), Yes n (%)	29 (9.4)	8 (11.0)	<0.001
non-hepatocellular carcinoma yes, n (%)	26 (8.4)	3 (4.1)	0.003
Osteoporosis Yes, n (%)	83 (26.8)	16 (21.9)	0.442
Osteopenia Yes, n (%)	106 (34.2)	22 (30.1)	0.641
Dementia Yes, n (%)	1 (0.3)	1 (1.4)	0.196
Child quantitative, median (IQR)	8.00 [4.00, 10.00]	5.00 [3.00, 9.00]	0.024
Child qualitative, n (%)			0.004
CHILD A	82 (26.5)	12 (16.4)	
CHILD B	135 (43.5)	25 (34.2)	
CHILD C	89 (28.7)	35 (47.9)	
MELD quantitative, median (IQR)	10.00 [5.00, 19.75]	16.00 [8.00, 23.00]	0.002
ICU Yes, n (%)	144 (46.5)	58 (79.5)	<0.001
hepatocellular carcinoma yes, n (%)	69 (22.3)	17 (23.3)	0.734
Bleeding Yes, n (%)	117 (37.7)	30 (41.1)	0.446
Ascites, n (%)	199 (64.2)	57 (78.1)	0.009
Encephalopathy, n (%)	165 (53.2)	45 (61.6)	0.096
Peritonitis, n (%)	19 (6.1)	11 (15.1)	0.001
Thrombosis, n (%)	67 (21.6)	22 (30.1)	0.003
SarcF, n (%)	91 (29.4)	32 (43.8)	0.003
RFH_NPT, n (%)	113 (36.5)	44 (60.3)	<0.001

IQR: interquartile range, SARC-F: Sarcopenia, RFH: ICU Intensive care unit, RFH_NPT: Royal Free Hospital Nutritional Prioritizing Tool, CHILD: Child Pugh, Turcotte scale, MELD: Model for End stage Liver Disease.

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P-96 LONG-TERM PIOGLITAZONE TREATMENT AND LIVER STIFFNESS IN MASLD PATIENTS: INSIGHTS FROM A MULTICENTRIC STUDY

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Conflict of interest: No

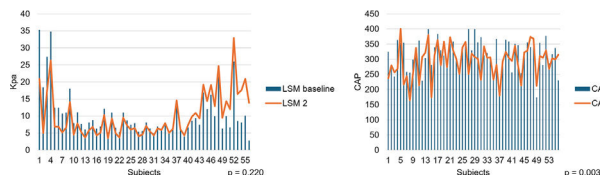
Introduction and Objectives: Pioglitazone, an agonist of peroxisome proliferator-activated receptor gamma, has shown efficacy in

improving indirect markers of liver steatosis, inflammation, and fibrosis. It also addresses systemic and adipose tissue insulin resistance in patients with type 2 diabetes and metabolic dysfunction-associated fatty liver disease (MASLD). This study aims to evaluate whether sustained consumption of pioglitazone over 12-24 months can improve liver stiffness in individuals diagnosed with biopsy-proven metabolic dysfunction-associated steatohepatitis (MASH).

Patients / Materials and Methods: Retrospective data from 56 MASLD patients who received pioglitazone treatment for 12-24 months (15-30 mg daily) were gathered from three public hospitals in Brazil. Vibration-controlled transient elastography [VCTE (Fibroscan™)] was performed before and after pioglitazone treatment as a non-invasive method to monitor disease progression. Additionally, a thorough analysis of both laboratory and clinical data was conducted.

Results and Discussion: Most participants were female (63%, n=35) and obese (BMI 31.1 ± 5.2) with a mean age of 58.4 ± 11.4 years. Initially, participants mostly had hypertension (71%, n=40) and type II diabetes (61%, n=34). During the second evaluation, the number of subjects with dyslipidemia and statin use increased. Initially, the liver stiffness measurement (LSM) median was 8.1 kPa (Min: 2.8; Max: 35.3) and 7.2 kPa (Min: 3.5; Max: 32.9) at the second evaluation. Prolonged pioglitazone treatment demonstrated LSM attenuation in 63% of cases (n=35), resulting in an absolute reduction ranging from 0.1 to 14.4 kPa and a relative reduction ranging from 1.25% to 40.8%. Further analysis comparing the group with improved versus the group with worsened liver stiffness showed a decrease in the CAP parameter, FAST score, and levels of ALT, AST, GGT, TG, and ferritin.

Conclusions: The administration of pioglitazone for 12 to 24 months effectively reduced hepatic inflammation and enhanced VCTE parameters in 63% of cases.



Comparison of the effect of long-term pioglitazone intake on VCTE parameters

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P-97 THE ROLE OF PSYCHOLOGICAL STRESS IN METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE. A PILOT STUDY

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Conflict of interest: No

Introduction and Objectives: Metabolic dysfunction associated steatotic liver disease (MASLD) pathogenesis is multifactorial. Increasing evidence highlight the role of psychosocial stress in liver

disease progression. However, psychological characteristics involved in stress response in MASLD has not been investigated. **Objective:** To assess psychosocial stress and its relationship with liver damage in patients with MASLD.

Patients / Materials and Methods: A transversal, descriptive study, was performed in MASLD patients diagnosed by liver biopsy recruited from Gastroenterology Unit of HCUCH. Demographic and clinical data was recorded using RedCap platform. Psychological assessment was performed by questionnaires: Perceived Stress Scale-14 (PSS-14), Anxiety-Depression Survey (HADS), Coping Strategy Inventory (CSI), Quality of Life (QoL SF-36), and Hexaco-60. Liver function and liver damage was evaluated by blood test and imaging (echography, Fibroscan and magnetic nuclear resonance) respectively. Statistical analysis including t-test and chi-squared, were performed using GraphPad Prism. Significance set at $p < 0.05$. The study was approved by HCUCH ethics committee.

Results and Discussion: A total of 13 patients were recruited, mainly female (85%), age range from 29-73 years. Moderate stress levels were observed in 53.8% of participants. A higher PSS score was observed in patients with moderate-severe steatosis (moderate-severe steatosis 29.0 ± 9.51 vs mild steatosis 18.20 ± 6.94) $p=0.047$. Patients with significant fibrosis reported poorer mental health QoL (without fibrosis 53.60 ± 9.25 vs with significant fibrosis 42.40 ± 10.40) $p=0.022$. Moderate-severe steatosis presented a trend of increased anxiety prevalence (mild steatosis 28.57% vs moderate-severe 71.43%) $p=0.113$. No significant differences were found in depression scores, overall and physical QoL in relation to steatosis and fibrosis degree. **Conclusions:** This pilot study suggests that negative psychosocial factors have a pathogenic role in liver damage. Increased psychological stress and lower mQoL were the principal components involved. These findings highlight the importance of addressing mental health in MASLD patients in clinical management. Funding OAIC n°13022

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P-98 LACTATE/ALBUMIN RATIO AS A MARKER OF MORTALITY IN PATIENTS HOSPITALIZED WITH ACUTE ON CHRONIC LIVER FAILURE IN A MEXICAN HOSPITAL: CLINICAL ANALYSIS AND PERSPECTIVES

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Conflict of interest: No

Introduction and Objectives: Albumin and lactate are markers of systemic inflammation, which are altered by their hepatic metabolism; however, they can be useful indicators of mortality in patients with cirrhosis. This study aimed to determine the association between lactate/albumin ratio levels and mortality in patients with ACLF.

Patients / Materials and Methods: A retrospective and observational cohort study was conducted. Eighty-five patients diagnosed with ACLF according to the EASL-CLIF criteria were included from February 2022 to May 2024. Patients with hepatocellular carcinoma were excluded.

Data analysis was performed using GraphPad Prism version 10.2.3 and Microsoft Excel software. An ROC curve was performed to establish the cutoff point of the lactate/albumin ratio, as well as determine the sensitivity and specificity of the model to predict 28-day mortality.