P-100 CORRELATION OF TWO TRANSIENT ELASTOGRAPHY EQUIPMENT FOR ESTIMATION OF LIVER STEATOSIS AND LIVER FIBROSIS

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Conflict of interest: No

Introduction and Objectives: Transient elastography (TE) is an alternative diagnostic tool for estimating liver steatosis and fibrosis. Two ET devices, iLivTouch®/UAP and Fibroscan®/CAP, have shown similar diagnostic accuracy; however, no studies have evaluated the correlation of liver steatosis and fibrosis measurements between both devices in the Mexican population. *Aim:* To evaluate the correlation of measurement values of liver steatosis and liver fibrosis using iLivTouch®/UAP and Fibroscan®/CAP.

Patients / Materials and Methods: This prospective study included adult patients who attended a check-up unit. The evaluation of liver steatosis and liver fibrosis was performed using TE with two devices (iLivTouch® FT100 and Fibroscan® 502 Touch), meeting the reliability parameters. The correlation of measurements was evaluated with the Pearson correlation coefficient; meanwhile, a Student's t-test was performed to determine differences in dB/m and kPa means.

Results and Discussion: A total of 69 patients were included; 57% (n=40) were men, with a mean age and body mass index of 45± 10 years and 22.4±4.5 kg/m^2, respectively. The prevalence of diabetes mellitus was 7.2% (n=5). The mean dB/m and kPa were 266±42 dB/m and 5.8±1.2 kPa with iLivTouch® and 243±56 dB/m and 4.0±0.8 kPa with Fibroscan®. The prevalence of liver steatosis was 29% (n=20) by iLivTouch® and 20% (n=14) by Fibroscan® (p=0.32), while fibrosis was 49.3% (n=34) and 2.9%. (n=2), respectively, (p=0.0001). The mean difference for dB/m was -22.6, p≤0.0001, while for kPa, the difference was 1.72, p≤0.0001. According to the correlation analysis, this was r=0.73 (strong), p≤0.0001 for the estimation of liver steatosis, and r=0.35 (moderate), p=0.003 for the estimation of liver fibrosis.

Conclusions: TE devices iLivTouch® and Fibroscan® show a strong correlation for estimating liver steatosis and a moderate correlation for estimating liver fibrosis.

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P-101 PHYSICAL AND NUTRITIONAL INTERVENTION EFFECTIVELY REDUCED FRAILTY IN PATIENTS WITH CIRRHOSIS LISTED FOR LIVER TRANSPLANTATION. RANDOMIZED, CONTROLLED TRIAL.

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Conflict of interest: No

Introduction and Objectives: Frailty is associated with an increased morbidity and mortality among patients with cirrhosis. However, there is no specific strategy recommended for these patients. We evaluated the effectiveness of a strategy based on physical and nutritional intervention improving frailty in cirrhotic patients listed for transplantation.

Patients / Materials and Methods: Patients with increased Liver Frailty Index (LFI) (≥3.2) were randomized to the intervention group (guided by physical therapist and dietitian) or control group (standard counseling) for 12 weeks. Based on LFI patients were classified as frail or prefrail. The change on LFI was evaluated at the end of study. Health related quality of life was evaluated employing CLDQ.

Results and Discussion: Sixty-six patients were included (34 to the control group and 32 to the intervention group), age 59.3± 8.8, male 51.5%, main etiologies: MASLD(40.9%), ALD(15.2%), MetALD(6.1%), PBC(6.1%), autoimmune hepatitis(4.5%), overlap(AIH/PBC)(6.1%), MELD Na 17.2±5, Child Pugh A/B/C 13.6%/57.6%/28.8%, Na 137±3mEq/L, creatinine 0.8±0.3 mg/dL, bilirubin 3.3± 3 mg/dL, INR 1.5±0.4, albumin 3.3±0.5 g/dL, LFI 4.23 ±0.5, frail/prefrail (%) 34.8/65.2, CLDQ 4.2±1.1, gait speed 0.86 m/s±0.5. There was a significant improvement of LFI at the end of the study in the intervention group (ΔLFI 0.4 vs ΔLFI 0.16,p=0.02). Notably, we found a significant reduction of the proportion of frail patients in the intervention group vs control group (28.1% vs 8.8%, p=0.02) at the end of the study (Figure). There was a significant improvement in the activity domain of CLDQ in the intervention group(0.52±1.8 vs -0.25±1.5,p=0.04).

Conclusions: This is the first randomized controlled trial performed in patients with cirrhosis showing that a dual intervention can reduce frailty in patients listed for transplantation.

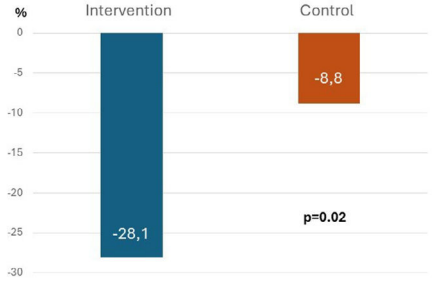

Figure 1. Reduction in the proportion of frail patients at the end of study on each arm.

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