

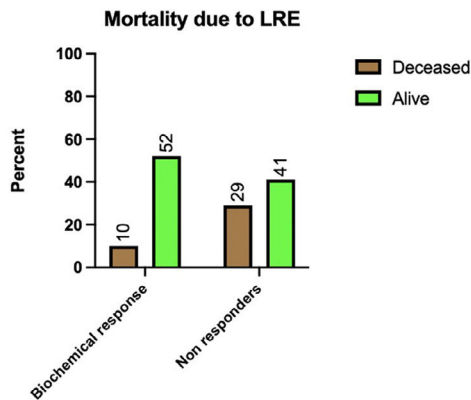


Figure 1: Mortality for LRE
Mortality due to LRE, among patients who fulfilled Toronto criteria for Biochemical response vs those who did not. OR 3.67, 95% CI [1.608 , 8.411], p<0.001

Multivariate regression *	OR (95% CI)	p value
ALP > 2x ULN	3.13 (3.02-3.15)	0.0476
ALT > ULN	2.82 (2.78-2.86)	0.0465
AST > ULN	3.06 (3.01-3.11)	0.0483

Table 2. Multivariate regression analysis of variables associated with no response.
*Adjusted for sex, age, autoimmune diseases. Only overall mortality and development of respiratory failure remained statistically significant.

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P-104 PREVALENCE AND SEVERITY OF MASLD AND ITS ASSOCIATION WITH METABOLIC COMORBIDITIES: INSIGHTS FROM A LINKAGE TO CARE PROGRAM FOR FATTY LIVER DISEASE

Ignacio Roca¹, Omar Galdame¹,
Maria Del Carmen Puente¹, Nicolas Dominguez¹,
Rocío Del Carmen Chávez González¹,
Manuel Barbero¹, Lucia Navarro¹, Fernando Cairo¹

¹ Hospital el Cruce, Buenos Aires, Argentina

Conflict of interest: No
Introduction and Objectives: Metabolic-associated steatotic liver disease (MASLD) is prevalent and linked to comorbidities such as obesity, diabetes, and hypertension. This study aimed to conduct a fatty liver detection campaign as part of a linkage to care program for MASLD at Hospital El Cruce in Buenos Aires and to evaluate its association with metabolic comorbidities.
Patients / Materials and Methods: The community was invited to participate in liver evaluations through a background survey and transient elastography (FibroScan® 530). Adults over 18 years old without known chronic liver diseases, excluding MASLD, were included. Patients were classified by CAP into steatosis positive or negative, and significant fibrosis defined as >7 kPa and advanced fibrosis as >15 kPa. Data on BMI, diabetes, hypertension, and dyslipidemia were collected. Patients with significant alcohol consumption were excluded and followed up. Statistical analyses included Student's t-test, chi-square test, and Fisher's exact test.

Results and Discussion: From March 6 to July 5, 2024, 321 evaluations were conducted. Of these, 62.1% were women and 37.9% men (p=0.07). The mean age was 56 ± 11.3 years, 58.4 ± 10.9 years for women, and 54 ± 11.6 years for men. Moderate to severe steatosis was observed in 85.2% (273/321) of patients. Additionally, 22.1% (71/321) had significant fibrosis and 6.5% (24/321) had advanced fibrosis. The median BMI was 34.6, with 82.1% presenting obesity, 13.7% overweight, and 4.2% normal. Comorbidities included diabetes (47.4%), hypertension (42.1%), and dyslipidemia (30.5%). The combination of obesity and diabetes was more common in patients with advanced fibrosis compared to those with significant fibrosis (62.5% vs. 32.4%, p=0.051).

Conclusions: This study highlights the high prevalence of significant and advanced fibrosis in MASLD patients, by. The strong association between obesity, diabetes, and advanced fibrosis underscores the need for early detection and targeted interventions in high-risk populations. Managing these comorbidities is crucial for improving outcomes in MASLD patients.

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P-105 RISK FACTORS FOR MORTALITY IN PATIENTS WITH DECOMPENSATED CIRRHOSIS DURING HOSPITALIZATION

Diego Fernando Abendaño Rivera¹,
Cristian Yamin Sánchez Sánchez¹,
Karina Cazarin Chávez¹, Daniel Santana Vargas²,
Fátima Higuera De la Tijera¹,
Jose Luis Pérez Hernandez¹

¹ Hospital General de México "Dr Eduardo Liceaga",
Ciudad de México, México
² Dirección de Investigación del Hospital General de
México "Dr. Eduardo Liceaga", Ciudad de México,
México

Conflict of interest: No
Introduction and Objectives: Cirrhosis is a highly prevalent disease, classified into compensated, decompensated, and advanced stages. The risk of death is higher in patients with decompensated and advanced cirrhosis. Various risk factors are associated with mortality. **Objective:** To determine the main risk factors for mortality in patients with decompensated cirrhosis in the gastroenterology service of the General Hospital "Dr. Eduardo Liceaga".
Patients / Materials and Methods: This is an observational, longitudinal, prospective, and analytical study in a cohort of patients with cirrhosis of various etiologies, with and without acute kidney injury (AKI), who were hospitalized during 2022 and followed up to the present date (2024). Patients who were lost to follow-up or diagnosed with hepatocellular carcinoma were excluded. Data was analyzed using SPSS version 23. Qualitative variables were reported as frequencies and percentages, while numerical variables were presented as means and standard deviations or medians and ranges, depending on their distribution. Multivariable analysis was performed using logistic regression to calculate adjusted odds ratios (OR) for each predictive factor. A p-value < 0.05 was considered statistically significant
Results and Discussion: A total of 110 patients with cirrhosis were included, 54 men (49%) with a mean age of 54 ± 8 years, and 56 women (51%) with a mean age of 56 ± 9.7 years. The most frequent etiology of cirrhosis was MASLD (41%), followed by alcohol (39%), with 10 patients having alcohol-induced hepatitis (9%). The Child-Pugh classification distribution was: A: 12 patients (11%), B: 40 patients (36%), and C: 58 patients (53%). Additionally, 37 patients presented ACLF (34%). During follow-up, 28 patients died during