

circumference) were collected. ABI measurement was performed in all patients with a 8 mHz vascular doppler to classify patients as: Normal ABI (1.0-1.4), Altered ABI (≤ 0.9 or >1.4) and borderline ABI (0.91-0.99). Transient elastography (Fibroscan) was performed to determine steatosis and fibrosis stage. We excluded pregnant women, previously known CV disease, CLD or PAD. Descriptive statistics and comparative analysis were performed using SPSS version 24 software.

Results and Discussion: Sixty-eight patients with CV risk factors were included (48 female [70.6%] with a mean age of 47.38 years). Comorbidities were detected as follows: obesity in 52 patients (76.5%); dyslipidemia in 49 patients (72%); diabetes mellitus in 46 patients (67.6%); arterial hypertension in 35 patients (51.5%). Fifty-three patients had normal ABI (77.9%); altered ABI was found in 15 patients (22.1%). Sixty-one patients were found to have steatosis (89.7%), out of which 14 patients had fibrosis (22.9%). Comparison of both groups (altered vs. normal ABI) are presented in Table 1.

Conclusions: Patients with traditional CV risk factors showed a high rate of MASLD and similar altered ABI compared to previously described populations.

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P-108 MAFLD-S SCORE: A CONVENIENT CLINICAL TOOL FOR PREDICTING MASLD IN PRIMARY CARE SETTINGS

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Introduction and Objectives: Non-invasive methods for screening metabolic dysfunction-associated steatotic liver disease (MASLD) are gaining attention. A recent advancement in non-invasive screening is the MAFLD-S score, a tool that exclusively uses clinical data to predict the risk of MASLD.

The aim is to evaluate the performance of the MAFLD-S score to identify individuals with MASLD in a cohort of apparently healthy individuals.

Patients / Materials and Methods: A cross-sectional study was conducted including adults with unknown MASLD. A transient elastography was performed and hepatic steatosis was defined by a controlled attenuation parameter (CAP) > 248 dB/m. The MASLD criteria were assessed, and the MAFLD-S score, Fatty Liver Index (FLI) and Hepatic Steatosis Index (HSI) were calculated in each member of the

cohort. The classification accuracy of these scores was evaluated through their areas under the receiver-operating characteristic (AUROC) curves and their calibration to predict the risk of MASLD was assessed graphically.

Results and Discussion: A total of 521 participants were included, being 61% women, and the mean age was 41 years. The frequency of MASLD in the study population was 44.1%. The area under the ROC curve for MAFLD-S was 0.823 (95% CI, 0.788-0.858), for FLI was 0.841 (95% CI, 0.807-0.875) and for HSI was 0.822 (95% CI, 0.787-0.858). The calculated sensitivity for MAFLD-S score using the recommended threshold was 61% (95% CI 0.55-0.68) and specificity of 81% (95% CI 0.77-0.86), for FLI sensitivity was 62% (95% CI 0.56-0.68) and specificity was 82% (95% CI 0.78-0.87) and for HSI sensitivity was 85% (95% CI 0.80-0.89) and specificity was 61% (95% CI 0.56-0.67).

Conclusions: The MAFLD-S score, a tool that only uses clinical variables, confirmed to be a very good tool for screening MASLD in apparently healthy individuals in Mexico.

	Sensitivity	Specificity	+LR	-LR
Using recommended threshold				
MAFLD-S score	0.61 (0.55-0.68)	0.81 (0.77-0.86)	3.24 (2.50-4.20)	0.48 (0.40-0.57)
Fatty Liver Index	0.62 (0.56-0.68)	0.82 (0.78-0.87)	3.51 (2.67-4.60)	0.46 (0.39-0.55)
Hepatic Steatosis Index	0.85 (0.80-0.89)	0.61 (0.56-0.67)	2.19 (1.87-2.56)	0.25 (0.18-0.34)
Using optimal threshold in our study population				
MAFLD-S score	0.76 (0.70-0.81)	0.77 (0.72-0.81)	3.20 (2.60-4.04)	0.32 (0.25-0.40)
Fatty Liver Index	0.92 (0.89-0.96)	0.66 (0.61-0.72)	2.74 (2.32-3.24)	0.12 (0.08-0.19)
Hepatic Steatosis Index	0.72 (0.66-0.78)	0.76 (0.71-0.81)	3.00 (2.40-3.75)	0.30 (0.30-0.46)

Sensitivity and specificity for the thresholds recommended by each index and with the optimal threshold for our study population

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P-109 ALKALINE PHOSPHATASE AND CIRRHOSIS AT DIAGNOSIS ARE ASSOCIATED WITH DEEP RESPONSE TO URSODEOXYCHOLIC ACID IN PRIMARY BILIARY CHOLANGITIS

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