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Conflict of interest: No

Introduction and Objectives: Primary biliary cholangitis is a chronic and progressive autoimmune liver disease, whose prognosis can be improved by normalizing alkaline phosphatase and bilirubin. While ursodeoxycholic acid (UDCA) is first line standard of care, approximately 40% of patients exhibit incomplete response. We aimed to identify prognostic markers for deep response to UDCA therapy at presentation.

Patients / Materials and Methods: Data from the Brazilian Cholestasis Study Group cohort were analyzed retrospectively. Patients were assessed for deep response (defined as normalization of alkaline phosphatase and bilirubin) after 1 year of UDCA treatment. With the purpose of selecting the set of relevant variables related to the deep response for a parsimonious multivariate model, we applied the Varrank algorithm. Additionally, the performance of the UDCA response score in predicting deep response was evaluated.

Results and Discussion: A total of 297 patients were analyzed, with 57.2% achieving an adequate response according to the Toronto criteria, while 22.9% reached deep response. Cirrhosis (OR 0.460; 95% CI 0.225-0.942; p=0.034) and elevated baseline alkaline phosphatase levels (OR 0.629; 95% CI 0.513-0.770; p<0.001) were associated with reduced odds of deep response. The UDCA response score exhibited moderate discrimination power (AUROC=0.769) but lacked calibration.

Conclusions: Baseline ALP, and cirrhosis at diagnosis emerge as the most important prognostic factors to predict normalization of alkaline phosphatase and bilirubin after UDCA. The UDCA response score is inadequate for predicting deep response in the Brazilian PBC population.

https://doi.org/10.1016/j.aohep.2024.101723

P-110 CHANGES IN THE CLINICAL PRESENTATION OF PRIMARY BILIARY CHOLANGITIS (PBC) OVER THE YEARS IN A UNIVERSITY CENTER IN ARGENTINA

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Conflict of interest: No

Introduction and Objectives: The clinical presentation of primary biliary cholangitis (PBC) has changed globally over time. However, these data have not been sufficiently analyzed in our setting. *Objective:* To analyze changes in the clinical presentation of PBC over the last 40 years in a university center in Argentina.

Patients / Materials and Methods: A retrospective study including 596 patients, divided into four groups according to the year of diagnosis: <1990 (N=113), 1990-1999 (N=206), 2000-2009 (N=151), and >2009 (N=106). Variables analyzed included age at diagnosis, disease stage, clinical presentation (asymptomatic or symptomatic), biochemical stages (according to Rotterdam criteria), and histological stages.

Results and Discussion: The female-to-male ratio was 24:1 and remained stable over time. There was an increase in the mean age at diagnosis, from 54.3 years (±11.6) before 1990 to 57.2 years (±12.2) after 2009 (p=0.0185). The symptomatic clinical variant decreased from 73.7% to 50.0% (p<0.001), while early biochemical stage diagnosis increased from 18.0% to 77.4% (p<0.001) over the same period. Advanced histological stages (III-IV) decreased from 60.2% before 1990 to 20.8% after 2009 (p<0.001).

Conclusions: Over time, patients with PBC have shown a change in their clinical presentation, characterized by an older age at diagnosis, earlier biochemical and histological stages, and a predominance of asymptomatic clinical forms. These findings are consistent with global reports and may be attributable to better knowledge of the disease, greater availability and access to diagnostic tests, and possibly changes in environmental triggers over time.

https://doi.org/10.1016/j.aohep.2024.101724

P-111 CHARACTERIZATION OF PATIENTS WITH PRIMARY SCLEROSING CHOLANGITIS, IN TWO REFERENCE CENTERS, FROM 2011 TO 2023

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Conflict of interest: No

Introduction and Objectives: Primary sclerosing cholangitis (PSC) is a chronic cholestatic disease, characterized by inflammation with fibrosis and obliteration of the intrahepatic and extrahepatic bile ducts. The process of chronic cholestasis eventually leads to biliary cirrhosis. It is associated with ulcerative colitis (UC) in most cases. *Objectives:* To describe clinical, laboratory and imaging characteristics of patients with PSC, in two reference centers for liver diseases, from 2011 to 2023.

Patients / Materials and Methods: Observational, descriptive, retrospective study. Excel is used for data collection. The variables were expressed in frequency, range, mean and percentage.

Results and Discussion: 16,347 records were reviewed, of which, 36 (0.22%) had the diagnosis of PSC. Four had incomplete medical records so 32 were included. Fifty nine percent were

male, the mean age was 43 years, with a range of 20 to 88. The clinical presentation of 75% of the patients was jaundice. Abdominal pain or pruritus were the second and third most frequent symptoms. Pruritus, as an isolated symptom, occurred in 13%. Thirteen percent of the patients were asymptomatic. The liver function test showed a cholestatic pattern in 94% of the patients. The diagnosis was confirmed by cholangio-resonance in 78%, endoscopic retrograde cholangiopancreatography in 6% and a combination of both in 16%. Fifty percent of the patients had associated Inflammatory Bowel Disease (93.75% were UC). One of the 32 patients (3%) presented PSC associated to Autoimmune Hepatitis. The complications were: progression to liver cirrhosis in 53%, bacterial cholangitis in 13%, bile duct stones in 6%. Sixteen percent underwent Liver Transplantation and 28% did not present any complications.

Conclusions: The first series of patients with PSC in our country is reported. The characteristics of this pathology, in this series, do not differ significantly from the characteristics published in most other countries.

https://doi.org/10.1016/j.aohep.2024.101725

P-112 ADVANCED FIBROSIS IN PATIENTS WITH LIVER STEATOSIS MEASURED BY FIBROSCAN AND ITS ASSOCIATED FACTORS

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Conflict of interest: No

Introduction and Objectives: The prevalence of fatty liver disease associated with metabolic dysfunction (MASLD) has been increasing. Its most advanced stage is F3-F4 fibrosis with eventual decompensation and the need for liver transplantation. The aim was to identify the factors associated with advanced fibrosis as observed by liver elastography (Fibroscan®) in patients with MASLD and in a subgroup of patients with diabetes mellitus (DM).

Patients / Materials and Methods: Retrospective, descriptive study of patients with MASLD who underwent Fibroscan® in our center between October 2023 and June 2024. Patients were categorized into 2 groups: without advanced fibrosis (F0-F2) and with advanced fibrosis (F3-F4). Sociodemographic variables, clinical and laboratory history were analyzed between groups, using chi2 and Mann-Whitney in Stata 16.0 software.

Results and Discussion: Of 1297 Fibroscan® performed in the study period, 577 (44%) patients met MASLD criteria for analysis; 62% women, median age 58 years (interquartile range 48 – 66); Advanced fibrosis was presented in 132 (33%) patients. The table compares the sociodemographic and clinical characteristics of the patients according to the degree of fibrosis. Older age, Fonasa health insurance, hypertension, diabetes mellitus, obesity, higher level of glycosylated hemoglobin and higher CAP (Coefficient Attenuated Parameter) were associated with advanced fibrosis. A sub-analysis was carried out in patients with MASLD and DM (n = 151), observing that Fonasa health insurance (65% vs 47%; p=0.032) and obesity (67% vs 43%; p=0.004) were associated with advanced fibrosis.

Conclusions: In patients with MASLD who present cardio metabolic risk factors such as older age, hypertension, diabetes mellitus, and obesity, the presence of advanced fibrosis should be evaluated to prevent associated complications.

Table. Sociodemographic characterization and clinical history of patients with hepatic steatosis according to the degree of fibrosis

	Advanced fibrosis (F3 – F4) N = 132	Without advanced fibrosis (F0 – F2) N = 445	P value
Age in years (median;IQR)	60 (52 – 68)	57 (47 – 65)	**0.0031**
Gender (n, %)			
Female	79 (60)	277 (61)	0.756
Male	53 (40)	172 (39)	
Health insurance			
Public (Fonasa)	79 (60)	175 (41)	**< 0.0001**
Private	53 (40)	254 (59)	
Comorbidities (n, %)			
Hypertension	70 (53)	164 (37)	**0.001**
Diabetes Mellitus	60 (45)	91 (26)	**< 0.0001**
Insulin resistance	23 (17)	83 (19)	0.749
Dyslipidemia	9 (7)	40 (9)	0.432
Obesity	87 (66)	218 (49)	**0.001**
Body Mass Index (median;IQR)	32 (29 – 35.7)	29,9 (27.3 – 32.5)	**< 0.0001**
Laboratory tests (median;IQR)			
Glucose (n = 204)	100 (90 – 119)	99 (158 – 211)	0.183
Insulin (n = 59)	22.9 (15.2 – 36.2)	13.1 (10.1 – 20.9)	**0.020**
Glycosylated hemoglobin (n = 125)	6 (5.8 – 7.1)	5.7 (5.4 – 6.1)	**0.0031**
Cholesterol (n = 231)	164 (141 – 198)	185 (158 – 211)	**0.0044**
LDL (n = 167)	90 (67 – 114)	103 (75 – 128)	0.058
HDL (n = 167)	50 (41 – 57)	50 (39 – 62)	0.985
Triglycerides (n = 199)	123 (100 – 172)	139 (100 – 205)	0.467
CAP (median;IQR)	309 (266 – 345)	297.5 (268 – 322)	**0.026**
Steatosis			
Mild	32 (24)	106 (24)	0.095
Moderate	17 (13)	94 (21)	
Severe	83 (63)	245 (55)	

IQR: Interquartile range; CAP: Coefficient Attenuated Parameter

https://doi.org/10.1016/j.aohep.2024.101726

P-113 EVALUATION OF THE MELNA AGIB SCALE TO PREDICT MORTALITY IN PATIENTS WITH CIRRHOSIS AND VARICEAL HEMORRHAGE

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Conflict of interest: No

Introduction and Objectives: Patients with decompensated cirrhosis are at risk of variceal hemorrhage, which increases the risk of mortality. Validated scales exist to assess this risk, but there is currently no scale that evaluates the risk of variceal hemorrhage and death simultaneously. The MELDNa AGIB (acute gastrointestinal bleeding) scale incorporates sodium (Na) levels, albumin levels, the corrected QT interval (QTc), and a history of hemorrhage to calculate mortality at 6 weeks. While it has been evaluated in other centers, further studies are needed to validate its utility. To evaluate the MELDNa-AGIB scale for predicting the risk of mortality in decompensated cirrhotic patients.

Patients / Materials and Methods: This was a retrospective, analytical, observational study conducted on a cohort of patients with decompensated cirrhosis and variceal hemorrhage. The MELDNAA-GIB scale was calculated for each patient and compared with other scoring systems, including MELD, MELD NA, MELD LACTATE, and MELD 3.0, to assess its effectiveness. Statistical analysis involved the construction of ROC curves to determine the prognostic value of each