

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.

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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, %)			0.756
Female	79 (60)	277 (61)	
Male	53 (40)	172 (39)	
Health insurance			< 0.0001
Public (Fonasa)	79 (60)	175 (41)	
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			0.095
Mild	32 (24)	106 (24)	
Moderate	17 (13)	94 (21)	
Severe	83 (63)	245 (55)	

IQR: Interquartile range; CAP: Coefficient Attenuated Parameter

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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

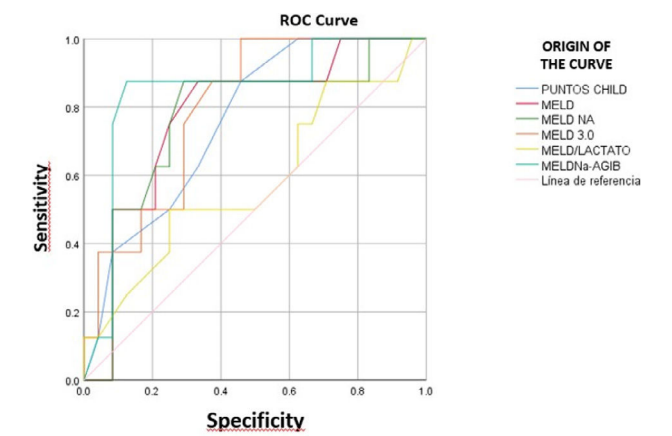
Introduction and Objectives: Patients with decompensated cirrhosis are at risk of variceal hemorrhage, which increases the risk of mortality. Validated scales exist to assess this risk, but there is currently no scale that evaluates the risk of variceal hemorrhage and death simultaneously. The MELDNa 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

scoring system in predicting mortality among patients with variceal bleeding. A significance level of $p < 0.05$ was considered, and sensitivity and specificity were determined based on the cutoff points obtained from the significant ROC curves.

Results and Discussion: A total of 32 patients were included in the study, of whom 56.2% were male, with an average age of 57 ± 11 . The etiologies of cirrhosis included alcohol-related, metabolic-associated fatty liver disease (MAFLD), dual injury, hepatitis C virus (HCV), autoimmune hepatitis (AIH), and unidentified causes (34.37%, 31.25%, 21.87%, 6.25%, 3.12%, 3.12%, respectively). Fifty percent of the patients had a prolonged QTC interval (>456 ms) as calculated using the Fridericia formula, and 67.2% had a history of previous variceal hemorrhage. The MELDNa-AGIB scale demonstrated an area under the receiver operating characteristic (AUROC) curve of 0.849 (95% confidence interval: 0.681-0.950, $p=0.004$), with a sensitivity of 87.5% and specificity of 83% when a cutoff point of 17 was applied for MELDNa-AGIB. The AUROC for predicting mortality was significantly lower for MELD/Lactate.

Conclusions: Although the study group was small, the MELDNa-AGIB scale showed significant performance in predicting 6-week mortality in patients who developed variceal hemorrhage.



AREA UNDER THE CURVE					
TEST VARIABLES	Area	Desv. Error ^a	Asymptotic significance ^b	95% Asymptotic Confidence Interval	
				Lower limit	Upper limit
CHILD PUGH SCORE	0.758	0.089	0.031	0.584	0.932
MELD	0.776	0.094	0.021	0.592	0.960
MELD NA	0.766	0.102	0.026	0.566	0.965
MELD 3.0	0.797	0.080	0.013	0.639	0.955
MELD/LACTATE	0.583	0.124	0.486	0.341	0.826
MELDNa-AGIB	0.849	0.086	0.004	0.681	1.000

The test result variables: CHILD POINTS, MELD, MELDNa, MELD 3.0, MELD/LACTATE, MELDNa-AGIB have at least one tie between the positive true state group and the negative true state group.

a. Under the non-parametric assumption

b. Null hypothesis: true area = 0.5

Figure 1. Comparative analysis among different scales in patients with variceal hemorrhage and hepatic cirrhosis.

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P- 114 CLINICAL CHARACTERIZATION OF CIRRHOTIC PATIENTS HOSPITALIZED AT THE CARDIOINFANTIL FOUNDATION: A NEW PERSPECTIVE

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Conflict of interest: No

Introduction and Objectives: Cirrhosis is classically classified as compensated or decompensated in relation to the presence of ascites, variceal bleeding or encephalopathy. 5 stages of the course of the disease have been associated with the combination of these decompensations being the most advanced stages associated with higher mortality (60% per year). Acute-on-chronic liver failure (ACLF) can appear at any time during the course of the disease. Trying to understand the clinical course of cirrhosis, the PREDICT study established the CLIF-C AD score as a scale with greater sensitivity (>50 pts) to discriminate patients at high risk of developing ACLF with new trajectories of the course of cirrhosis: Stable and unstable decompensated cirrhosis; and pre-ACLF. Currently, there are no studies in Latin America that characterize the clinical outcomes in relation to the courses proposed by the PREDICT study. **Objectives:** Describe the demographic, clinical, paraclinical, management and outcomes in adult patients with cirrhosis, who have received medical care at the Cardioinfantil Foundation for any episode of decompensation in the period between 2015-2021

Patients / Materials and Methods: Historical cohort where exposure was defined as decompensated cirrhotic patients requiring hospital care during the period from 2015 to 2021. Descriptive statistics were used, and flow charts were used to indicate the distribution of patients.

Results and Discussion: Information was collected from 259 patients, mainly men (45%). Main etiologies of cirrhosis were MASH (18.9%), alcoholic (17%), cryptogenic (13.9%), and autoimmune hepatitis (12%). Patients mainly corresponded to the stable decompensated group (75%). The most frequent decompensation documented on admission was ascites in 66%, followed by hepatic encephalopathy in 41.3%. In the pre-ACLF group, mortality and renal dysfunction were higher.

Conclusions: Patients who present with decompensation of cirrhosis and who during their stay developed an infectious process associated with renal dysfunction and high CLIF C-AD scores are more likely to develop ACLF.

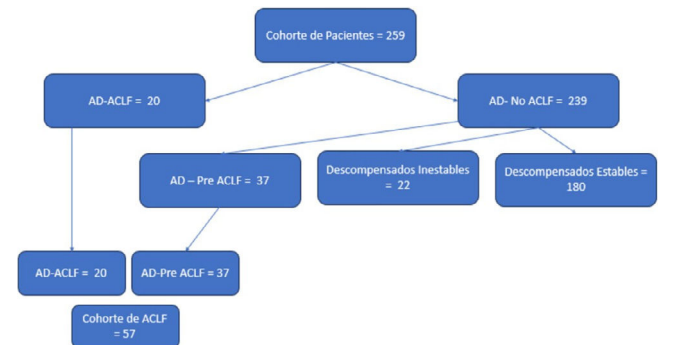
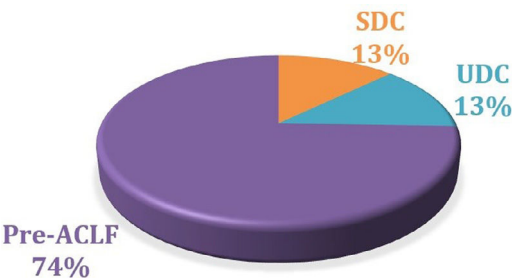


Figura 1



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