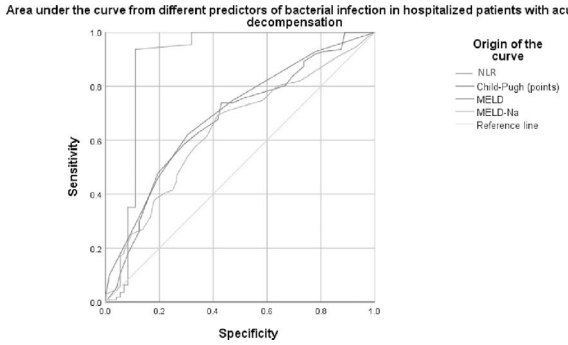
distribution by etiology was as follows: Alcohol 72 (39.3%), MASLD 55 (30.1%), Autoimmune 27 (14.8%), Hepatitis C Virus 16 (8.7%), MetALD 16 (8.7%). According to the Child-Pugh score, 91 (49.7%) were class C, 68 (37.2%) were class B, and 24 (13.1%) were class A. Acute decompensations reported were: Variceal bleeding in 90 patients (49.1%), Ascites in 79 (43.1%), and Hepatic Encephalopathy in 102 (55.7%). The degree of acute-on-chronic liver failure upon admission was established: Grade 1 in 30 patients (16.3%), grade 2 in 29 (15.8%), and grade 3 in 12 (6.5%). It was found that 111 (60.7%) patients had bacterial infections during hospitalization, which were urinary infections 69 (37.7%), spontaneous bacterial peritonitis 22 (12%), pneumonia 13 (7.1%), bacteremia 7 (3.8%). NLR ≤ 1.9 predicted bacterial infection with a sensitivity of 94% and specificity of 89% (AUC-ROC: 0.89, 95% CI 0.82-0.95, p <0.0001), compared to other scales such as Child-Pugh, MELD, or MELD-Na with AUC-ROC of 0.69 (0.62-0.77), 0.68 (0.60-0.76), 0.64 (0.56-0.72) respectively.

Conclusions: The Neutrophil-to-Lymphocyte Ratio (NLR) is highly effective in predicting bacterial infections in patients with liver cirrhosis, surpassing the Child-Pugh, MELD, and MELD-Na scales. This indicates that NLR is a valuable tool for early identification of infections in this patient population.

Ethical statement: This study was reviewed and approved by the ethics committee.

Declaration of interests: No conflicts of interest.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.



NLR: Neutrophil-to-Lymphocyte Ratio; MELD: Model for End-Stage Liver Disease; MELD-Na: Model for End-Stage Liver Disease with Sodium.

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Liver alterations found in patients with inflammatory bowel disease in a tertiary care center.

Kenia M. Bastida-Guadarrama[1],
Jorge Luis De-León-Rendón[2],
Viridiana López-Ladrón-de-Guevara[1],
Santiago Camacho-Hernandez[1],
Fátima Higuera-de-la-Tijera[1]

[1] *Department of Gastroenterology and Hepatology, General Hospital of Mexico "Dr. "Eduardo Liceaga."*
[2] *Department of Coloproctology, General Hospital of Mexico "Dr. "Eduardo Liceaga." Mexico City, Mexico*

Introduction and Objectives: Inflammatory bowel disease (IBD) encompasses two main conditions: Crohn's disease (CD) and ulcerative colitis (UC); the association between these diseases and liver diseases has been described. The objective of this work is to report the frequency of these alterations in a tertiary hospital.

Material and Patients: Observational, retrospective, descriptive, case series type. Patients with a diagnosis of IBD were included, including its two variants, CD and UC. An intentional search was carried out for alterations in the liver biochemical profile, findings in imaging methods and their clinical correlation, primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC), autoimmune hepatitis (AIH), among other anatomical alterations. Qualitative data are expressed in percentages and quantitative data in mean±SD.

Results: 62 patients were included, of which 31 were men and 31 were women, with a mean age of 42.74±15.47 years. Within this universe, there were 22 patients with CD (35.4%), 40 patients with UC (64.5%) who, according to the Montreal classification, were classified as E1=4 patients (10%), E2=12 patients (30%), E3=24 patients (60%). There were 16 patients (25.8%) who had some reported liver alteration, of which 8 (12.9%) with autoimmune liver diseases, 5 with PSC (8.06%), 2 with PBC (3.22%), 1 with HAI (1.61%). When intentionally searching for liver morphological alterations and as an incidental finding, they were found 3 (4.83%) simple hepatic cysts, 1 (1.61.%) hepatic hemangioma, and finally, 2 (3.22%) hepatitis C virus (HCV) infections.

Conclusions: IBD is commonly associated with autoimmune liver disorders. Likewise, the CUCI-PBC and CUCI-HAI relationship was found, which agrees with the international literature and is extrapolated with the population studied. Other incidental findings are also frequent, especially the high frequency of HCV compared to the general population.

Ethics statement: The study was conducted in accordance with the Helsinki Declaration (2013 World Medical Association update).

Declaration of interests: None.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Correlation of Cardiovascular Risk Score with Alterations in Carotid Intima-Media Thickness in Patients with MASLD

José L. Vargas-Basurto[1], Ana D. Cano-Contreras[2],
Héctor R. Ordaz-Alvarez[1],
Genesis P. Martinez-Perez[1],
Kevin D. Gonzalez-Gomez[1], Jose M. Remes-Troche[1]

[1] *Institute of Medical and Biological Research, Universidad Veracruzana, Veracruz, Mexico*
[2] *Master's Degree in Translational Biomedicine, Institute of Medical and Biological Research, Universidad Veracruzana, Veracruz, Mexico*

Introduction and Objectives: MASLD is associated with cardiovascular disease due to systemic inflammation and endothelial dysfunction. Carotid intima-media thickness (CIMT) and atherosclerosis are considered markers of generalized atherosclerosis and increased cardiovascular risk (CVR). The objective of this study is to describe the correlation between CVR and changes in CIMT in patients with MASLD.

Materials and Patients: This observational, cross-sectional, analytical study was conducted at the Instituto de Investigaciones Médico-Biológicas liver clinic from January 2023 to April 2024. Patients who met the eligibility criteria provided informed consent and underwent the following procedures: transitional liver elastography (TE), carotid Doppler ultrasound (USG), somatometric measurements, and biochemical tests. Cardiovascular risk scores (Framingham, ASCVD, SCORE2) and FIB-4 were calculated. Participants were categorized into two groups based on carotid intima-media thickness, altered CIMT (>1.1 mm) and normal CIMT (<1.1