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Abstracts of the 2025 Annual Meeting of the ALEH (Asociación Latinoamericana para el Estudio del Hígado)

#39

DRUG-INDUCED DUCTOPENIA IN THE SPANISH AND LATINDILI REGISTRIES

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Introduction and Objectives: Ductopenia is a rare phenotype of drug-induced liver injury (DILI), usually emerging after prolonged cholestasis. This study aimed to evaluate the clinical, histological, and outcome features of drug-induced ductopenia (DID) using data from the Spanish and LATINDILI registries.

Materials and Methods: Among 1,564 DILI cases (Spanish: 1,037; LATINDILI: 527), 10 cases met criteria for DID, defined as vanishing interlobular bile ducts in >50% of portal tracts. Clinical, biochemical, and histological data, along with outcomes, were analyzed.

Results: The mean age of DID patients was 50 ± 19 years; 45% were female. Clinical presentation was hepatocellular in 40%, mixed in 40%, and cholestatic in 20%. Causative agents included ciprofloxacin, amoxicillin-clavulanate, metformin, ticlopidine, stanozolol, carbamazepine, sertraline, captopril, and droxicam. Jaundice was present in 90%, and 80% required hospitalization. Rash and eosinophilia occurred in 40%, and autoantibodies were found in two cases. Median onset time was 34 days; therapy duration averaged 32 days. Mean biochemical values: AST 4.3×ULN, ALT 8.9×ULN, ALP 2.8×ULN, GGT 10×ULN, and total bilirubin 11 mg/dL. Liver histology revealed cholestasis, portal inflammation, fibrosis, ductular reaction, and interface hepatitis. Compared to non-ductopenic DILI cases in both networks, DID patients had similar latency and clinical patterns but showed higher rates of hypersensitivity. Outcomes were favorable, with no fatalities. Liver tests normalized within 2 months to 2 years (median 3.5 months).

Conclusions: Drug-induced ductopenia is marked by pronounced hyperbilirubinemia and frequent hypersensitivity features. Unlike other series, it shows a benign course with full recovery in all reported cases.

Conflict of interest: None

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#93

VALIDATION OF NONINVASIVE CLINICAL PATHWAYS TO IDENTIFY ADVANCED

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Introduction and Objectives: Limited data exist on non-invasive clinical algorithms for MetALD and ALD. We aimed to (1) quantify the false-negative rate of standard algorithms combining Fibrosis-4 index (FIB-4) and vibration-controlled transient elastography (VCTE) for detecting advanced fibrosis in MetALD and ALD, and (2) evaluate the diagnostic accuracy of FIB-4 for advanced fibrosis in MetALD.

Materials and Methods: Retrospective cohort including 764 well-characterized adults with MetALD (n=334, 43.7%) or ALD (n=430, 56.3%) from 14 countries (2003–2025) according to the 2023 criteria; other concomitant liver diseases were excluded. All underwent VCTE (>8 kPa considered elevated); 244 (31.9%) also had liver biopsy. FIB-4 was categorized as low risk <1.3, indeterminate 1.3–2.67 (2.0–2.67 if ≥65 years), and high risk >2.67. Analysis included AUROC curves.

Results: Mean age was 49.5 years (IQR 41–59); 73.1% were male; mean BMI 28.0 kg/m^2 (IQR 24.1–31.6); 32.2% had diabetes. Median FIB-4 was 1.57 (IQR 0.92–3.29); median LSM 8.6 kPa (IQR 5.9–22.3). Among those biopsied (n=244), 14.3% had F3 and 11.9% had cirrhosis (F4). Of the low FIB-4 group, 28.1% had elevated VCTE (32.0% MetALD; 24.9% ALD). Sixteen participants classified as low-risk by both FIB-4 and LSM had ≥F3 fibrosis on biopsy—false-negative rate 6.6% overall (5.7% MetALD; 7.4% ALD) (Figure). In MetALD, FIB-4 yielded an AUROC of 0.736 (95%CI:0.610–0.863) for ≥F3 fibrosis; the optimal cut-point was ≥1.65 (sensitivity 74%, specificity 73%). Applying ≥1.65 to participants over 65 years with MetALD reduced the false-negative rate to 2.0%, while the referral rate rose only from 30.3% to 33.6%.

Conclusions: Standard noninvasive pathways combining FIB-4 and VCTE had low false-negative rates for advanced fibrosis in MetALD and ALD. In patients with MetALD aged +65 years, lowering the FIB-4 threshold to ≥1.65 may improve advanced fibrosis detection.

Conflict of interest: None

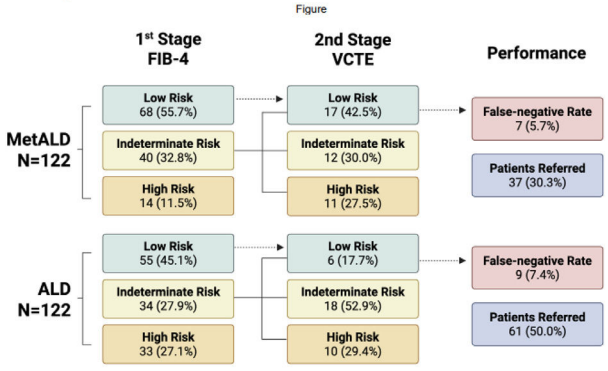

Figure: Performance of the clinical algorithms using the Fibrosis-4 index (FIB-4) and vibration-controlled transient elastography (VCTE) to detect advanced fibrosis in metabolic dysfunction–associated steatotic liver disease (MetALD) and alcohol-associated liver disease (ALD).

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#95

CHOLANGIOCARCINOMA IN INDIVIDUALS WITH CHRONIC LIVER DISEASE IS DIAGNOSED EARLIER, LEADING TO BETTER PROGNOSIS

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