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Introduction and Objectives: Severe alcohol–associated hepatitis (AH) has a high risk of short-term mortality especially in those r with acute–on–chronic liver failure (ACLF). Delayed evaluation for liver transplantation (LT) in severe AH often worsens nutritional and functional status. This study aimed to identify early mortality predictors.

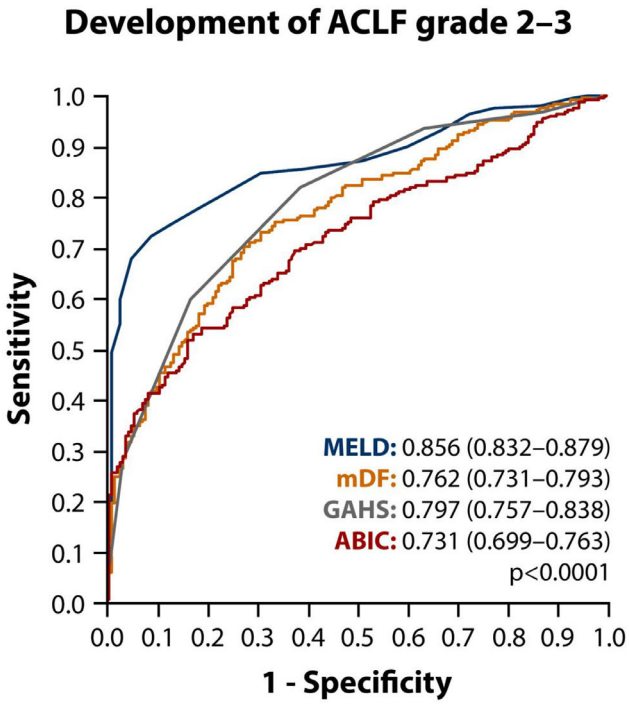
Materials and Methods: In a prospective study, 981 adults with AH were enrolled from 32 centers in 14 countries (January 2015 –September 2024). ACLF was classified by EASL-CLIF criteria. Primary outcomes were 30- and 90-day mortality. Competing-risk regression (LT as the competing event) and receiver-operating-characteristic (AUROC) analyses evaluated clinical scores predicting development of ACLF grades 2–3 within seven days of admission.

Results: The mean age was 48.3 ± 11.2 years, and 88.7% were male. Within the first week, 68.8% of patients had ACLF—30.1% with grade 1, 34.5% with grade 2, and 35.4% with grade 3. Overall survival rates were 84.7% at 30 days and 75.8% at 90 days. Adjusted analyses identified increasing age, infections, higher admission MELD score, and ACLF grades 2 (subdistribution hazard ratio [sHR] 1.59) and 3 (sHR 2.58) as independent predictors of 90-day mortality. The MELD score was the best predictor of developing ACLF grades 2–3 (AUROC 0.869), with MELD ≥28 showing 64% sensitivity and 90% specificity. These findings were confirmed in two external validation cohorts: a prospectively enrolled U.S. cohort (n=234) and a retrospective cohort from seven countries (n=602).

Conclusions: ACLF and infections are key determinants of mortality in severe AH. The MELD score at admission is a robust early predictor of high–grade ACLF, supporting its use to determine LT candidacy earlier.

Conflict of interest: None

Figure: Comparison of the performance of different models in predicting the development of acute-on-chronic liver failure (ACLF) grade 2-3 during the first week of admission using the area under the Receiver Operating Characteristic (ROC) curves. Analysis included the Model of End-stage Liver Disease (MELD), the Maddrey's discriminant function (mDF), and the Age-Bilirubin-International Normalized Ratio-Creatinine (ABIC) scores.



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LONG-TERM ALBUMIN THERAPY MAY IMPROVE SURVIVAL IN CIRRHOSIS WITH ASCITES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction and Objectives: Single intravenous albumin infusions are indicated for specific events in decompensated cirrhosis. However, long-term albumin (LTA) use has been debated due to discrepant trial results. In light of recent additional evidence, we evaluated the impact of LTA on mortality in patients with cirrhosis and ascites through a meta-analysis of clinical trials.

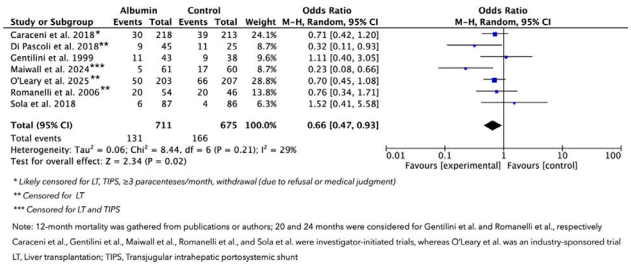
Materials and Methods: A systematic review and meta-analysis of randomized and non-randomized trials since 1995 was conducted using PubMed, with manual searches of conference abstracts in the past two years. Eligible studies enrolled adults with cirrhosis and ascites, compared ≥4 weeks of LTA to standard care or placebo, and reported ≥12-month mortality. A random-effects model was used to calculate odds ratios (ORs) and 95% confidence intervals (CIs). Heterogeneity was evaluated using χ^2 and I^2 statistics.

Results: Of 22 studies, 7 met inclusion criteria. Exclusions were due to absent albumin intervention, short treatment duration, or no control group. A total of 711 and 675 patients were included in albumin and control groups, respectively. Death occurred in 131 and 166, respectively. Twelve-month mortality was obtained from all but two trials, which reported 20 and 24-month mortality. The pooled OR for up-to-24 -month mortality was 0.66 [95% CI: 0.47−0.93], indicating a 34% mortality reduction with LTA (Figure). τ^2 and I^2 indicated low heterogeneity.

Conclusions: This meta-analysis estimates that, on average, LTA was associated with a one-third reduction in mortality in patients with cirrhosis and ascites. Future analyses of individual-level mortality predictors and other liver-related complications may help identify patients more likely to benefit from LTA.

Conflict of interest: Yes, Cristina Coll-Ortega, Elisabet Viayna, and Thomas Ardiles are employees of Grifols. Rahul Rajkumar is an employee of Boston Strategic Partners, Inc.

Forest plot of odds of mortality up to 24 months with long-term albumin use



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#117

LIVER FIBROSIS IN INDIVIDUALS WITH METABOLIC DYSFUNCTION−ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) IN LATIN AMERICA: INTERIM RESULTS FROM THE STELLA STUDY

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Introduction and Objectives: Prospective data on liver-fibrosis risk among Latin Americans with MASLD remain scarce, although genetic susceptibility and lifestyle behaviors may heighten vulnerability. This multinational, prospective study aims to define the principal determinants of fibrosis in this high-risk population across Latin America.

Materials and Methods: We performed a cross-sectional baseline analysis of the STELLA study, which is prospectively enrolling adults with MASLD (2023 criteria) at 10 centers (Argentina 15.1%, Brazil 66.2%, Chile 5.9%, Colombia 1.9%, Mexico 0.3%, Peru 10.6%). Alcohol intake, dietary patterns, and vibration-controlled transient elastography (VCTE) were assessed in all participants. When biopsy was unavailable, fibrosis was staged by liver stiffness measurements (LSMs) on VCTE cut-offs (advanced ≥ 8.8 kPa, cirrhosis ≥ 11.8 kPa). Factors associated with liver stiffness were examined with multivariable linear regression adjusted for age, sex, body mass index (BMI), type 2 diabetes mellitus (T2DM), hypertension, and dyslipidemia.

Results: A total of 370 participants were analyzed (median age 66 [58−73] years; 66.7% women; median BMI 30.9 [27.5−34.8] kg/m^2). The prevalence of T2DM was 55.8%, hypertension 38.3%, and dyslipidemia 39.4%. The median alcohol intake was 0 [0−28] grams/week. Median liver stiffness was 9.2 [6.1−16.6] kPa, with advanced fibrosis present in 53.2% and cirrhosis in 18.8%. In the adjusted model, female sex (β = +3.0 kPa; 95%CI 0.2−5.8; p=0.034), T2DM (β = +4.9 kPa; 95%CI 2.2−7.6; p<0.001), and dyslipidemia (β = +3.9 kPa; 95%CI 1.2 −6.5; p=0.005) were independently associated with higher LSM values, with T2DM showing the strongest effect (Figure).

Conclusions: In this well-characterized cohort of Latin-American adults with MASLD, female sex, T2DM, and dyslipidemia emerged as leading risk factors for liver fibrosis. The STELLA project, including a larger sample and longitudinal follow-up, may further clarify the natural history of MASLD in Latin America (FONDECYT 1241450).

Conflict of interest: None