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Introduction and Objectives: Severe alcohol-associated hepatitis (AH) carries high mortality. Although the role of cardiometabolic risk factors (CMRF)—including obesity, type 2 diabetes mellitus (T2DM), hypertension (HTN), and dyslipidemia (DLP)—has been characterized in steatotic liver disease, their role in the severity of AH remains unclear.

To evaluate the impact of CMRF on mortality and infection risk in AH.

Materials and Methods: Multinational prospective cohort study (2015−2024) including hospitalized patients with severe AH across 24 centers in 14 countries (Global AlcHep Network). Diagnosis of AH was done using NIAAA criteria. Analyses included competing-risk models, with liver transplantation as a competing risk. Models were adjusted by age, sex, ethnicity, history of cirrhosis, CMRF, corticosteroids use, MELD, and ACLF grade.

Results: 935 participants were included. Median BMI was 24.2kg/m2, prevalence of T2DM was 21%, HTN 17%, DLP 7%. In adjusted competing-risk models, age (sHR 1.02, 95%CI: 1.01-1.04; p<0.001), MELD (sHR 1.04, 95%CI: 1.01−1.06; p<0.001), infections (sHR 1.76, 95%CI: 1.28−2.41; p<0.001), and ACLF grade 2 (sHR 1.67, 95%CI: 1.05−2.69; p<0.032) and 3 (sHR 3.06, 95%CI: 1.88−4.99; p<0.001) were associated with higher risk of mortality, while obesity (sHR 0.67, 95%CI: 0.48−0.93; p=0.016) and corticosteroids use (sHR 0.67, 95%CI: 0.49 −0.92; p=0.014) were associated with lower mortality. T2DM, HTN and DLP weren't associated with higher mortality.

Conclusions: Metabolic dysfunction was not associated with increased mortality in AH. Although obesity may be a protective factor, these findings could be explained by a better nutritional status than the lean population.

Conflict of interest: None

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CHARACTERIZATION OF THE UNRECORDED ALCOHOL USE WORLDWIDE: A SYSTEMATIC REVIEW AND SURVEY-BASED STUDY

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Introduction and Objectives: Unrecorded alcohol - products that escape taxation, regulation, and safety checks - represents up to one quarter of world alcohol intake and is strongly linked to hazardous drinking and alcohol-related liver disease. Knowledge gaps regarding unrecorded alcohol worldwide need to be addressed to better inform region-specific harm reduction strategies.

To characterize the population, contemporary consumption patterns, and physicians' interest in unrecorded alcohol worldwide.

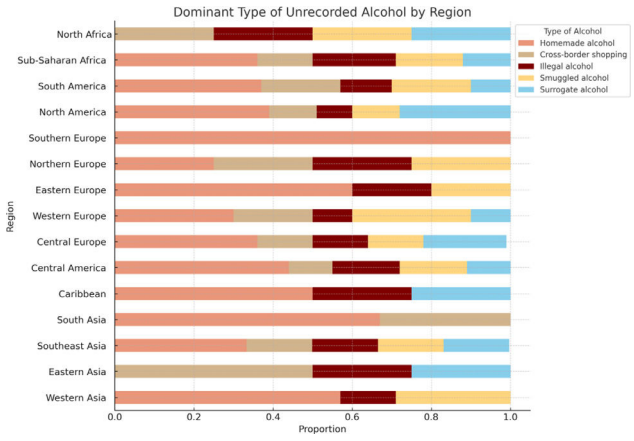
Materials and Methods: Cross-sectional survey-based study. Data was collected between August and November 2024, distributing a 19 item electronic questionnaire to hepatology-focused physicians worldwide. Responses were categorized into 15 geographic regions and were analyzed by descriptive statistics.

Results: We collected 116 survey responses from 44 countries. Homemade alcohol was the predominant form of unrecorded alcohol consumed, representing the largest share in most regions. Consumers were predominantly male and of working age. Rural consumption of homemade alcohol exceeded that of urban areas, whereas smuggled and cross-border alcohol were mainly consumed in urban areas. Among at-risk groups unrecorded alcohol consumption was highest in drug users and lowest in pregnant women and prisioners. Binge drinking was the most pattern for homemade, illegal, and smuggled alcohol; heavy drinking predominated for surrogate alcohol; and moderate drinking was most common for cross-border purchases. Sub-Saharan Africa had the highest prevalence of heavy drinking across all unrecorded alcohol categories, whereas North America had the highest prevalence of heavy drinking in the surrogate alcohol category. Only 21% of physicians reported "always" asking patients about unrecorded alcohol use, whereas 4.6% reported "never" doing so. A combined 52% indicated they "usually" or "Rarely" ask about unrecorded alcohol use.

Conclusions: Unrecorded alcohol use is widespread, driven by homemade sources, with higher prevalence in rural areas and among people who consume drugs, while physician screening remains limited.

Conflict of interest: None

Dominat type of unrecorded alcohol by region



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#162

IDENTIFICATION OF NOVEL INTESTINAL MICROBIOTA-BASED MARKERS ASSOCIATED WITH DYSBIOSIS, SEPSIS AND SHORT-TERM MORTALITY IN ALCOHOL-RELATED DECOMPENSATED CIRRHOSIS AND ACUTE-ON-CHRONIC LIVER FAILURE

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Introduction and Objectives: Decompensated cirrhosis (DC) and acute-on-chronic liver failure (ACLF) related to alcohol present high morbidity and mortality and complications such as sepsis and multi-organ failure. The intestinal microbiota (IM) suffers from marked dysbiosis, altering SCFA biosynthesis and affecting the gut-liver axis. The microbial pathways involved, poorly understood in these pathologies, could represent useful prognostic markers.

To evaluate the relative quantification of bacterial SCFA genes in the IM of patients with CD and ACLF, and their association with different clinical outcomes and alpha-diversity.

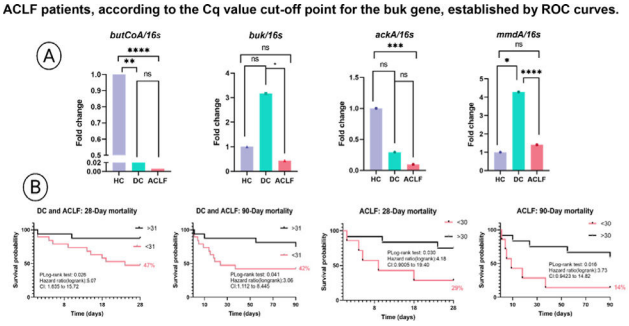
Materials and Methods: Retrospective analytical study. Fecal samples from 19 ACLF patients, 16 DC, and 16 healthy controls (HC) were included. The butCoA, buk, ackA, and mmdA genes were quantified by qPCR. ROC curves and Kaplan-Meier analyses were performed using GraphPad. Approval number: CI-01023. No conflicts of interest are reported.

Results: Relative abundances of butCoA and ackA genes were significantly decreased in DC and ACLF patients ($p<0.05$), whereas mmdA increased in DC. buk increased in patients who died at 28 days ($p<0.01$) and showed a negative correlation with alpha-diversity, being associated with dysbiosis. Furthermore, buk and butCoA discriminated 28-day mortality in DC and ACLF (AUROC 0.75 and 0.85, respectively). In Kaplan-Meier analyses, increased buk was associated with 28-day mortality of 53% in DC and 71% in ACLF.

Conclusions: Intestinal microbiota of DC/ACLF showed reduction of butCoA, ackA, and mmdA, correlating with functional loss. Increased buk was associated with 28-day mortality, loss of alpha-diversity and sepsis. These findings propose novel microbial biomarkers in the Mexican population which will have to be validated later.

Conflict of interest: None

(A) Relative quantification of bacterial genes encoding SCFA biosynthesis-related genes in feces of the three study groups and (B) Kaplan-Meier mortality analysis on 28- and 90-day mortality in DC and ACLF patients, according to the Cq value cut-off point for the buk gene, established by ROC curves.



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EFFECTS OF MELATONIN AND PHYSICAL EXERCISE ON SECONDARY BILIARY CIRRHOSIS

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Introduction and Objectives: Cirrhosis is characterized by the formation of septa and fibrotic nodules in the liver parenchyma, and it is a relevant public health problem. Bile duct ligation (BDL) is an effective experimental model for inducing secondary biliary cirrhosis.