

Figure 1

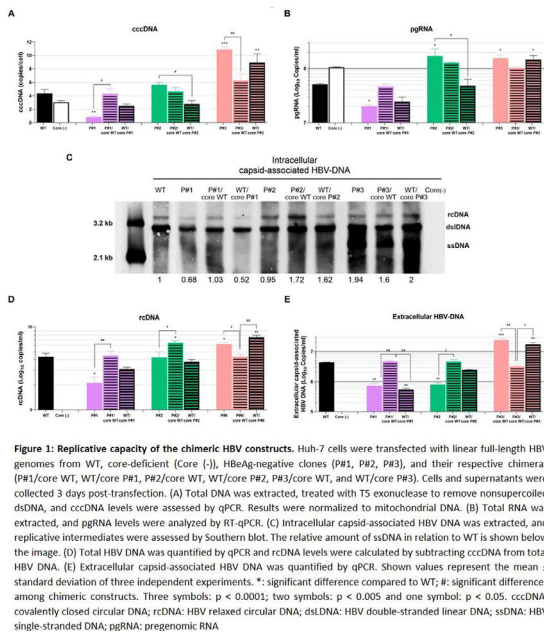
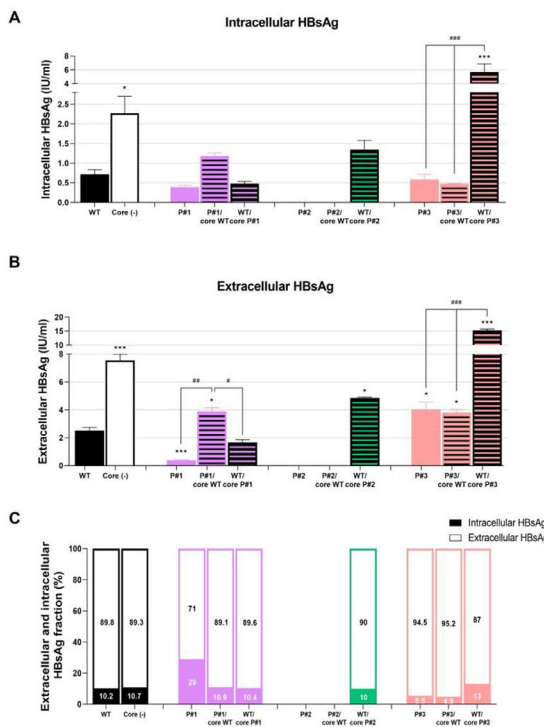


Figure 2



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METABOLIC ASSOCIATED STEATOTIC LIVER DISEASE-RELATED SIGNIFICANT AND ADVANCED FIBROSIS' PREVALENCE IN BRAZIL AND THE ASSOCIATED ACCURACY OF FIB-4 AND VIBRATION-CONTROLLED ELASTOGRAPHY - A NATIONAL REGISTER

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Introduction and Objectives: Recent data regarding the prevalence of significant and advanced MASLD-related fibrosis in Brazil is unknown. We aimed to evaluate the prevalence of significant (SF, F_≥2) and advanced (AF, F_≥F3) fibrosis according to its different geographic regions, and the accuracy of FIB-4 and liver elastography by VCTE (Fibroscan, Echosens, Fr) for the diagnosis of SF and AF respectively.

Patients and Methods: This was a sectional study in ten Brazilian University Centers (Southeast, n=6; Northeast, n=1; South, n=3). Demographic, clinic, laboratory, liver stiffness measurement by VCTE (Fibroscan®, Echosens, Fr), and liver biopsy (LB) results were registered. The AUROCs for FIB-4 and VCTE regarding SF and AF were plotted with LB as a reference.

Results: 2905 patients were included (53% women, 64% white, 51 ± 14 yrs, 44% T2DM) According to LB (n=2122), most from the South

(72%; $p < 0.001$), 75% were F0-F1, 12% F2, 9% F3 and 4% F4. Most data from VCTE are from Southeast ($n = 1084$, 85%). LSM < 8 kPa, between 8 and 12 kPa and ≥ 12 kPa was observed in 44%, 25% and 31% of patients. Most patients from the Southeast region presented a LSM ≥ 12 kPa ($p = 0.01$). FIB-4 score was < 1.3 in 81% of patients. For F3, the AUROC for FIB-4 and LSM were 0.75 (95% CI: 0.70-0.80; $p < 0.01$) and 0.72 (95% CI: 0.68-0.77; $p < 0.01$) respectively and for F2, 0.67 (95% CI: 0.62-0.72; $p < 0.01$) for FIB-4 and 0.64 (95% CI: 0.60-0.69; $p < 0.01$) for VCTE.

Conclusions: Most MASLD patients with AF are from the Southeast. VCTE is primarily available in the Southeast, affecting the stepwise fibrosis stratification of MASLD in other regions and justifying the higher proportion of LB in the South. The accuracy of FIB-4 and liver elastography by Fibroscan® is good for diagnosing AF, but not for SF.

Conflict of interest: None

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DURATION OF TYPE 2 DIABETES AS A CLINICAL PREDICTOR OF LIVER FIBROSIS IN PATIENTS WITH METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE

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Introduction and Objectives: Metabolic dysfunction associated liver disease (MASLD) is highly prevalent in patients with type 2 diabetes mellitus (T2DM), and fibrosis progression is the main prognostic factor. However, clinical predictors of fibrosis remain unclear. Diabetes duration has been suggested as a potential independent risk factor.

To assess the association between T2DM duration and liver fibrosis estimated by the FIB-4 index and liver stiffness measurement (LSM) in Dominican patients with MASLD.

Materials and Methods: A retrospective cohort study was conducted including 127 adults with MASLD, diagnosed based on hepatic steatosis detected by abdominal ultrasound and coexisting T2DM, following international criteria. Patients were evaluated at a tertiary care center in the Dominican Republic between July 2024 and January 2025.

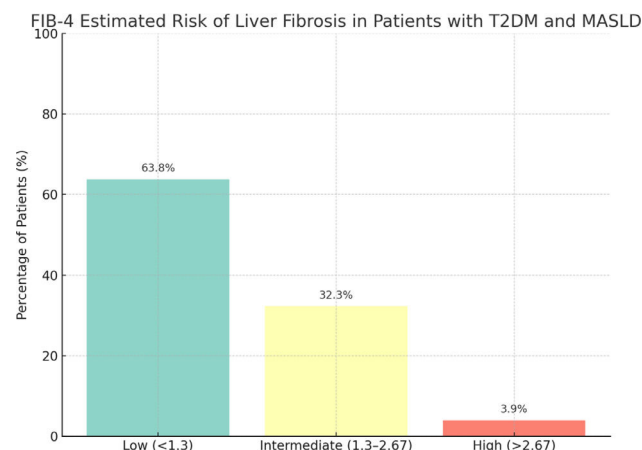
The FIB-4 was calculated using AST, ALT, platelet count, and age. LSM by transient elastography was available 32 cases. Diabetes duration was extracted from medical records and categorized into five groups (0-5, 6-10, 11-15, 16-20 y > 20 years). Spearman correlation assessed associations between diabetes duration, FIB-4, and LSM. Nonparametric test compared fibrosis by duration groups. Significance was set at $p < 0.05$.

Results: Mean age was 56.6 ± 13.9 years; 63 % were women. FIB-4 showed moderate correlation with T2DM duration ($\rho = 0.26$, $p = 0.005$) and age ($\rho = 0.49$, $p < 0.001$). In patient aged 35-65 years, FIB-4 strongly correlated with LSM ($\rho = 0.77$, $p < 0.001$). According to FIB-4 classification, 63.8% were low-risk (< 1.3), 32.3% intermediate-risk (1.3-2.67), and 3.9% high-risk (> 2.67) for advanced fibrosis.

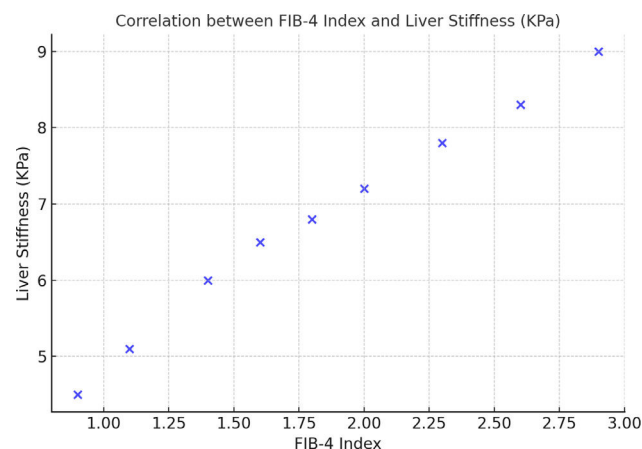
Conclusions: T2DM duration moderately correlates with FIB-4, especially in mind-aged adults, supporting its role in fibrosis risk models.

Conflict of interest: None

Estimated Risk of Liver Fibrosis in Patients with T2DM and MASLD



Correlation between FIB 4 index and liver stiffness (KPa)



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#30

FULL COMPLIANCE TO QUALITY INDICATORS IN ACUTE VARICEAL BLEEDING REDUCES 6-WEEK MORTALITY.

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Introduction and Objectives: Introduction: Quality indicators (QIs) for the management of acute variceal bleeding (AVB) encompass guideline-recommended interventions aimed at reducing mortality. However, the cumulative impact of full adherence to these measures remains unclear.

To evaluate whether complete compliance with five established QIs during AVB episodes is associated with reduced 6-week mortality.

Materials and Methods: This retrospective observational study included 135 AVB episodes from 2017 to 2024. Adherence to five QIs was assessed: antibiotic administration within 24 hours, vasoactive agent used within 24 hours, diagnostic endoscopy within 24 hours, endoscopic treatment, and beta-blocker prescription at discharge. Full adherence was defined as compliance with all five interventions. The primary outcome was 6-week mortality. Descriptive statistics and multivariate logistic regression adjusted for MELD score (< 15 vs. ≥ 15) and Child-Pugh class (A/B vs. C) were performed. An interaction