

(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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#27

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.

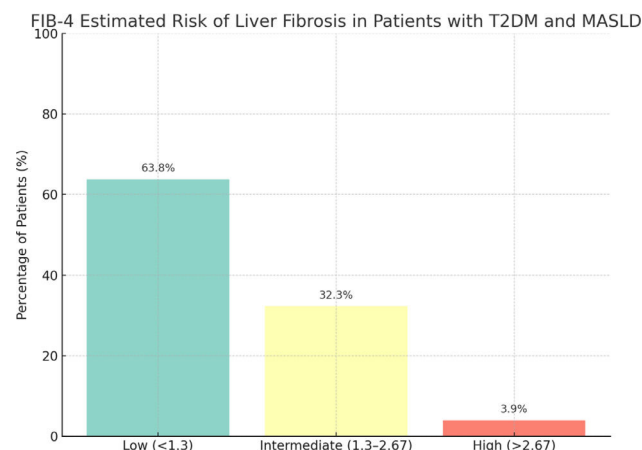
The FIB-4 was calculated using AST, ALT, platelet count, and age. LSM by transient elastography was available 32 cases. Diabetes duration was extracted from medical records and categorized into five groups (0-5, 6-10, 11-15, 16-20 y > 20 years). Spearman correlation assessed associations between diabetes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

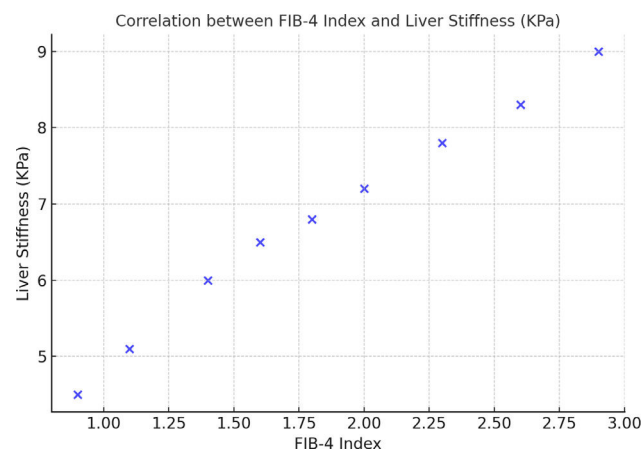
Conclusions: T2DM duration moderately correlates with FIB-4, especially in mind-aged adults, supporting its role in fibrosis risk models.

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

term was included to evaluate whether the effect of QI compliance differed by Child-Pugh class.

Results: Overall 6-week mortality was 13.8%. Full adherence was achieved in 54.8% of episodes. Mortality rates by adherence level were 4.1% for full adherence, 16.3% for four QIs, and 42.9% for three or fewer QIs ($p < 0.001$). In multivariate analysis, full adherence was independently associated with lower mortality (OR 0.20; 95% CI 0.05–0.82; $p = 0.025$). Child-Pugh class C was also significantly associated with increased mortality (OR 9.68; $p = 0.001$). An interaction analysis showed that the protective effect of QI adherence did not differ significantly between Child-Pugh A/B and Child-Pugh C patients (interaction term $p = 0.87$), suggesting a consistent benefit across severity strata.

Conclusions: Complete compliance with evidence-based quality indicators significantly reduces 6-week mortality in patients with AVB, independent of baseline liver disease severity. Rigorous implementation of these measures should be prioritized as a standard of care in cirrhotic patients presenting with AVB.

Conflict of interest: None

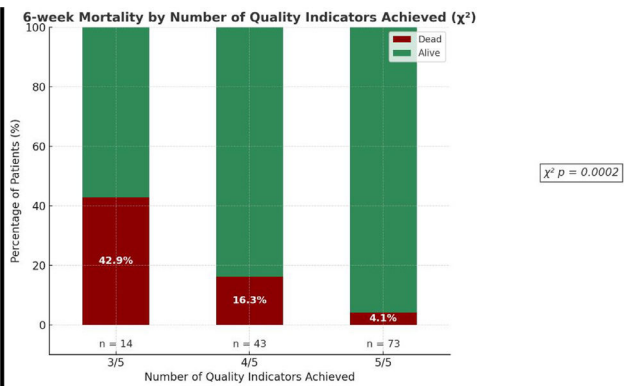


Table 1

Variable	Results
Age	58.5 y/o (IQR 51-64)
Gender	M: 65% F: 35%
MELD	15 (IQR 12-22)
Child	A: 31% B:48% C: 21%
Etiology	Alcohol 27% Viral: 25% MASLD 19% CBP 10% , HAI 7.5% Others: 11.5%
IQ accomplished %	5/5: 54.8% 4/5: 32.1% 3/5: 10.4% Other: 2.9%
Individual IQ accomplished %	ATB_24hs: 96.3% Oocteotride_24hs: 67.2% U.endos_24hs: 92.5% Banding: 91% BB discharge: 66.4%

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#32

BLOOD MICROBIOTA ASSESSED BY NEXT-GENERATION SEQUENCING AND SYSTEMIC INFLAMMATION MARKERS IN ACUTE-ON-CHRONIC LIVER FAILURE: PILOT REPRESENTATIVE STUDY FROM WESTERN MEXICO

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Introduction and Objectives: In Mexico, alcohol-associated cirrhosis is one of the leading causes of death. ACLF represents a critical scenario with elevated systemic inflammation and high mortality. The gut microbiota has been extensively studied; however, the blood microbiota (BM) remains unexplored. This study aims to analyze the composition and diversity of BM in patients with alcohol-associated decompensated cirrhosis (DC), ACLF, and healthy controls (HC); and to evaluate LPS, IL-6, leukocyte count and their association with mortality.

Materials and Methods: Cross-sectional analytical study, including 58 ACLF patients, 14 DC patients and 14 HC. BM was characterized in blood samples by 16S-rRNA gene sequencing. LPS and IL-6 levels were quantified by ELISA, and leukocyte counts were recovered from clinical files. Bioinformatic analysis was performed using QIIME2. Approval number: 00012.

Results: ACLF patients showed significantly reduced alpha diversity, particularly in ACLF grade III, compared to HC. Beta diversity revealed significant differences between DC vs ACLF, and ACLF vs HC. Proteobacteria was the predominant phylum in all groups; notably, Enterobacteriaceae, Escherichia/Shigella, Prevotella, and Lactobacillus were enriched in ACLF. Both DC and ACLF patients exhibited elevated LPS levels. IL-6 >7645 pg/mL and leukocyte count >17,470*10³/μL were associated with increased 28- and 90-day mortality risk (HR=3.16 and 2.65).

Conclusions: ACLF is associated with circulating dysbiosis marked by expansion of potentially pathogenic bacteria and elevated LPS levels. These findings suggest an active bacterial translocation process that may contribute to systemic inflammation and higher mortality. These pioneering results in ACLF provide important insights into the gut-liver axis.

Conflict of interest: None