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

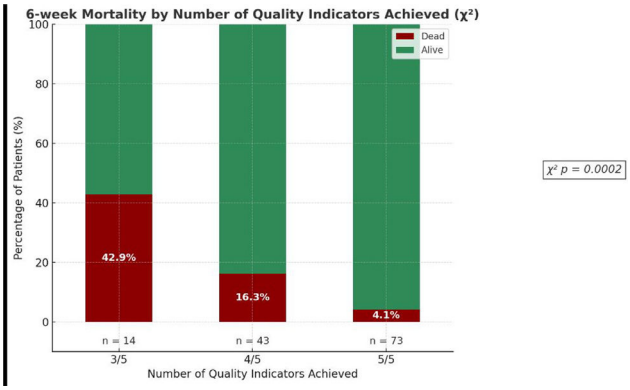

Table 1

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% Octeotride_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.

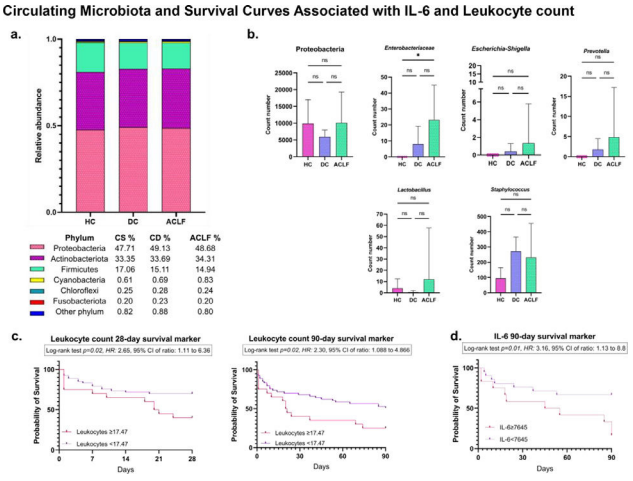
Materials and Methods: Cross-sectional analytical study, including 58 ACLF patients, 14 DC patients and 14 HC. BM was characterized in blood samples by 16S-rRNA gene sequencing. LPS and IL-6 levels were quantified by ELISA, and leukocyte counts were recovered from clinical files. Bioinformatic analysis 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*10^3/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

Circulating Microbiota and Survival Curves Associated with IL-6 and Leukocyte count



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#34

ARTIFICIAL INTELLIGENCE IN PREDICTING THE RISK OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH METABOLICALLY ASSOCIATED STEATOTIC LIVER DISEASE: DEVELOPMENT AND VALIDATION OF A PREDICTIVE MODEL IN 306 PATIENTS

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Introduction and Objectives: To evaluate the accuracy of an artificial intelligence (AI) model, based on routine clinical and laboratory data, in predicting the risk of developing hepatocellular carcinoma (HCC) in patients with Metabolically Associated Steatotic Liver Disease (MASLD). Our aim was to create and validate a tool to support risk stratification and facilitate early surveillance of high-risk individuals.

Materials and Methods: This was a retrospective case-control study including 306 MASLD patients divided into an HCC group (129 patients), with diagnosis confirmed by histopathological criteria or LI-RADS classification, and a control group (177 patients). Collected variables included age, body mass index, comorbidities (diabetes mellitus, dyslipidemia, presence of portal hypertension), and serum laboratory parameters: aspartate aminotransferase (AST), alanine aminotransferase (ALT), albumin, creatinine, platelets, cholesterol (HDL, LDL, and triglycerides), and non-invasive indices: neutrophil-to-lymphocyte ratio (NLR), FIB-4, and AST/ALT ratio. The XGBoost (Extreme Gradient Boosting) AI algorithm was implemented, and the dataset was randomly split into a training cohort (80%) and an internal validation cohort (20%) to develop and assess the model's performance.

Results: The AI model demonstrated high discriminative ability for HCC, achieving an area under the ROC curve (AUC-ROC) of 0.9, with a sensitivity of 90.9% and specificity of 84.3%. The strongest predictors of HCC were serum creatinine, followed by the presence of portal hypertension, elevated NLR, and LDL levels.

Conclusions: The AI-driven model, developed using widely available clinical and laboratory parameters, demonstrated excellent performance in identifying MASLD patients at high risk of developing hepatocellular carcinoma. By enabling early and cost-effective risk stratification, this tool may support targeted surveillance strategies and improve clinical decision-making in real-world hepatology practice.

Conflict of interest: None

Model	AUC-ROC	Sensitivity (%)	Specificity (%)
MASLD-HCC Score (Our Model)	0.9	90.9	84.3
GALAD	0.92	82.0	89.0
AFP	0.83	61.0	86.0
Ultrasound (US)	0.81	63.0	97.0
AFP + US	0.83	69.0	95.0
HCC Risk Score	0.89	89.4	71.4
aMAP	0.85	96.0	64.0

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#37

EFFICACY AND SAFETY OF ILEAL BILE ACID TRANSPORTER INHIBITORS IN ADULTS WITH AUTOIMMUNE CHOLESTATIC LIVER CONDITIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction and Objectives: Autoimmune cholestatic liver diseases (ACLD), including primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC), involve chronic bile duct injury and impaired bile flow, reducing quality and expectancy of life. Pruritus affects 20–70% of patients and is often resistant to treatment. Ileal bile acid transporter (IBAT) inhibitors, which reduce intestinal bile acid reabsorption, have emerged as a promising option for relieving cholestatic itch. This systematic review and meta-analysis evaluated the efficacy and safety of IBAT inhibitors in adults with ACLD.

Materials and Methods: A systematic review was conducted according to PRISMA guidelines using PubMed, Embase, and Cochrane-CENTRAL. Included studies enrolled adults with ACLD and pruritus lasting ≥12 weeks, treated with IBAT inhibitors. The primary outcome was change in pruritus severity (5-D Itch Scale). Secondary outcomes included sleep disturbance, serum bile acids, hepatic enzymes, and adverse events. Heterogeneity was assessed with I^2 and Cochrane Q tests.