

Results: Three studies (n = 180)—two randomized controlled trials and one non-randomized study—met inclusion criteria. Most patients were female (78%), diagnosed with PBC (85%), and treated with linerixibat (77%). IBAT inhibitors significantly reduced pruritus scores (mean difference: -4.93; 95% CI: -6.26 to -3.59; p < 0.0001) and improved sleep quality (mean difference: -8.12; 95% CI: -13.54 to -2.70; p = 0.0033). Biochemical changes included decreased serum bile acids, autotaxin, and FGF19, and increased C4. AST and GGT levels declined, while ALT and bilirubin remained stable. Adverse events occurred in 89.7% of participants, mainly diarrhea (22.7%), abdominal pain (18.2%), and nausea (12.2%). Serious adverse events were rare (2.2%).

Conclusions: IBAT inhibitors significantly improved pruritus and sleep in adults with ACLD, with an acceptable safety profile. These findings support their potential as a novel treatment for cholestatic pruritus.

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THE ROLE OF GLYCEMIC CONTROL IN STEATOSIS AND HEPATIC FIBROSIS IN PATIENTS WITH A DIAGNOSIS OF TYPE 2 DIABETES MELLITUS

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Introduction and Objectives: Type 2 diabetes mellitus (DM2) prevalent in Mexico (18.3%) related to hepatic steatosis associated with metabolic dysfunction (MASLD), in 30%. Glycosylated hemoglobin (HbA1c) is a key biomarker of glycemic control. The aim of this study was to analyze the association between HbA1c levels and the degree of steatosis and hepatic fibrosis in type 2 diabetes mellitus.

Materials and Methods: The following study is observational, descriptive and retrospective in 90 patients older than 18 years with DM2, attended in gastroenterology outpatient clinic in a third level center, between February 2024 and February 2025. Hepatic Elastography (FibroScan®) and HbA1c determination were performed at the time of the study. Non-parametric statistics (Kolmogorov-Smirnov, Kruskal-Wallis and Mann-Whitney U with Bonferroni correction) were used.

Results: Of the patients studied, 78.9% were female and 21.1% male, for an H:M ratio of 1:3, the most affected age was between 41-50 (27.8%). 71.1% were at Hb1Ac goals, and 29% decompensated. The 71.1% were in Hb1Ac goals, and 29% were unbalanced. From the hepatic elastography (fibrosan) the results were statistically significant. The post hoc analysis revealed significant differences between patients without steatosis and hepatic steatosis grade II and III with (p = <0.005). According to the grade of hepatic fibrosis 39.1% presented hepatic fibrosis, the most predominant grade was 2 (in 16.7%) Table 1.

Conclusions: We conclude that the higher the degree of hepatic steatosis, the worse the glycemic control. All patients with DM2

should undergo hepatic elastography since hepatic fibrosis can present with glycosylated hemoglobin in goals and increase in a state of glycemic decompensation.

Conflict of interest: None

Table No. 1 Baseline Characteristics of the Sample

Variables		N	Percentage		
Age	20-30	5	5.6%		
	31-40	8	8.9%		
	41-50	25	27.8%		
	51-60	22	24.4%		
	61-70	21	23.9%		
	71-80	8	8.9%		
	81-90	1	1.1%		
Total		90	100%		
Sex	Male	19	21.1%		
	Female	71	78.9%		
Hemoglobin glycosylated	6.01-6.99%	64	71.1%		
	7.01-9.00%	19	21.1%		
	9.01-10.0%	07	7.8%		
Degree of Hepatic Steatosis	Without Steatosis	40	44.4%		
	Grade I steatosis	12	13.3%		
	Grade II steatosis	14	15.6%	<0.005	
	Grade III steatosis	24	26.7%	<0.005	
Degree of Liver Fibrosis	F0-F1	55	61.1%		
	F2	15	16.7%		
	F3	9	10.2%		
	F4	11	12.2%		
Cross tables					
Liver fibrosis/Hb1Ac	F0-F1	F2	F3	F4	
	6.01-6.99%	43 (67.2%)	9 (14.1%)	5 (7.8%)	7 (10%)
	7.00-9.00%	10 (52.6%)	5 (26.3%)	3 (15.8%)	1 (5.3%)
	9.01-10.0%	2 (28.6%)	1 (14.3%)	1 (14.3%)	3 (42.9)
Hepatic steatosis/Hb1Ac	Without Steatosis	Grade Steatosis	Steatosis Grade II	Steatosis Grade III	
	6.01-6.99%	36 (53.6%)	10 (15.6%)	*4 (6.3%)	*14 (21.9)
	7.00-9.00%	3 (15.8%)	2 (10.5%)	*8 (42.1%)	*6 (31.6%)
	9.01-10.0%	1 (14.3)	0 (0.0%)	*2 (26.8%)	*4 (57.1%)

He following table represents the variables studied in the following study.

Ninety patients with a diagnosis of type 2 diabetes mellitus were studied with the aim of evaluating the association between HbA1c levels and the degree of steatosis and hepatic fibrosis. Of the total number of patients studied, 78.9% (71 patients) were female and 21.1% (19 patients) were male, for an H:M ratio of 1:3, the 3 most affected age ranges were 41-50 (27.8%) followed by 51-60 (24.4%) and 61-70 (23.9%). Based on glycosylated hemoglobin (Hb1Ac), 71.1% (64 patients) were at goal, followed by 21.1% (19 patients) who were decompensated maintaining glycosylated hemoglobin levels between 7.01-9.00% and 7.8% (7 patients) were found with Hb1Ac greater than 9.0%. The 90 patients underwent hepatic elastography (fibrosan) with statistically significant results in HbA1c levels between hepatic steatosis grade II 15.6% and grade III steatosis 26.7%. Post hoc analysis revealed significant differences between patients without steatosis and those with hepatic steatosis grade II and III with (p = <0.005). With respect to the degree of liver fibrosis, it was observed that 39.1% had liver fibrosis, the most predominant degree was grade 2 (F2) in 16.7% (15 patients), followed by grade 4 (F4-cirrhosis) 12.2% and grade 3 (F3) in 10.2% (9 patients).

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IMPLEMENTATION OF A TEST AND TREAT MODEL FOR HCV CARE UTILIZING POINT OF CARE HCV RNA TESTING IN LA BODEGA

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Introduction and Objectives: The World Health Organization (WHO) aims to eliminate hepatitis C virus (HCV) by 2030; however, the United States (US) is unlikely to meet this target. Screening, linkage, and treatment initiation remain suboptimal.

To evaluate Point-of-care (POC) HCV RNA test (Xpert® HCV) in a test and treat model of care among People Who Use Drugs (PWUD).

Materials and Methods: La Bodega, a co-localized hepatology and addiction medicine program in Buffalo, New York (NY), specializes in HCV management among active PWUD. POC HCV RNA testing is utilized on-site. Patients with a positive HCV RNA initiate HCV therapy at the time of the initial visit. POC HCV RNA testing is also used in