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.

Conflict of interest: Yes, GGLC has received a research grant from IPSEN. The other authors have no conflicts of interest to declare.

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#40

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 (fibroscan) 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% 7.01-9.00% 9.01-10.0%	64 19 07	71.1% 21.1% 7.8%	
Degree of Hepatic Steatosis	Without Steatosis Grade I steatosis Grade II steatosis Grade III steatosis	40 12 14 24	44.4% 13.3% 15.6% 26.7%	 <0.005 <0.005
Degree of Liver Fibrosis	F0-F1 F2 F3 F4	55 15 9 11	61.1% 16.7% 10.2% 12.2%	
Cross tables				
Liver fibrosis/Hb1Ac	F0-F1	F2	F3	F4
6.01-6.99% 7.00-9.00% 9.01-10.0%	43 (67.2%) 10 (52.6%) 2 (28.6%)	9 (14.1%) 5 (26.3%) 1 (14.3%)	5 (7.8%) 3 (15.8%) 1 (14.3%)	7 (10%) 1(5.3%) 3 (42.9)
Hepatic steatosis/Hb1Ac	Without Steatosis	Grade I Steatosis	Steatosis Grade II	Steatosis Grade III
6.01-6.99% 7.00-9.00% 9.01-10.0%	36 (53.6%) 3 (15.8%) 1 (14.3)	10 (15.6%) 2 (10.5%) 0 (0.0%)	*4 (6.3%) *8 (42.1%) *2 (26.8%)	*14 (21.9) *6 (31.6%) *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 (fibroscan) 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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#41

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

conjunction with lab-based RNA testing on serum to evaluate SVR4 when indicated.

Results: 65 people were screened with POC HCV RNA of whom 40 had a previous HCV antibody. 11 individuals were found to be HCV RNA positive. Eleven individuals were assessed for SVR, all of whom had both undetectable serum HCV RNA and negative POC HCV RNA results. Among RNA-positive individuals, one was linked to their primary care clinic based on the patient's preference and 10 individuals initiated therapy, receiving the full 8 or 12 weeks of therapy, depending on the chosen regimen. Two individuals remain on treatment; 6 are pending SVR assessment, and 2 achieved SVR, one of whom was pregnant and treated with sofosbuvir/velpatasvir.

Conclusions: POC HCV RNA testing is advantageous in shortening the HCV care cascade, enabling a true test-and-treat model of care for HCV.

Conflict of interest: Yes, speaking/consulting: Abbvie, Gilead, Madrigal, Ipsen, Braeburn, Cepheid

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#42

STATIN-INDUCED LIVER INJURY: DATA FROM URUGUAYAN PROSPECTIVE HEPATOTOXICITY REGISTRY.

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Introduction and Objectives: Statins, widely used for cardiovascular prevention, have been linked to idiosyncratic drug-induced liver injury (DILI). To characterize their clinical features, cases attributed to statins reported to the Uruguayan Hepatotoxicity Registry (UHR) were analyzed.

Materials and Methods: We conducted a descriptive observational study of DILI cases attributed to statins and reported to the UHR between November 2015 and April 2025. Variables assessed included age, sex, type of statin, latency, biochemical pattern, hypersensitivity features, jaundice, severity, and clinical outcomes.

Results: Among 197 DILI cases reported to the UHR, 14 (7.1%) were attributed to statins, predominantly atorvastatin (12 cases). Atorvastatin dose ranged from 10 to 80 mg, and rosuvastatin (the remaining 2 cases) dose was 20 mg. The mean age was 65.1 years. Latency varied widely (mean: 156 days), with the shortest latency (21 days) in the two patients treated with 80 mg of atorvastatin. Liver enzyme normalization occurred in nine patients (mean: 60 days), eight recovered within 180 days, and one at 202 days. One patient had persistent abnormalities at 231 days, while four cases had incomplete follow-up (<180 days). Eosinophilia was the only hypersensitivity feature identified; no cases showed autoimmune-like hepatitis. Detailed characteristics are presented in the attached table.

Conclusions: Statin-related DILI represented a small proportion of UHR cases, despite high population exposure and their classification as high-potential hepatotoxins (category A). This may suggest underreporting or underdiagnosis. Nonetheless, clinical presentation was generally mild, and outcomes were favorable following drug discontinuation, although follow-up was incomplete in several cases.

Conflict of interest: None

Characteristics of the population with statin-induced DILI

	Women	Men	Total
Type of statin			
Atorvastatin	6	6	12
Rosuvastatin	2	0	2
Mean age (years)	64,75	55,67	
Pattern of liver injury			
Hepatocellular	3	4	7
Cholestatic/mixed	5	2	7
Mean latency (days)	202,6	93,5	
Severity			
Mild	8	3	11
Moderate	0	3	3
Severe	0	0	0
RUCAM			
Definite	2	4	6
Probable	6	1	7
Possible		1	1
Unlikely/excluded	0	0	0
Jaundice*	1	3	4
Hypersensitivity			
Yes	0	3	3
No	5	2	7
No data	3	1	4

* One case corresponds to hepatocellular pattern (Hy's Law)

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#43

REAL-WORLD EFFECTIVENESS OF URSODEOXYCHOLIC ACID AND FIBRATES IN URUGUAYAN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS

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Introduction and Objectives: A considerable proportion of patients with primary biliary cholangitis (PBC) fail to achieve an adequate biochemical response to standard therapy with ursodeoxycholic acid (UDCA), which is associated with a poorer prognosis. This study aimed to evaluate the biochemical efficacy and tolerability of combining fibrates with UDCA in a cohort of Uruguayan patients with PBC.

Materials and Methods: A retrospective and descriptive cohort study was conducted. Adult patients with PBC who had persistently elevated alkaline phosphatase (ALP) levels after one year of UDCA treatment (13–15 mg/kg/day) and were subsequently treated with bezafibrate, fenofibrate, or ciprofibrate between 2018 and 2025 were included. Liver function tests were assessed at one and three months. The primary outcome was the ALP value at three months. Complete response was defined as normalization (ALP $\leq 1 \times$ upper limit of normal [ULN]) and partial response as a reduction from baseline without normalization.

Results: Twenty patients (17 women, mean age 51.4 years) met inclusion criteria (see Table). Eleven patients received fenofibrate (160–200 mg/day), seven bezafibrate (200–400 mg/day), and two ciprofibrate (100 mg/day). Three patients discontinued fibrates before three months due to hepatotoxicity (ALTx5 ULN). Among the remaining 17 patients, eight achieved complete response, six showed partial improvement (24–76% improvement from baseline), and three had no biochemical change.

Conclusions: UDCA-fibrate combination therapy was associated with biochemical improvement in the majority of patients. However,