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

https://doi.org/10.1016/j.aohep.2025.101998

#42

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

Yamila Montaño Rodríguez[1], María Noel Boldrini[1], Verónica Guido[1], Sara Pillajo[1], Paula Chiodi[1], Adriana Sánchez[1], Nelia Hernández[1]

[1] *Unidad Académica de Gastroenterología. Hospital de Clínicas. UdelaR. Uruguay.*

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)

https://doi.org/10.1016/j.aohep.2025.101999

#43

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

Noel Boldrini Arce[1], Yamila Montaño[1], Patricia Etchandy[1], Daniela Chiodi[1], Adriana Sánchez[1], Nelia Hernández[1]

[1] *Unidad Académica de Gastroenterología. Hospital de Clínicas, Uruguay.*

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,

the notable rate of hepatotoxicity warrants caution. Larger studies with extended follow-up are needed to validate these findings.

Conflict of interest: None

	Sex	Age at diagnosis	Cirrhosis	Type of Fibrate	ALP1 (ULN)	ALP2 (ULN)	ALP3 (ULN)	Response (%)
1	F	51	Yes	Fenofibrate	1.3	1.3	1.0	100
2	F	60	Yes	Fenofibrate	7.0	2.1	2.1	0.0
3	F	50	No	Fenofibrate	1.7	2.7	1.0	100
4	F	49	Yes	Fenofibrate	1.9	2.5	1.9	24.0
5	M	53	No	Bezafibrate	2.7	2.0	2.0	0.0
6	F	56	Yes	Fenofibrate	1.4	1.3	1.4	0.0
7	F	60	Yes	Fenofibrate	3.0	3.0	1.1	63.0
8	M	23	No	Ciprofibrate	4.5	4.6	1.4	69.0
9	F	43	Yes	Bezafibrate	2.27	4.1	1.5	63.0
10	F	58	No	Bezafibrate	2.1	2.1	0.7	100
11	F	44	Yes	Bezafibrate	5.5	3.6	0.9	100
12	F	51	No	Bezafibrate	1.2	1.2	1.0	100
13	F	57	No	Bezafibrate	4.8	4.8	0.4	100
14	F	67	No	Fenofibrate	6	6	4.7	21.8
15	F	55	No	Bezafibrate	1.97	1.52	0.9	100
16	F	48	Yes	Fenofibrate	2.4	2.4	-	-
17	F	51	No	Fenofibrate	1.36	1.36	-	-
18	F	49	No	Ciprofibrate	1.92	1.92	-	-
19	M	52	No	Fenofibrate	3.5	2.2	1	100
20	F	52	No	Fenofibrate	7.6	7.6	1.8	76

ALP1 (Alkaline phosphatase at one year of UDCA); ALP2 (Alkaline phosphatase prior to fibrate); ALP3 (Alkaline phosphatase three months into combined treatment)

https://doi.org/10.1016/j.aohep.2025.102000

#44

COVID-19 MANAGEMENT WITH PENTOXIFYLLINE IN PATIENTS WITH STEATOHEPATITIS

Miguel Angel Jimenez Luevano[1],
Ana Emilia Jimenez Partida[2],
Alejandro Bravo Cuellar[3],
Miguel Angel Jimenez Partida[1],
Yolanda Cortes Aguilar[1]

[1] *ISSSTE, México.*
[2] *Universidad de Guadalajara, México.*
[3] *Centro de Investigación Biomédica de Occidente, México.*

Introduction and Objectives: The COVID-19 pandemic has severely affected patients with comorbidities, especially those with steatohepatitis, increasing mortality in these groups. Pentoxifylline, a drug with anti-inflammatory and antiviral properties, has been proposed as a therapeutic option to improve outcomes in these patients.

The objective of this study is to evaluate the efficacy of pentoxifylline in the management of patients with COVID-19 and chronic liver disease, specifically those with steatohepatitis.

Patients and Methods: A retrospective observational study was conducted in the Gastroenterology and Hepatology Department of the ISSSTE Hospital from September 2020 to February 2022. Seventy-one patients diagnosed with SARS-CoV-2 were included, 24 of whom had a previous diagnosis of steatohepatitis, diagnosed through biochemical and imaging studies (ultrasound and FibroScan). Pentoxifylline was administered at 400 mg every 12 hours, along with antipyretics and oxygen support as needed. Biochemical parameters and clinical manifestations were assessed at baseline and at 8 weeks.

Results: 24 patients: 17 female (67%), 8 male (33%); mean age: 53.5 years. Patients with steatohepatitis showed significant improvement in biochemical parameters after treatment: C-reactive protein decreased from 33.32 to 16.9 mg/L ($p<0.0001$), and oxygen saturation increased from 86% to 92% ($p<0.008$). Clinical manifestations, such as cough and fever, also improved, and no significant adverse effects were reported.

Conclusions: Pentoxifylline was shown to be an effective and safe treatment in patients with COVID-19 and chronic liver disease, improving clinical and biochemical parameters without significant adverse effects. Multicenter, randomized studies are recommended to confirm its efficacy in larger populations and evaluate its potential in the management of emerging viral diseases.

Conflict of interest: None

Laboratory results

Parameter	Initial average	Final average	P-value	Reference values
C-reactive protein	33.32	16.9	< 0.0001	< 10 mg/l
AST	46.4	38.04	0.079	< 0 – 38 IU/l
ALT	351	41.5	< 0.0001	< 10 – 40 IU/l
DHL	174.4	268.8	< 0.001	< 140 – 248 U/l
Platelets	180.8	229.9	< 0.009	150 – 400 miles/Ul
Ferritin	499	150	< 0.003	< 24 – 336 ng/ml
D-dimer	725.44	340	< 0.04	< 100 ng/ml
Oxygen	86	92	< 0.008	95 – 100%

AST: aspartate aminotransferase, ALT: alanine aminotransferase, DHL: lactic dehydrogenase.

Clinic

Sign/symptom	Percentage (%)
Cough	60
Fever	48
CNS symptoms	46
Pneumonia	22
Chills	6
Arthralgia	6
Diarrhea	4

*Headache, anosmia, eugenics, insomnia, irritability, depression.

https://doi.org/10.1016/j.aohep.2025.102001

#45

EXPERIENCE IN THE TREATMENT OF HEPATITIS C IN PREGNANT PATIENTS AT THE HEPATITIS CLINIC OF THE VERACRUZ HIGH SPECIALTY HOSPITAL

Maria Teresa Guzmán Terrones[1], Eve Flynn Ferreira[1], Luis Del Carpio Orantes[1], Raúl Terrones Castro[1]

[1] *Hospital de Alta Especialidad de Veracruz, México.*

Introduction and Objectives: Currently, HCV treatment options during pregnancy are not well-defined. Typical clinical practice is to