refer and link pregnant women for treatment after pregnancy and breastfeeding; however, in practice, very few have completed successful treatment. To date, three case series have been published that include safety results for HCV treatment in pregnancy. ACOG recommends that DAAs be initiated only through a clinical trial and that pregnant women while taking a DAA should be counseled about the risks and benefits of continuing treatment.

To report the experience of the HAEV Hepatitis Clinic with the treatment of 3 pregnant women with HCV on DAAs during the second half of pregnancy with sustained viral response (SVR) and no adverse effects to the combination to date.

Patients and Methods: Since 2021, three cases of pregnant women with HCV infection confirmed by viral load have been presented. After evaluation and categorization as F0-F1 by FIB 4, they were treated with Sofosbuvir-Velpatasvir 400/100 mg for 90 days

Results: Patients were treated with Sofosbuvir-Velpatasvir 400/100 mg for 90 days, with no reports of perinatal abnormalities. The subsequent negative viral load was achieved in the pair. Only one patient reported headache and dizziness as adverse symptoms. After monitoring, a planned termination of pregnancy was decided to reduce the risk of vertical transmission, and counseling on proper breastfeeding techniques was provided to discontinue breastfeeding.

Conclusions: Sofosbuvir-Velpatasvir was administered for 12 weeks without adverse effects on the pair, and SVR was achieved at the time of treatment in the three treated patients, demonstrating the effectiveness and safety of the treatment. This provides a solution to a public health and maternal-fetal problem in our setting, which prevents perinatal transmission. Following these results, we propose evaluating its use in similar cases with the intention of contributing to the eradication of HCV infection.

Conflict of interest: None

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#48

INR-PLATELET RATIO AS A PREDICTOR OF ESOPHAGEAL VARICES IN MEXICAN CIRRHOTIC PATIENTS

Cinthya Yatzel Mulato Briones[1],
Raúl Ramírez Marcial[2],
Maria del Rosario Herrero Maceda[2],
Scherezada María Isabel Mejía Loza[2],
Rodrigo Vázquez Pérez[2],
María Isabel Astudillo Delgado[2],
Alejandra Díaz García[2]

[1] *Hospital Regional 1 de Octubre ISSSTE, México.*
[2] *Hospital Juárez de México.*

Introduction and Objectives: High mortality from esophageal variceal bleeding necessitates primary prophylaxis in cirrhosis. Mexico's endoscopy-limited settings require biochemical predictors like the INR-Platelet Ratio (INPR) for variceal detection.The present work proposes that the INPR retains predictive validity for esophageal varices in Mexican cirrhotic patients.Consequently, validation of this hypothesis constitutes the primary objective of this investigation.

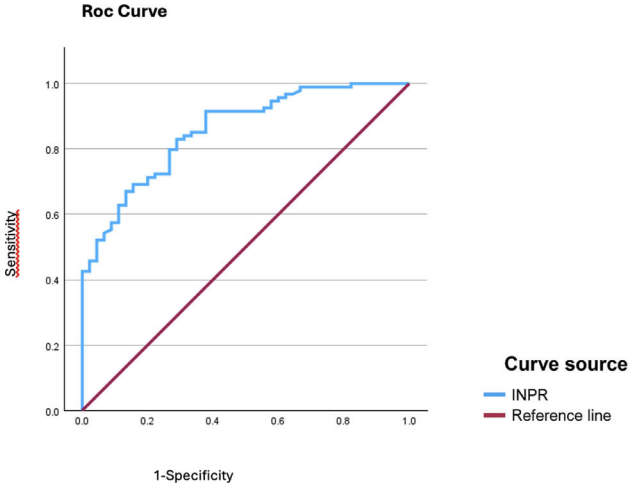
Patients and Methods: An observational, single-center study was conducted in the Gastroenterology Department of Hospital Juárez de México between 2023 and 2024.Inclusion criteria:Patients aged over 18 years with a diagnosis of cirrhosis confirmed by FIB-4 or hepatic ultrasound,and no prior endoscopic screening.A total of 139 patients were included: 71 women (51.1%) and 68 men (48.9%). Statistical analyses were performed using IBM SPSS Statistics software. Descriptive population analyses utilized frequencies and medians.Group comparisons were conducted using the chi-square test and Student's t-test,with a p-value <0.05 considered statistically significant.ROC curves and the Youden index were employed to identify optimal cut-off values for sensitivity and specificity.

Results: Using an INPR cut-off of ≥0.9463 for detecting esophageal varices (irrespective of size), the following performance metrics were achieved: sensitivity 83%, specificity 71%, PPV 85%, NPV 66%. +LR 2.87, -LR 0.24.

Conclusions: The INR-Platelet Ratio is an efficient tool for healthcare providers to initiate screening and prioritize early endoscopy, particularly in patients with other risk markers such as thrombocytopenia or Child-Pugh B/C cirrhosis.Future studies should evaluate its cutoff points to reduce unnecessary endoscopies and improve timely complication detection.

Conflict of interest: None

ROC curve for esophageal varices



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#50

LONGITUDINAL CHANGES IN STEATOTIC LIVER DISEASE SUBTYPE CLASSIFICATION AND SUBSEQUENT RISK OF MAJOR ADVERSE LIVER OUTCOMES

Pedro Raul Ochoa Allemant[1], Douglas Schaubel[1], David Kaplan[1], Marina Serper[1]

[1] *University of Pennsylvania, USA.*

Introduction and Objectives: Steatotic liver disease (SLD) includes metabolic dysfunction-associated steatotic liver disease (MASLD), alcohol-associated liver disease (ALD), and their intersection (MetALD). SLD subtype classification may change over time; however, the impact of these transitions on major adverse liver outcomes (MALO) is unknown.

Materials and Methods: We conducted a retrospective study of adults with imaging-confirmed steatosis (n=270,302) in the Veterans Health Administration (2010-2021). The primary exposure was change in SLD subtype classification between cohort entry (steatosis on imaging) and a 2-year landmark. The primary outcome was incident MALO (cirrhosis, decompensation, HCC, transplant, liver-related death). We calculated incidence rates per 100 person-years and multivariable cause-specific Cox regression models to examine the magnitud of the association between changes in SLD subtype and subsequent MALO.