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PRIMARY MALIGNANT LIVER TUMORS: A 20-YEAR RETROSPECTIVE POSTMORTEM REVIEW

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Introduction and Objectives: Primary malignant liver tumors represent one of the leading causes of cancer-related mortality worldwide. Their incidence has increased over recent decades, paralleling the rise in chronic liver diseases.

To determine the prevalence of different non-metastatic primary malignant liver tumors found in autopsies performed between 2003 and 2023 at a tertiary care center.

Materials and Methods: A retrospective, descriptive, observational study of autopsies performed in the pathology department of a tertiary care center between 2003 and 2023. Descriptive statistics were used, including measures of central tendency and dispersion.

Results: Autopsy was performed on 10,139 patients, 126 (1.24%) were classified as malignant primary liver tumors with 63±12 years, 52 females (41.3%) and 74 males (58.7%) and were distributed as follows: Hepatocarcinoma 99 (78.5%) with 63±12 years, 39 women (38.6%) and 60 men (59.4%); 38 (37.6%) had metastases mainly in lung followed by lymph nodes, only 9% were not related to cirrhosis; Intrahepatic cholangiocarcinoma 24 (19%) with 65 ±14 years, 12 males (50%), 12 females (50%), 70.8% had pulmonary metastases and 47.8% were not related to cirrhosis. Hepatic primitive neuroectodermal tumor 2 (1.59%) with 54 ±5.6 years with pleural and pulmonary metastases. Fibrolamellar carcinoma 1 (0.79%) with 24 years and metastasis in lymph nodes.

Conclusions: The prevalence of liver tumors in autopsy is low, the most prevalent being hepatocarcinoma followed by cholangiocarcinoma.

Conflict of interest: None

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ANTIPHOSPHOLIPID ANTIBODIES ASSOCIATED VASCULAR EVENTS ARE AN UNDERRECOGNIZED CAUSE OF MORBIDITY AND MORTALITY AFTER LIVER TRANSPLANTATION: BENEFIT OF PLASMAPHERESIS AND ANTICOAGULATION IN TRANSPLANTED PATIENTS WITH HIGH THROMBOTIC RISK

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Introduction and Objectives: Circulating antiphospholipid antibodies (aPL-abs) are common in end-stage liver disease and increase the risk of vascular thrombosis, graft loss, and morbidity post-liver

transplantation (OLT). This risk is heightened in patients with prior thrombotic events or high aPL-ab titers. Plasmapheresis and anticoagulation have been proposed to treat aPL-induced complications.

To assess the preemptive effect of pre-OLT plasmapheresis combined with post-OLT anticoagulation in high-risk patients with aPL-ab undergoing OLT.

Materials and Methods: From 2005–2021, 321 patients undergoing OLT were screened for aPL-ab and lupus anticoagulant. Eighty-six patients (27%) tested positive; 29 met high-risk criteria and were randomized:

Group A (n=12): standard post-OLT prophylaxis (aspirin ± low-molecular-weight heparin).

Group B (n=17): pre-OLT plasmapheresis (1–2 hours prior) with fresh frozen plasma, followed by anticoagulation (low molecular-weight heparin or warfarin) for 6 months post-OLT.

Both groups had comparable liver disease etiology, severity, and immunosuppress-OLTsion regimens (steroids + cyclosporine/tacrolimus ± mycophenolate, basiliximab induction in 14 cases). Clinical, biochemical and Doppler evaluations were performed pre-OLT and during the first six months post-transplant. aPL-abs were measured at baseline, day 5 and day 30 post-OLT.

Results: In Group A, 11/12 patients developed post-OLT aPL-related complications (e.g., cerebrovascular ischemia, CAPS, hepatic/portal thrombosis), leading to 5 deaths, 1 graft loss, and 1 irreversible neurological injury. Median time to event: 3.6 ± 2.9 months.

In Group B, 3/17 patients developed complications (2 CAPS, 1 hepatic artery thrombosis) resulting in 2 deaths. Mean time to event: 10 ± 4 days.

Thrombotic complication rate: 37.9% (Group A) vs. 10.3% (Group B), p<0.0001. A non-significant trend towards higher aPL-related mortality was noted in Group A (17.2% vs. 6.9%, p=0.06).

Conclusions: aPL-abs are a significant and often overlooked cause of post-OLT thrombotic complications and mortality. Pre-OLT plasmapheresis combined with early anticoagulation may reduce complications in high-risk patients.

Conflict of interest: None

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ASSESSMENT OF FIBROSIS AND STEATOSIS IN PATIENTS WITH METABOLIC ASSOCIATED STEATOTIC LIVER DISEASE USING TWO TRANSIENT ELASTOGRAPHY TECHNIQUES

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Introduction and Objectives: Metabolic associated steatotic liver disease (MASLD) is one of the leading causes of chronic liver disease worldwide. Accurate non-invasive assessment of hepatic fibrosis and steatosis is critical for cirrhosis progression risk stratification and clinical decision-making. While FibroScan® is a well-validated transient elastography technique, Hepatus® has emerged as a comparable technological alternative. There are few studies directly comparing the two modalities. This study aimed to compare the performance of FibroScan® and Hepatus® in evaluating hepatic fibrosis and fat deposition degree in patients with hepatic steatosis.

Materials and Methods: A prospective, blinded validation study was conducted in 122 adult patients with hepatic steatosis diagnosis. Liver stiffness (kPa) and steatosis (dB/m) were assessed on the same day using both devices by independent expert operators, ensuring optimal examination quality (IQR/M <0.3). Correlation, agreement