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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=.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

and differences were analyzed using appropriate statistical tests and post-hoc analysis.

Results: For liver fibrosis, both devices showed strong correlation (r=0.85, p<0.05) and substantial agreement (Kappa=0.77), with greater concordance in advanced stages and no significant differences in mean values. Regarding hepatic steatosis, although Hepatus® reported higher absolute values (p<0.05), it showed an almost perfect positive linear correlation with FibroScan® (r≈1). Agreement for steatosis staging was moderate (Kappa=0.39), with discrepancies mainly observed in extreme categories (S0 vs S3).

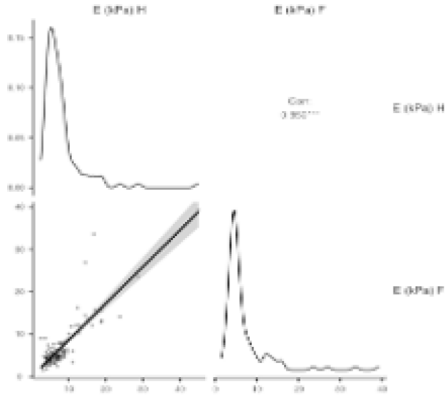
Conclusions: FibroScan® and Hepatus® show high concordance and strong correlation in assessing liver fibrosis and steatosis quantification. Hepatus® may serve as a viable clinical alternative for non-invasive evaluation of MASLD in diverse healthcare settings.

Conflict of interest: None

Characteristics of patients included in the analysis

n=122	n (%)
Median age (range)	55 (22-88)
Sex	
Male	63 (51,6)
Female	59 (48,4)
BMI (Body Mass Index)	
<30	91 (74,5)
>30	31 (25,5)
Optimal IQR/M	
FibroScan®	122 (100)
Hepatus®	122 (100)
Fibrosis	
FibroScan®	
F0-F1	95 (77,8)
F2	8 (6,7)
F3-F4	19 (15,5)
Hepatus®	
F0-F1	82 (67,2)
F2	16 (13,1)
F3-F4	24 (19,7)

Correlation of fibrosis measurements between FibroScan® and Hepatus®



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FROM PATIENT TO EXPERT: EDUCATION FOR SELF-MANAGEMENT OF HEPATOCELLULAR CARCINOMA IN A CLINICAL EXCELLENCE PROGRAM

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Introduction and Objectives: Education for patients and caregivers is essential to improve understanding of hepatocellular carcinoma, support self-management, and promote informed decisions. At Fundación Cardioinfantil, a structured educational program was implemented as part of the Clinical Excellence Program. This work aims to describe the program's implementation, and the progress achieved in patient knowledge, treatment adherence, and continuity of care at home.

Materials and Methods: A descriptive, cross-sectional study was conducted to describe the educational process delivered to patients with hepatocellular carcinoma and their caregivers. Patients are initially assessed to determine their level of disease knowledge and classified into basic, intermediate, or advanced levels. Based on this, they receive a personalized education plan with printed materials and guided sessions. Progress is evaluated quarterly during follow-up visits to reinforce or adjust the intervention.

Results: Since its implementation, the program has provided education to 106 patients. Currently, 68% have progressed to intermediate or advanced levels, while 32% remain at the basic level, either because they are in the early stages of the program or awaiting the start of treatment. Among the 40 active patients, 28 have reached an advanced educational level, reflected in greater disease understanding, recognition of warning signs, and improved adherence reported during clinical follow-up.

Conclusions: Educational strategy implemented within the Hepatocellular Carcinoma Clinical Excellence Program has proven effective in empowering patients through a structured and personalized approach. The educational progress underscores the value of integrating education into clinical care, allowing patients to actively and confidently participate in managing their condition. This experience represents a replicable model that could be adapted to other chronic disease care initiatives, particularly in high-complexity healthcare settings across Latin America.

Conflict of interest: None

Figure 1. Educational Program – HCC Clinical Excellence Program