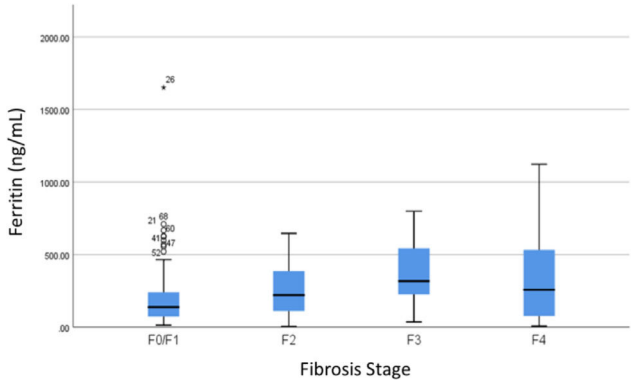
Serum ferritin levels by hepatic fibrosis stage (FibroScan®).



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AMA-NEGATIVE PRIMARY BILIARY CHOLANGITIS IN LATIN AMERICA: A DISTINCT SUBSET WITH LOWER TREATMENT RESPONSE

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Introduction and Objectives: Primary biliary cholangitis (PBC) is an autoimmune cholestatic disease, typically diagnosed by the presence of anti-mitochondrial antibodies (AMA). Whether AMA-negative PBC represents a distinct clinical phenotype remains controversial. This study aimed to characterize the epidemiological profile of PBC according to AMA status in Latin America.

Materials and Methods: This ongoing, retrospective, international multicenter cohort study, sponsored by ALEH, includes PBC patients from multiple Latin American countries. Patients were stratified by AMA status; those with autoimmune hepatitis-PBC overlap were excluded.

Results: Data from 1,204 patients were analyzed: Brazil (48.3%), Argentina (23.4%), Chile (10.8%), Mexico (7.4%), and others. Most were female (92.3%) with a mean age at diagnosis of 53±13 years; 22.2% had cirrhosis at baseline. Overlap syndrome was excluded. AMA were positive in 76.8%. AMA-positive and AMA-negative patients had similar rates of female sex (92.5% each, p=0.963), baseline cirrhosis (22.4% vs. 23.6%, p=0.706), and symptomatic presentation (77.5% vs. 79.4%, p=0.544). MASLD was more frequent among AMA-negative patients (7.5% vs. 3.8%, p=0.024), which also had higher rates of sp100 (9.1% vs 2.5%, p< 0.001) and gp210 (7.3 vs 3.3%, p< 0.001) positivity. Treatment with UDCA was performed in 95.2% of patients and, from those, 28.3% had second line treatment indicated due to incomplete response to UDCA. AMA-positive patients showed higher response to ursodeoxycholic acid (UDCA) at 12 months, including ALP normalization (29.7% vs. 21.2%, p=0.035) and deep response (17.5% vs. 8.6%, p=0.007). Similar findings were observed after 12 months of fibrate therapy (34.8% vs. 9.4%, p=0.005). No difference was found in transplant-free survival (p=0.213).

Conclusions: AMA-negative PBC patients in Latin America present similar baseline features but have lower response rates to UDCA and fibrates, supporting the hypothesis of a biologically distinct disease subset.

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