

(32%), including *Klebsiella pneumoniae*, *Candida* spp., *Chlamydia* sp., and *Mycoplasma pneumoniae*. Among patients with ACLF grade 3, 4 of 6 (67%) had fungal or polymicrobial infections. Malnutrition was observed in 9 patients (47%), including 3 of 6 (50%) with ACLF grade ≥ 2 . It was more common in alcoholic cirrhosis (7 of 12; 58%) than in non-alcoholic cases (2 of 7; 29%). In-hospital mortality occurred in 6 patients (32%); 3 deaths (50%) were infection-related and 4 (67%) involved malnourished patients.

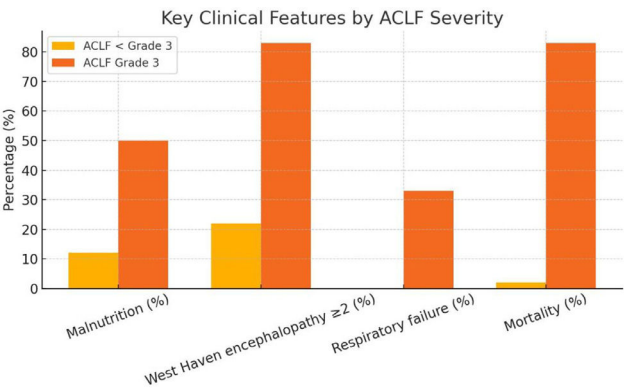
Conclusions: Malnutrition, alcohol-related cirrhosis, fungal or polymicrobial infections were associated with more severe ACLF and poorer outcomes. Early recognition of these risk factors may improve prognostication and guide therapy.

Conflict of interest: None

Comparison of Clinical Characteristics by ACLF Grade

Variable	ACLF grade < 3 (n=13)	ACLF grade 3 (n=6)
Mean age (years)	64.2 $\pm$ 11.7	61.7 $\pm$ 18.5
Mean bilirubin (μ mol/L)	106.2 $\pm$ 145.4	311.0 $\pm$ 220.0
Mean creatinine (μ mol/L)	127.6 $\pm$ 99.2	303.3 $\pm$ 75.4
Mean INR	1.1 $\pm$ 1.8	1.1 $\pm$ 1.4
Malnutrition (%)	12%	50%
West Haven encephalopathy ≥ 2 (%)	22%	83%
Respiratory failure (%)	0%	33%
Mortality (%)	2%	83%

Key clinical features by ACLF severity



<https://doi.org/10.1016/j.aohep.2025.102015>

#69

SPLEEN STIFFNESS PREDICTS ESOPHAGEAL VARICES IN LATIN AMERICAN CIRRHOTIC PATIENTS: CLINICAL AND ENDOSCOPIC CORRELATIONS

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Introduction and Objectives: Portal hypertension (PHT) is a major driver of complications and mortality in cirrhosis. Spleen stiffness measurement (SSM) via FibroScan® has emerged as a non-invasive marker of clinically significant PHT (CSPH) and esophageal varices (EV), yet evidence in Latin America is limited. This study aimed to correlate SSM with cirrhosis severity and markers of CSPH, compare its values with those of healthy controls, and determine an optimal cutoff for EV detection.

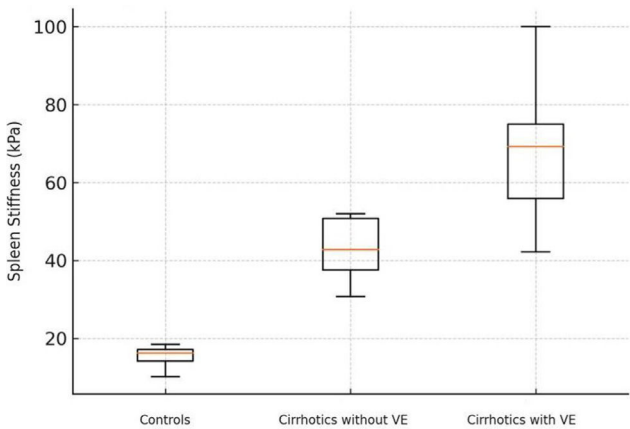
Materials and Methods: Cross-sectional study including 40 cirrhotic patients (β -blocker naïve) and 10 healthy controls. SSM (kPa) was measured with FibroScan® Expert 630. Variables included Child–Pugh class, MELD-Na, D’Amico stage (≥ 4 = decompensation), platelet count, Doppler ultrasound, and endoscopic confirmation of EV. Statistical analysis included non-parametric tests, ROC curves, Youden’s index, and multivariable logistic regression (SSM, platelets, portal vein diameter, Child–Pugh).

Results: Mean age was 56.8 years; 60% male; BMI 28.8 kg/m²; 40% obese. Median SSM was higher in cirrhotics (64.5 kPa) than in controls (16.0 kPa; $p < 0.001$). Among cirrhotics, higher SSM correlated with Child–Pugh C ($p = 0.004$), MELD-Na ≥ 22 ($p = 0.018$), decompensation ($p = 0.030$), and thrombocytopenia ($p = 0.021$). EV were present in 22 patients (55%), with SSM 67.3 vs 46.0 kPa ($p = 0.004$). AUC was 0.81; optimal cutoff 55 kPa. Only SSM remained independently associated with EV (OR 1.14 per kPa; AUC 0.91).

Conclusions: In this Latin American cohort, SSM ≥ 55 kPa was the most accurate non-invasive predictor of EV and may guide endoscopic screening in clinical practice.

Conflict of interest: None

Comparison of Spleen stiffness measurement (kPa) between controls, cirrhotics without esophageal varices (VE), and cirrhotics with VE.



<https://doi.org/10.1016/j.aohep.2025.102016>

#70

VISCERAL FAT AS A KEY DRIVER OF LIVER FIBROSIS IN MASLD: A DXA-BASED ANALYSIS

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Introduction and Objectives: Adiposity is associated with an increased risk of developing metabolic dysfunction-associated steatotic liver disease (MASLD).

Verify the association between liver fibrosis and visceral adiposity in MASLD by Dual-energy X-ray absorptiometry (DXA) method.

Materials and Methods: In a cross-sectional study, assessment of MASLD and significant fibrosis (F ≥ 2) were performed by