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IMPACT OF DIRECT-ACTING ANTIVIRALS ON THE FIB-4 INDEX IN PATIENTS WITH CHRONIC HEPATITIS C AND SUSTAINED VIROLOGICAL RESPONSE.

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Introduction and Objectives: Fibrosis regression is associated with broad clinical benefits and remains an important therapeutic goal in patients with advanced fibrosis who achieve a sustained virological response (SVR) to hepatitis C virus (HCV) treatment. Studies conducted in Asia have reported fibrosis regression in 55% to 75% of patients. Currently, there are no published reports from studies conducted in our country.

Evaluate the impact of direct-acting antiviral (DAA) therapy on the Fib-4 index in patients with chronic hepatitis C who achieved a sustained virological response (SVR).

Materials and Methods: Patients were classified into two groups: non-cirrhotic (n=28) and cirrhotic (n=62). Pre- and post-treatment Fib-4 index values were collected and compared. The Wilcoxon signed-rank test, a non-parametric test, was used to compare pre- and post-treatment Fib-4 scores within each group. The Mann-Whitney U test was applied to compare whether the magnitude of change in the Fib-4 score differed between the non-cirrhotic and cirrhotic groups. A p-value of ≤ 0.05 was considered statistically significant.

Results: Both groups experienced a statistically significant reduction in post-treatment Fib-4 scores ($p < 0.001$). The magnitude of this reduction was significantly greater in the group of patients with cirrhosis compared to those without cirrhosis ($p = 0.027$). (See Figure 1).

Our study demonstrates that successful DAA therapy leads to a statistically significant reduction in the Fib-4 index in a Mexican cohort of patients with chronic HCV, a finding that is consistent with reports from other regions. This reduction in a key non-invasive marker suggests a regression of liver fibrosis or, at a minimum, a significant decrease in necroinflammatory activity upon viral eradication.

Conclusions: DAA therapy significantly reduces the Fib-4 score in patients with chronic HCV, regardless of the presence of cirrhosis. This demonstrates a favorable impact, thereby improving the prognosis for these patients.

Conflict of interest: None

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NON-INVASIVE ASSESSMENT OF LIVER FIBROSIS IN THE POPULATION WITH TYPE 2 DIABETES AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

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Introduction and Objectives: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent chronic liver disease worldwide, with a global prevalence of 55.5% among patients with type 2 diabetes (T2D). T2D and obesity are the cardiometabolic risk factors that significantly influence the natural history of MASLD, increasing the risk of fibrosis progression, cirrhosis and hepatocellular carcinoma. Non-invasive tests (NITs) are recommended for fibrosis screening and can help predict the risk of liver-related outcomes in populations at risk for MASLD.

To evaluate the non-invasive tests for detecting liver fibrosis and to assess the association between liver fibrosis and progression predictors in the population with diabetes and MASLD.

Materials and Methods: Prospective, cross-sectional, observational study included adults aged 18-75 with T2D from a tertiary hospital. All participants provided informed consent. Noninvasive assessment of hepatic steatosis and fibrosis were performed using ultrasonography and transient elastography. Data were analyzed using R with the non-parametric Mann-Whitney or Wilcoxon tests, and a significance level of $p < 0.05$ was adopted.

Results: This study included 96 patients. Of these, 62 (64.5%) had steatohepatitis, 29 (30.2%) had significant fibrosis ($F \geq 2$) and 13 (13.5%) had advanced fibrosis ($F \geq 3$) as determined by elastography. Gamma-glutamyl transferase (GGT) was the only serum biomarker that showed a statistically significant correlation with the presence of fibrosis ($p = 0.00997$).

Conclusions: In our study population with diabetes, the most reliable non-invasive predictor of fibrosis, as assessed by elastography, was elevated GGT levels.

Conflict of interest: None

Table 1: Characteristics of the study participants according to fibrosis status

	Total Population (n=96)	No Fibrosis (n=67)	Fibrosis (n=29)	p-value
Baseline characteristics				
Age – years (median/IQR)	65 (58 – 70)	65 (57 – 69)	67 (60 – 71)	0.2186
Sex – women (N – %)	76 – 79.2%	51 – 76.1%	25 – 86.2%	0.3988
Hypertension (N – %)	86 – 89.6%	61 – 91.1%	25 – 86.2%	0.7273
Dyslipidemia (N – %)	75 – 78.1%	52 – 77.6%	23 – 79.3%	1
Obesity (N – %)	51 – 53.1%	31 – 46.3%	20 – 69.0%	0.0597
Alcohol consumption				
Abstaining (N – %)	62 – 64.6%	40 – 59.7%	22 – 75.9%	0.2017
<10g/day (N – %)	23 – 24.0%	16 – 23.9%	7 – 24.1%	
>10g/day (N – %)	6 – 6.3%	6 – 9.0%	NA	
Anthropometric measurements				
BMI (kg/m ²)	30.77 (27.36 – 35.34)	29.78 (26.14 – 33.88)	33.68 (29.43 – 37.88)	0.0462
Waist circumference (cm)	105.2 (93.47 – 115.1)	100.8 (93.12 – 113.6)	110.2 (101.2 – 116.9)	0.2158
Hip circumference (cm)	103.55 (95.35 – 113.62)	101.8 (94.5 – 112.8)	108.2 (100.9 – 116.1)	0.0781
Waist-to-height ratio	65.68 (58 – 72.64)	63.41 (57.9 – 71.11)	67.97 (63.72 – 74.29)	0.1588
Laboratory/imaging-based parameters (median/IQR)				
GGT	34 (25 – 61)	31 (24 – 43)	55 (28.75 – 73.25)	0.00997
Ferritin	130 (71.1 – 246.89)	146 (79.8 – 270.5)	97 (64.2 – 156.2)	0.1173
CRP	0.49 (0.27 – 0.93)	0.48 (0.26 – 0.98)	0.53 (0.295 – 0.875)	0.8807
ALT	22.5 (16 – 34.5)	20 (15 – 27.5)	30 (22 – 43)	0.0006
AST	21 (17 – 30.25)	20 (17 – 27)	26 (20 – 35)	0.0046
FIB4	1.19 (0.87 – 1.7)	1.15 (0.87 – 1.65)	1.35 (0.9 – 2.2)	0.08055
FLI	6 (4 – 7)	5 (3 – 7)	6 (5 – 7)	0.1297
Fibroscan	5.7 (4.9 – 7.53)	5.1 (4.65 – 5.9)	9 (7.7 – 13)	<0.001
2D	5.5 (4.35 – 6.95)	5 (4 – 5.7)	7.35 (6.28 – 9.33)	<0.001

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FREQUENCY OF HEPATITIS A ANTIBODIES IN PATIENTS ATTENDING CONSULTATION FOR ABNORMAL LIVER FUNCTION TESTS

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Introduction and Objectives: As of 2024, only 8 out of 25 Latin American countries have incorporated the hepatitis A virus (HAV) vaccine into their national immunization programs. In Peru, there is a widespread belief—both among healthcare professionals and the general population—that, due to poor sanitation and food safety, most adults have been exposed