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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 ultrassonography 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				0.2017
Abstaining (N – %)	62 – 64.6%	40 – 59.7%	22 – 75.9%	
<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/m2)	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

to HAV and are therefore assumed to be immune, making vaccination seem unnecessary.

To determine the frequency of IgG antibodies against HAV in patients undergoing medical evaluation for altered liver function tests.

Materials and Methods: A cross-sectional descriptive study was conducted in the gastroenterology outpatient clinic of a private institution between January 2023 and January 2025. Adult patients presenting with abnormal liver enzyme tests were included. Foreign nationals and minors were excluded. Informed consent was obtained, and participants were asked about a history of HAV infection and vaccination.

Results: A total of 250 patients were included, with a mean age of 56.4 ± 15.5 years (range: 18–90); 51.2% (n = 128) were male. IgG anti-HAV seropositivity was found in 74.4% of participants. Among those who reported having had hepatitis A, 74% were IgG positive. Additionally, 88.4% of patients did not know their vaccination status.

Conclusions: Although Peru is considered an endemic area for HAV, only 74.4% of adults in our serie showed serologic evidence of immunity. Self-reported infection or vaccination history was not a reliable predictor of HAV immunity.

Conflict of interest: None

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PRESENTATION AND FOLLOW-UP OF POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER THROUGH 2005-2022 AT A LIVER TRANSPLANT UNIT IN BOGOTA, COLOMBIA

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Introduction and Objectives: Post- transplant lymphoproliferative disorders (PTLD) are a group of neoplasms developed after transplantation, associated with increased mortality. The incidence of PTLD in liver transplant is 1-5.5%. Risk factors include immunosuppression, Epstein Barr Virus (EBV) mismatch and acute rejection. Clinical presentation is diverse. Treatment options include reduction of immunosuppression (RIS), rituximab and chemotherapy. The objective is to evaluate the incidence and clinical-pathological characteristics of patients with PTLD in our center.

Materials and Methods: Retrospective analysis of orthotopic liver transplant (OLT) patients over 18 years old in La Cardio from January 2005 to December 2022 was collected to identify PTLD patients. After identifying PTLD patients, demographic details, indication for liver transplant, induction and maintenance immunosuppressive regimen, EBV status, acute rejection episodes, histopathological classification of PTLD, chemotherapy used, and outcome were analysed in each case.

Results: Of a total of 617 OLT patients 4 developed PTLD representing a prevalence of 0.6% during a 17-year period of follow-up. Of the patients, 3 (75%) were female. Chronic hepatitis C, chronic hepatitis B, alcoholic hepatitis and autoimmune hepatitis was the etiology of cirrhosis in each of the patients. Median age of the cohort was 44 years. Median time of presentation for PTLD was 52,7 months since liver transplant. More detailed information is in table 1.

Conclusions: This study showed a low prevalence of PTLD among OLT recipients. Most of the patients responded well to RIS and chemotherapy. Further and multi-center studies are needed to provide a better understanding of PTLD in our population.

Conflict of interest: None

Patient	VEB mismatch	Induction	Maintenance	Rejection	Histopathological classification of PTLD	Managment	Outcome
A	No	Bolus of Metil prednisolone	Ciclosporine-Mycophenolate and steroid	Acute moderate rejection at 18 months of transplantation	Monomorphic diffuse large B-cell lymphoma type, phenotype compatible with germinal center subtype	R-CHOP for 4 cycles followed by Rituximab monotherapy and reduction immunosuppression	Complete response with no relapse
B	No	Bolus of Metil prednisolone	Ciclosporine-Mycophenolate and steroid	Never	Monomorphic diffuse large B-cell lymphoma type, phenotype compatible with germinal center subtype	Rituximab monotherapy for 3 cycles followed by R-CHOP for 3 cycles	Progression and death
C	No	Bolus of Metil prednisolone	Tacrolimus-Mycophenolate and steroids	Acute moderate rejection at 69 months of transplantation	Burkitt-type B-cell lymphoma stage IVA with nodal involvement (left cervical adenopathy) and extranodal involvement (Left tonsil	Da-EPOCH-R for 5 cycles followed by 3 cycles of Rituximab monotherapy	Complete response
D	No	Bolus of Metil prednisolone	Ciclosporine-Mycophenolate and steroid	Never	Non-Hodgkin Lymphoma	R-CHOP for 8 cycles followed by 3 cycles of Rituximab monotherapy	Complete response

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