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LIPOUNITS: A NOVEL UNIT OF MEASUREMENT TO COMMUNICATE THE IMPACT OF DAILY HABITS ON LIVER FAT IN PATIENTS WITH MASLD

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Introduction and Objectives: Fat accumulation in the liver, recently redefined as metabolic dysfunction-associated steatotic liver disease (MASLD), has a high prevalence in Latin America, with projections indicating a continuous rise in cases with significant fibrosis. Weight loss through lifestyle modifications remains the cornerstone of treatment; however, long-term weight maintenance is often unsuccessful, with many patients regaining weight over time. Evidence suggests that sustained adherence to healthy dietary habits and regular physical activity is critical to maintaining weight loss, yet achieving long-term adherence remains a significant challenge. To develop a simple and educational unit of measurement (lipounits) to translate the impact of lifestyle habits on liver fat content, using the Controlled Attenuation Parameter (CAP) as an objective reference.

Patients and Methods: A cross-sectional study was conducted in patients with suspected MASLD referred for non-invasive staging. A structured weekly lifestyle questionnaire was administered, and liver fat content was assessed using CAP via FibroScan®. A univariate linear regression model was constructed to evaluate the association between lifestyle habits and CAP values. One lipounit was defined as equivalent to a 0.01 dB/m change in CAP.

Results: Forty-nine patients were included; 55% were female, and 89.8% had overweight or obesity. Hypertension and diabetes were present in 40.8% and 18.4% of patients, respectively. Consumption of vegetables, cereals, grains, seafood, adherence to antihypertensive therapy, and 30 minutes of exercise were associated with reduced lipounits. In contrast, intake of soft drinks, processed meats, alcohol, and red meat was associated with increased lipounits.

Conclusions: This tool may enhance adherence to nutritional and physical activity recommendations in patients with MASLD.

Conflict of interest: None

Variable	n = 49
Age (years)	53.84 (11.86)
Height (cm)	164.18 (11.22)
Weight (kg)	82.83 (15.92)
Waist circumference (cm)	102.66 (12.69)
BMI (Body mass index)	30.45 (4.45)
SBP (Systolic Blood Pressure)	134.84 (15.08)
DBP (Diastolic Blood Pressure)	76.13 (8.45)
Liver stiffness (kPa)	7.16 (5.94)
Controlled attenuation parameter (dB/m)	280.29 (56.77)
Physical activity sessions of at least 30 minutes/week	2.05 (2.46)
Daily vegetable servings	5.21 (0.73)
Weekly servings of grains	1.71 (1.39)
Daily servings of cereals	0.96 (0.62)
Weekly servings of fish and seafood	1.74 (1.54)
Weekly servings of red meat	1.94 (1.77)
Weekly servings of processed meats	0.61 (1.19)
Daily consumption of carbonated beverages	0.29 (1.13)

Table 1. Baseline characteristics of the patients. Variables are expressed as mean (SD).

Lifestyle habits	Coefficient	Lipounits
Taking antihypertensive medication	(-0.057)	-5.7
1 alcohol standard drink	0.18	18
1 serving of vegetables	(-0.026)	-2.6
1 serving of grains	(-0.014)	-1.4
1 serving of cereals	(-0.12)	-12
1 serving of fish or seafood	(-0.019)	-1.9
1 serving of red meat	0.17	17
1 serving of processed meat	0.20	20
1 carbonated beverage	0.30	30
Exercise	(-0.23)	-23

Table 2. Relationship between nutritional and physical activity habits and lipounits.

<https://doi.org/10.1016/j.aohep.2025.102023>

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STOP PPIS - NO REDUCTION IN BLEEDING OR MORTALITY AFTER ENDOSCOPIC BANDING LIGATION FOR ESOPHAGEAL VARICES IN CIRRHOTICS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction and Objectives: Proton pump inhibitors (PPIs) are frequently prescribed to reduce bleeding and mortality after endoscopic band ligation (EBL) of esophageal varices in cirrhotic patients. However, the clinical benefit remains uncertain. This meta-analysis aims to determine whether PPI therapy reduces bleeding and mortality within 8 weeks following EBL of esophageal varices in cirrhotic patients, compared to non-use.

Materials and Methods: The search was conducted in PubMed, Web of Science and CENTRAL in January 2025. Randomized controlled trials (RCTs) comparing PPI use after EBL in cirrhotic patients versus non-use were included. The primary outcome was bleeding, and the secondary, was mortality, both within 8 weeks. Two independently students extracted data and assessed risk of bias, using the Cochrane Risk of Bias tool (RoB 2). Relative risks (RRs) with 95% CI were calculated by random-effects model.

Results: Four RCTs including 445 cirrhotic patients who underwent EBL were included. All studies contributed to the primary outcome and three of them, including 268 patients, to the secondary outcome. In pooled analysis, PPI use was not associated with a reduced risk of bleeding within 8 weeks (RR 0.71; 95% CI: 0.39 - 1.30; I² = 0.0%), or mortality (RR 0.75; 95% CI: 0.23 - 2.53; I² = 0.0%).

Conclusions: This meta-analysis indicates that PPI therapy after EBL for esophageal varices in cirrhotic patients has no evidence of reducing risk of bleeding or death compared to non-use and discourages the indiscriminate use of PPIs when no proven benefit exists.

Conflict of interest: None

<https://doi.org/10.1016/j.aohep.2025.102024>

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HIGH WAITING LIST MORTALITY AMONG LIVER TRANSPLANT CANDIDATES WITH ALCOHOL-RELATED LIVER DISEASE: A 10-YEAR COHORT FROM A BRAZILIAN TERTIARY CENTER

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Introduction and Objectives: Alcohol-related liver disease (ALD) is a leading cause of cirrhosis-related mortality and a common indication for liver transplantation. This study aimed to assess the impact and characteristics of ALD in liver transplant candidates at a tertiary center in Brazil.

Patients and Methods: This retrospective study included the medical records of patients listed for liver transplantation between 2009 and 2019 at a tertiary hospital. We evaluated the proportion of