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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 (13.92)
Waist circumference (cm)	102.66 (12.69)
BMI (Body mass Index)	30.45 (4.45)
SBP (Systolic Blood Pressure)	124.84 (15.08)
DBP (Diastolic Blood Pressure)	76.13 (6.45)
Liver stiffness (Kpa)	7.16 (5.94)
Controlled attenuation parameter (dB/m)	280.29 (46.77)
Physical activity sessions of at least 30 minutes/week	2.05 (2.46)
Daily vegetable servings	1.21 (0.73)
Weekly servings of grains	1.71 (1.59)
Daily servings of cereals	0.96 (0.62)
Weekly servings of fish and seafood	1.74 (1.54)
Weekly servings of red meat	1.54 (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.

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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; $I^2 = 0.0\%$), or mortality (RR 0.75; 95% CI: 0.23 - 2.53; $I^2 = 0.0\%$).

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

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#79

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

ALD as an indication, clinical and epidemiological profiles, waiting list mortality, and patterns of alcohol consumption and abstinence in patients with ALD.

Results: Among the 583 patients, 243 (41.7%) had ALD. This etiology was the most frequent among both non-transplanted (45.5%) and transplanted (38.4%) patients. In the transplanted group, ALD patients were predominantly male and smokers (p<0.001). The overall waiting list mortality rate was 70.2%, with ALD accounting for 43% of the deaths. Among the 118 transplanted patients with an alcohol-related component, data on alcohol consumption were available for 92. The mean daily alcohol intake was 133.1 g, with a mean abstinence duration of 4.9 years before transplantation.

Conclusions: ALD was the most frequent indication for liver transplantation in this cohort and was associated with high mortality on the waiting list. These findings highlight the need for the early identification and management of patients with harmful alcohol use.

Conflict of interest: None

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ENCEPHALAPP STROOP TO DETECT COVERT HEPATIC ENCEPHALOPATHY IN PATIENTS WITH COMPENSATED CIRRHOSIS

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Introduction and Objectives: Covert hepatic encephalopathy (CHE) is a common complication in patients with compensated cirrhosis, associated with subtle cognitive impairment and a worse prognosis. The EncephalApp Stroop is a digital tool that facilitates its identification.

To evaluate the diagnostic capacity of the EncephalApp Stroop to identify CHE in patients with compensated cirrhosis

Materials and Methods: A diagnostic evaluation study was conducted in patients with compensated cirrhosis treated at the Institute of Gastroenterology in Havana, Cuba, between March 2023 and December 2024. All participants completed the EncephalApp Stroop and the Psychometric Hepatic Encephalopathy Score (PHES). Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were determined. The discriminatory capacity of the test was assessed using ROC curve analysis, considering a cutoff point of >190 seconds in the "on" time metric plus "off" time, and the PHES result as the gold standard.

Results: Seventy patients of both sexes were included, with a predominance of viral etiology (74.3%). The prevalence of EHE was 38.6%. The EncephalApp Stroop showed a sensitivity of 95.2% (95% CI: 77.3% to 99.2%) and specificity of 85.7% (95% CI: 73.3% to 92.9%), PPV of 74.1% (95% CI: 55.3% to 86.8%) and NPV of 97.7% (95% CI: 87.9% to 99.6%) for the detection of HSE, with an area under the ROC curve of 0.905 (95% CI: 0.826-0.984).

Conclusions: The EncephalApp Stroop is a valid, accessible, and efficient diagnostic test for identifying EHE in compensated cirrhosis, with high performance compared to PHES as the gold standard. Its implementation can optimize early detection and clinical management.

Conflict of interest: None

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PREVALENCE OF COVERT HEPATIC ENCEPHALOPATHY IN PATIENTS WITH COMPENSATED LIVER CIRRHOSIS

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Introduction and Objectives: Covert hepatic encephalopathy (CHE) is a complication that affects the quality of life and prognosis of cirrhotic patients. It is identified through appropriate neuropsychological tests. Objectives: To determine the prevalence of CHE in patients with compensated liver cirrhosis using the Psychometric Hepatic Encephalopathy Score (PHES) and its association with selected clinical factors.

Materials and Methods: A descriptive, cross-sectional study was conducted at the Institute of Gastroenterology in Havana, Cuba, between March 2023 and December 2024. Sixty-five patients with defined selection criteria were included. The prevalence of CHE was calculated according to the total PHES, using normality tables for the Cuban population. PHES scores and laboratory parameters were compared, and the association with sex, age, education, and etiology was explored between the groups with and without EHE.

Results: The prevalence of EHE was 32.3% (n=21). Differences were found between groups with and without EHE in the total PHES (p<0.001) and in each of its components. No association was demonstrated between age, sex, educational level, and etiology of cirrhosis with EHE, nor was there statistical significance between ALAT (p=0.68), ASAT (p=0.90), albumin (p=0.65), and platelet count (p=0.63). Age >60 years, male sex, viral etiology, low educational level, and liver function did not influence the diagnosis of EHE.

Conclusions: The PHES is an objective tool that allowed the identification of EHE in the context studied, which is relevant for the early management of compensated cirrhosis.

Conflict of interest: None

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LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA: IMPLICATIONS OF EXPANDING AGE LIMITS IN LOW-DONATION SETTINGS IN LATIN AMERICA

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Introduction and Objectives: In Costa Rica, liver transplantation (LT) for hepatocellular carcinoma (HCC) is legally restricted to patients under 65 years. This limits curative options and may favor patients receiving exception MELD points. The country's average liver