

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

Oscar Suazo¹, Kemo Sayon¹, Yusimik Román¹, Sila M. Gonzales¹, Mirtha Infante Velasquez¹, Marlén Castellanos¹, Danay Guerrero¹, Susana Borges¹

¹ Instituto de Gastroenterología, Cuba.

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

Oscar Suazo¹, Aissatou Sow¹, Susana Borges¹, Marlén Castellanos¹, Sila M. Gonzales¹, Danay Guerrero¹, Mirtha Infante Velasquez¹, Yusimik Román¹

¹ Instituto de Gastroenterología, Cuba.

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

Maria Fernanda Lynch-Mejía¹, Francisco Vargas-Navarro¹, Wagner Ramírez-Quesada¹, Maria José Soto-Echeverri², Andrés Solera-Vega², Alejandra Ochoa-Palomino², Pablo Coste¹

¹ Liver Lab CR / Liver Unit. Hospital R.A. Calderón Guardia, Costa Rica.

² Liver Unit. Hospital R.A. Calderón Guardia, Costa Rica.

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