

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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#80

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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#86

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

donation rate remains low, at 5.4 donors per million population per year, further limiting access.

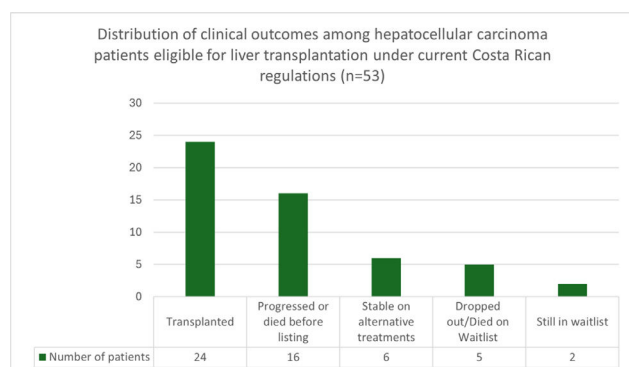
Materials and Methods: We assessed transplant eligibility, bridging therapies, and outcomes in HCC patients at a tertiary center. Eligibility was defined as age <65, meeting UCSF criteria, and having no contraindications. We modeled the impact of raising the age limit to <70 years.

Results: Of 260 patients, 52 (20%) met transplant criteria; 86.5% received bridging therapy (TACE 27, ablation 18, resection 2). One additional patient was downstaged to eligibility. Among 53 total candidates, 30.2% progressed or died before listing, 11.3% remained stable on alternative treatments, 45% were transplanted, and 9.4% died or dropped out while on the waitlist. Mean wait time was 148.1 days (SD 93.5). Expanding the age limit to <70 years would increase eligibility by 49%, adding 27 candidates. However, this may disadvantage other patients with high functional MELD scores, as those with HCC receive exception points after three months of evaluation.

Conclusions: Raising the age threshold for LT would expand access for older HCC patients but may exacerbate inequities in organ allocation due to low donation rates and MELD exception prioritization. Policy reform must be accompanied by increased organ procurement efforts and ethical safeguards to ensure equitable access in low-donation settings such as Costa Rica.

Conflict of interest: None

Outcomes of Liver Transplant Candidates (n=53). Distribution of clinical outcomes among hepatocellular carcinoma patients eligible for liver transplantation under current Costa Rican regulations (age <65, UCSF criteria). Outcomes are shown as absolute numbers in a column chart format. A total of 45% were transplanted, while 30.2% progressed or died before listing. The remainder either remained stable on alternative treatments, were still waiting, or dropped out.



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#87

CHARACTERIZATION AND DESCRIPTION OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE ASSESSED BY HEPATIC ELASTOGRAPHY IN A CENTER IN BOGOTÁ

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Introduction and Objectives: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent liver disease globally, with 25–30% of patients progressing to fibrosis. It is associated with complications such as cirrhosis, liver failure, and liver cancer. Transient liver elastography (TLE) is a non-invasive, reliable tool to assess hepatic steatosis and fibrosis, with lower risk than biopsy. This study aims to characterize patients with MASLD at Fundación Cardioinfantil by analyzing demographic and clinical factors, and the grade of liver steatosis and fibrosis using TLE

Materials and Methods: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent liver disease globally, with 25–30% of patients progressing to fibrosis. It is associated with complications such as cirrhosis, liver failure, and liver cancer. Transient liver elastography (TLE) is a non-invasive, reliable tool to assess hepatic steatosis and fibrosis, with lower risk than biopsy. This study aims to characterize patients with MASLD at Fundación Cardioinfantil by analyzing demographic and clinical factors, and the grade of liver steatosis and fibrosis using TLE

Results: In the interim analysis of 899 patients, elastography results met international quality standards (IQR/M 18.3). The average BMI was 27.2 kg/m², and common comorbidities included hypertension and diabetes. Steatosis was typically moderate (LiSA S2), with a higher LiSA score in those with higher BMI (graphic 1). Fibrosis was absent in 78.3% of cases, while 21.7% showed progression (table 1) of this population 69.9% have overweight or obesity.

Conclusions: MASLD is primarily associated with metabolic diseases. This study found that higher BMI is linked to an increased risk of steatosis, and higher levels of fibrosis were seen in older patients (with no linear relationship). These patients should be prioritized for early screening and treatment, reducing complications and overall morbidity and mortality.

Conflict of interest: None

Distribution of fat attenuation coefficient (LiSA score) according to BMI categories

Graphic 1. Distribution of fat attenuation coefficient (LiSA score) according to BMI categories

