

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

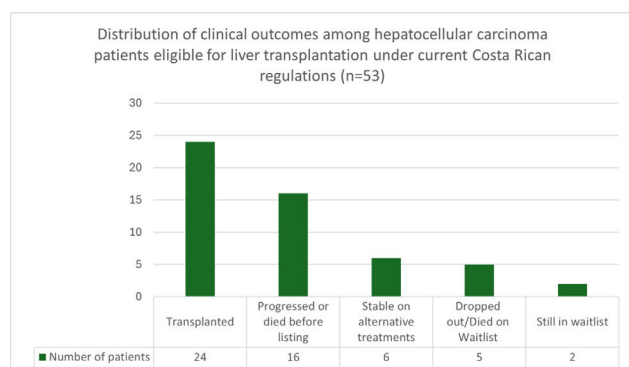
Materials and Methods: We assessed transplant eligibility, bridging therapies, and outcomes in HCC patients at a tertiary center. Eligibility was defined as age <65, meeting UCSF criteria, and having no contraindications. We modeled the impact of raising the age limit to <70 years.

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

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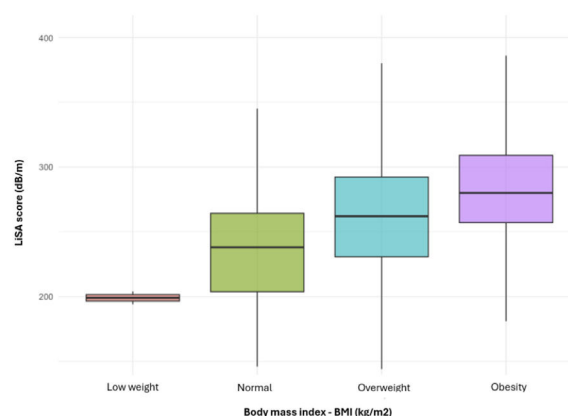
Results: In the interim analysis of 899 patients, elastography results met international quality standards (IQR/M 18.3). The average BMI was 27.2 kg/m², and common comorbidities included hypertension and diabetes. Steatosis was typically moderate (LiSA S2), with a higher LiSA score in those with higher 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



Fibrosis characteristics obtained by liver elastography in the study population (N = 899)	
Fibrosis Stage	Number of Patients (%)
F0-F1	704 (78.3%)
F2	105 (11.7%)
F2-F3	31 (3.4%)
F3-F4	29 (3.2%)
F4	30 (3.3%)

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#88

CLINICAL CHARACTERIZATION OF HCC IN A SILENT REGION: REAL-WORLD DATA FROM A PROSPECTIVE COHORT IN CENTRAL AMERICA

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is a leading cause of cancer-related mortality worldwide. However, clinical data from Central America and the Caribbean are scarce, limiting the development of region-specific public health strategies and clinical guidelines.

Describe the clinical and demographic characteristics of patients diagnosed with HCC, providing the first prospective dataset from this underrepresented region.

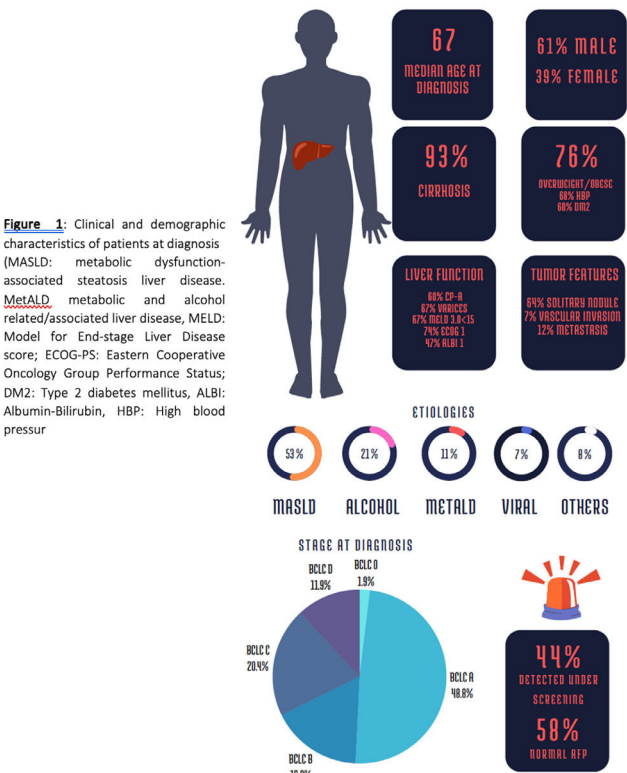
Materials and Methods: This observational cohort study included all patients diagnosed with or referred for HCC between September 2018 and June 2024. Clinical data were extracted from medical records, anonymized, and recorded electronically. Patients with incomplete or unverifiable data were excluded.

Results: A total of 260 patients were included (mean age 67 years; 38.5% women). Cirrhosis was present in 92.7%, and 95% met at least one metabolic syndrome (MS) criterion; 54.6% met full MS criteria. MASLD or alcohol-related liver disease accounted for 85% of underlying etiologies. Nineteen patients (7.3%) had non-cirrhotic HCC, predominantly MASLD-related. HCC diagnoses increased by 90.5% between 2017–2018 and 2023–2024. Screening detected 43.5% of cases. Ultrasound was the first imaging modality in 90.4%, with an average delay of 70 days to confirmatory imaging. AFP levels ≥ 20 IU/mL and ≥ 400 IU/mL were seen in 42.1% and 21.2%, respectively. At diagnosis, 60.6% were Child-Pugh A and 66.9% had MELD <15 . BCLC staging: 0 (1.9%), A (48.8%), B (16.9%), C (20.4%), D (11.9%).

Conclusions: This first prospective characterization of HCC in Central America shows high rates of metabolic dysfunction and cirrhosis. Increasing incidence and diagnostic delays highlight the urgent need for structured screening and better resource allocation.

Conflict of interest: None

EPIDEMIOLOGICAL VARIABLES



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#89

VIRULENCE–HOST GENE INTERACTION OF H. PYLORI CAGA AND NOD1 ELEVATES NON-INVASIVE FIBROSIS MARKERS IN MASLD

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Introduction and Objectives: Recent studies have suggested an association between *H. pylori* (Hp) active gastric infection and metabolic dysfunction associated steatotic liver disease (MASLD). We evaluated whether the *H. pylori* virulence gene *cagA* and the host sensor NOD1 (rs2075820) correlate with non-invasive markers of liver injury and fibrosis in patients with MASLD.

Patients / Materials and Methods: In a prospective study (2021–2024, northeast Argentina), 494 adults with Rome IV functional dyspepsia underwent gastroscopy. Biochemical, clinical parameters,