

ultrasound, FIB-4 score, liver stiffness measurement (LSM) by vibration-controlled transient elastography, gastric biopsies, and *H. pylori* cagA and NOD1 single nucleotide polymorphism (rs2075820) were evaluated. Associations were analysed with χ^2 , ANOVA/Tukey and multivariable logistic regression (* $p < 0.05$).

Results: Participants were 60 % women; mean age 49 years; BMI 27.9 kg/m^2 . MASLD was present in 209 (42 %) and Hp in 252 (51 %). Hp positivity coincided with higher BMI and MASLD prevalence (52 % vs 32 %). Among MASLD subgroup, Hp +/cagA + infection was associated with higher AST (25 ± 11 vs $33 \pm 14 \text{ U/L}$), FIB-4 (1.0 ± 0.5 vs 1.5 ± 0.8), and LSM (5.7 ± 2.8 vs $7.8 \pm 5.2 \text{ kPa}$) compared with Hp-negative patients ($p < 0.05$ for all), without significant differences in ALT or GGT. The combined cagA +/NOD1-GG genotype displayed the greatest FIB-4 (1.5) and LSM (8.5 kPa); 41 % of carriers exceeded the $\geq 8 \text{ kPa}$ threshold for advanced fibrosis, yielding an odds ratio (OR) of 3.99 (95 % CI 1.6–10.0; $p = 0.003$), which remained significant after adjustment for metabolic comorbidities (adjusted OR 4.98; 95 % CI 1.9–13.5).

Conclusions: In dyspeptic adults with MASLD, Hp cagA carriage is linked to worse non-invasive liver indices. The cagA +/NOD1-GG genotype independently predicts significant fibrosis, underscoring a bacterial–host genetic synergy that may accelerate MASLD progression.

Conflict of interest: Yes, Fundacion HA Barcelo

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CONCORDANCE BETWEEN EXPERT GASTROENTEROLOGISTS AND ARTIFICIAL INTELLIGENCE TOOLS IN SOLVING HEPATOLOGY CLINICAL CASES

Jesús Ignacio Mazadiego Cid¹,
María del Rosario Herrero Maceda¹,
Paloma Montserrat Diego Salazar²,
Rogelio Zapata Arenas²,
Scherezada María Isabel Mejía Loza¹,
Juanita Pérez Escobar¹,
María Fátima Higuera de la Tijera²,
Elías Artemio San Vicente Parada¹,
Raquel Yazmín López Pérez²,
Felipe Zamarripa Dorsey³,
Yoali Maribel Velasco Santiago²,
Adriana López Luria³, Moises Coutiño Flores¹,
Alejandra Díaz García¹

¹ Hospital Juárez de México.

² Hospital General de México.

³ Hospital Ángeles Lomas, México.

Introduction and Objectives: Evidence regarding the utility of artificial intelligences (AI) for the diagnosis of clinical cases in gastroenterology is limited, and is even scarcer in hepatology.

Determine the concordance between the responses of various AI models and those of specialist physicians in the resolution of hepatology clinical cases.

Materials and Methods: This was a clinical, observational, analytical, and prospective study. The assessment instrument comprised six hepatology clinical cases, each featuring five questions. A panel of eight experts from different institutions was convened; and their individual responses were subjected to calculation of the kappa coefficient (κ) and Cronbach's alpha. Items that failed to meet the

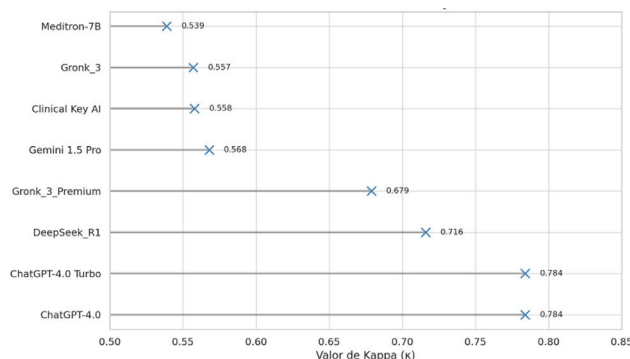
validation threshold (≥ 80 % agreement and $\kappa \geq 0.6$) were reviewed through iterative rounds of a modified Delphi method. Finally, κ was calculated to evaluate concordance between responses generated by the AI models and the expert consensus.

Results: The expert consensus demonstrated a high overall concordance ($\kappa = 0.901$; 95 % CI [0.860, 0.943]; $z = 61.57$; $p < 0.001$). Individual model concordance ranged from moderate to substantial, with κ values between 0.539 (Meditron-7B) and 0.784 (ChatGPT-4.0 and ChatGPT-4.0 Turbo), all statistically significant. In terms of the percentage of correct responses, the highest performing models were ChatGPT-4.0, ChatGPT-4.0 Turbo, and Deepseek-R1 (figure 1).

Conclusions: A moderate to substantial concordance was observed between diagnoses generated by different AI models and expert judgment in hepatology clinical cases, although variations were noted among the evaluated systems.

Conflict of interest: None

Figure 1



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HIGH RATE OF EARLY ALP NORMALIZATION WITH UDCA–BEZAFIBRATE COMBINATION THERAPY IN TREATMENT-NAÏVE PRIMARY BILIARY CHOLANGITIS: PRELIMINARY RESULTS

Juan Antonio Sorda¹, Fernando Javier Barreyro²,
Matías Bori¹, Guillermo Fernández³,
Esteban González Ballerga¹

¹ Hospital de Clínicas, Argentina.

² CONICET, Argentina.

³ Hospital Teodoro Juan Schestakow, Argentina.

Introduction and Objectives: Six-month alkaline phosphatase (ALP) normalisation predicts one-year response and survival in primary biliary cholangitis (PBC). Bezafibrate (BZF) benefits incomplete ursodeoxycholic-acid (UDCA) responders. We therefore assessed ALP normalization at six-month with UDCA alone versus UDCA+BZF at two different doses.

Materials and Methods: in an open-label trial (January 2022–2025) antimitochondrial-antibody-positive, non-cirrhotic PBC patients were randomised 2:2:1 to UDCA 13–15 mg kg⁻¹ day⁻¹ (n=21), UDCA+BZF 400 mg (n=23) or UDCA+BZF 800 mg (n=8). Liver tests were obtained monthly for six months. The primary end point was ALP $\leq 1 \times \text{ULN}$ at month 6; secondary end points were changes in other enzymes, pruritus and safety.