

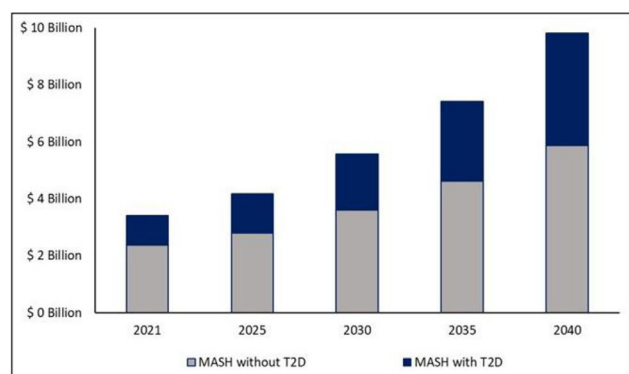
Transition probabilities were calibrated to align with Brazil's national data for cirrhosis, hepatocellular carcinoma (HCC), liver transplantation (LT), obesity, and T2D. The model incorporated competing mortality risks (liver-related, cardiovascular, and other causes). Baseline estimates of direct medical costs (outpatient care, diagnostics, hospitalizations, procedures, medications) were estimated by disease stage using national sources, including the Fiocruz Observatory database and Brazil's health system profile. Costs are reported in 2020 USD, adjusted using IMF inflation projections.

Results: From 2021 to 2040, MASH prevalence among adults in Brazil is projected to rise from 7.19% to 7.52%. In the general population, the prevalence of MASH-related cirrhosis will increase from 0.63% to 0.99%, while MASH-related HCC, -LT and -liver deaths will increase from 0.50 to 1.02, 0.17 to 0.38 and 10.08 to 13.46 per 100,000. The proportion of MASH cases with T2D will increase from 25.3% to 30.8%. Among MASH-cirrhosis patients, this proportion will increase from 23.9% to 27.8%. Annual MASH-related direct medical costs will rise from \$3.41 billion in 2021 to \$9.81 billion by 2040, with the proportion attributable to T2D increasing from 30.7% to 40.1% (Figure).

Conclusions: Clinical and economic burden of MASH in Brazil is expected to rise with increasing share attributable to T2D.

Conflict of interest: None

Figure



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#103

STUDY OF METABOLIC DYSFUNCTION ASSOCIATED WITH ESTABLISHED LIVER DISEASE USING FLI AND HSI INDICES IN THE ADULT POPULATION OF CUQUÍO, JALISCO, MEXICO

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Introduction and Objectives: The frequency of fatty liver disease is very high in Mexico. However, its prevalence is unknown in many regions of the country, which is why in this study we analyzed a region of the state of Jalisco

How can hepatic steatosis indices be used to detect metabolic-associated fatty liver disease (MAFLD) in adults from Cuquío, Jalisco, considering their risk factors?

Materials and Methods: Descriptive study conducted in the population of Cuquío, Jalisco, through open invitation. A total of 235 individuals participated, of whom 71 met the inclusion criteria. Participants signed an informed consent form in accordance with the Declaration of Helsinki. During medical consultation, anthropometric measurements were taken and blood samples were collected for comprehensive biochemical analysis using an automated system. The FLI and HSI indices were calculated. Multivariate and cluster statistical analyses were performed using StarGraphics and SPSS software.

Results: A total of 81.7% were women, mean age of 47.4 ± 12.5 years, 12.5% were diabetic. The components of the FLI were mainly associated with liver enzymes and lipid profile, while the HSI was linked to central adiposity and low HDL levels. Factor and cluster analyses allowed the identification of three metabolic profiles: high hepatic risk (dyslipidemia and cellular damage), low risk (good metabolic control), and intermediate risk, possibly functional or cholestatic.

Conclusions: These findings support that the FLI is more closely related to general lipid metabolism, whereas the HSI more accurately reflects central fat accumulation and functional liver alterations. The results underscore the importance of using multivariate approaches to characterize complex diseases such as MAFLD.

Conflict of interest: None

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#105

HIGH PREVALENCE OF DILI/HILI IN A CENTER PARTICIPATING IN A MULTICENTER STUDY FOR DIAGNOSING ACUTE HEPATITIS IN BRAZIL

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Introduction and Objectives: Hepatotoxicity caused by drugs and herbs (DILI/HILI) can cause mild to severe lesions. The diagnosis is based on exclusion, and it is essential to investigate the use of drugs and herbal remedies.

To assess the prevalence of DILI/HILI in a multicenter study on acute hepatitis.

Materials and Methods: A cross-sectional, descriptive, and analytical study conducted at a university hospital in Bahia, as part of a national multicenter screening project for acute hepatitis. Patients with clinical suspicion of acute hepatitis were included.

Results: The sample included 50 patients: 17 (34%) with DILI/HILI and 33 (66%) with other etiologies. These included: autoimmune hepatitis 4 (8%), cholestatic syndrome 1(2%), late transplant rejection 1 (2%), Chikungunya and Dengue 2(4%), alcoholic hepatitis 1(2%), Caroli syndrome 1 (2%), and biliary cholangiopathy 1(2%). Viral etiologies: hepatitis B 6 (12%), including one case of chronic HBV reactivated by herbal use, hepatitis C 3 (6%), Epstein-Barr virus IgM 5 (10%), and

Cytomegalovirus IgM 3 (6%), with one CMV case in the DILI/HILI group. Thirteen cases (26%) had undefined or non-hepatic causes. Two groups were stratified: Group 1 with DILI/HILI (17) and Group 2 without DILI/HILI (33). Median values were calculated for ALT, AST, ALP, GGT, and bilirubin total. Group 1: AST 257 U/L, ALT 313 U/L, GGT 696 U/L, ALP 234 U/L, BT 7.6 mg/dL. Group 2: AST 162 U/L, ALT 109 U/L, GGT 216 U/L, ALP 172 U/L, TB 4.9 mg/dL. AST, ALT, and GGT were higher in the DILI/HILI group. No statistical difference in ALP and BT ($p=0.5120$; $p=0.8057$).

Conclusions: DILI/HILI cases showed a more prominent biochemical profile, suggesting more severe liver injury. Careful investigation of drug and herbal use is essential in the evaluation of acute hepatitis.

Conflict of interest: None

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#106

TRANSPLANT-FREE SURVIVAL AMONG PATIENTS WITH HEPATOCELLULAR CARCINOMA MANAGED AT A TERTIARY REFERRAL HOSPITAL IN PERU

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Introduction and Objectives: Peru has one of the highest liver cancer rates in South America, yet limited access to transplantation makes evaluating prognosis through alternative treatments essential. We aimed to determine transplant-free survival in patients with hepatocellular carcinoma (HCC) treated at “Hospital Nacional Edgardo Rebagliati Martins” (HNERM), Lima, Peru.

Materials and Methods: Retrospective cohort study using data from patients hospitalized in the hepatology unit of HNERM (2012-2014). We included adults diagnosed with HCC by CT, MRI, or biopsy; those with prior liver transplants or lost to follow-up were excluded. We reviewed clinical records and the national death registry over 120 months. Transplant-free survival was estimated using Kaplan–Meier, and survival differences by cirrhosis, BCLC-stage, and treatment were assessed using the Mantel–Haenszel method ($\alpha=0.05$).

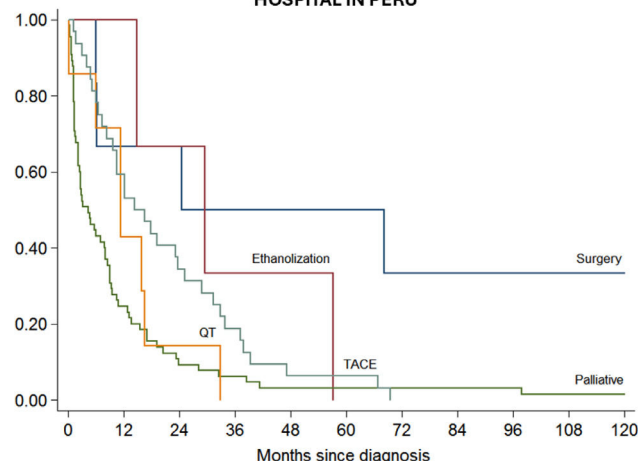
Results: A total of 112 patients with HCC were included (median age 68 [IQR:60-75years]; 51.8% female). The leading etiology of HCC was viral (HBV 31.3%, HCV 15.2%, co-infection 4.5%), followed by NAFLD. 87.5% had cirrhosis, Child-Pugh B. Participants without cirrhosis were significantly younger ($p<0.01$). Overall, 57.1% received palliative care, followed by TACE (28.6%), chemotherapy (6.3%), surgery (5.4%), and ethanol injection (2.7%). Transplant-free survival rates were 59.8% at 6 months and 1.8% at 120 months. Median survival was 8.0 months with cirrhosis and 11.3 without, with no significant difference. Surgical treatment showed better survival outcomes ($p<0.01$) (figure1). Among patients with cirrhosis, 60-month survival significantly varied by BCLC stage, favoring earlier stages ($p<0.01$).

Conclusions: Early diagnosis regardless of cirrhosis status and broader treatment availability are crucial to improve HCC survival in Peru.

Conflict of interest: None

Transplant-free survival among patients with hepatocellular carcinoma managed at a tertiary referral hospital in Peru

Figure1. TRANSPLANT-FREE SURVIVAL AMONG PATIENTS WITH HEPATOCELLULAR CARCINOMA MANAGED AT A TERTIARY REFERRAL HOSPITAL IN PERU



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#107

PREDICTIVE FACTORS OF RESPONSE TO URSODEOXYCHOLIC ACID TREATMENT IN MEXICAN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS

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Introduction and Objectives: Non-responders (NR) to ursodeoxycholic acid (UDCA) are at risk of disease progression. The aim was to identify risk factors associated with treatment response (improvement or failure) to UDCA in primary biliary cholangitis (PBC).

Materials and Methods: A case-control study nested within a cohort. Treatment response with UDCA was evaluated with the Barcelona criteria. We compared variables between responders (R) and NR. To evaluate risk factors we performed uni and multivariate logistic regression analyses. A P-value < 0.01 was considered significant.

Results: 329 patients with PBC from 5 tertiary-care centers in Mexico, 95.4% women, mean age 52.5 ± 10.9 years. All received UDCA (13-15 mg/kg/day) and reported treatment adherence; 159 (48.3%) NR. In a sample of 119 patients with complete data for analysis, 98.3% women, mean age 49.9 ± 11.4 years, 49 (41.2%) NR. Univariate analysis: albumin 3.5 range=2.0-4.8 vs. 4.0 range=2.6-4.8 mg/dL; and platelet count 118 range=52-518 vs. 200 78-436 cell/ 10^9 /L were lower in