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.

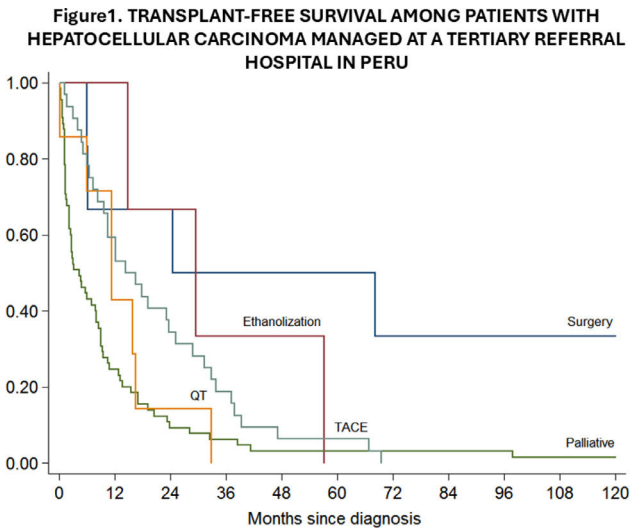
Materials and Methods: Retrospective cohort study using data from patients hospitalized in the hepatology unit of HNERM (2012-2014). We included adults diagnosed with HCC by CT, MRI, or biopsy; those with prior liver transplants or lost to follow-up were excluded. We reviewed clinical records and the 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 (α=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



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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