

Leonardo Carrara Matsuura¹,
Isabelle Cristine de Jesus Macedo¹,
Ana Paula Maciel Gurski¹, Ana Mônica de Mello¹,
José Nilton Neris Gomes¹,
Mario Peribanez Gonzalez¹,
João Vítor da Silva Mota¹,
Carla Francisca dos Santos Cruz¹,
Nathalia da Silva Cruz¹

¹ Ministério da Saúde, Brasil.

Introduction and Objectives: Georeferencing, by mapping geographic coordinates, helps evaluate the decentralization of health services, contributing to increased user access.

To map the network for diagnosis, treatment, and follow-up of viral hepatitis cases in the municipalities of Santa Catarina.

Materials and Methods: This is an evaluative, quantitative study with a descriptive approach. Data were collected through a questionnaire applied throughout Brazil. Santa Catarina was selected for this analysis due to the higher response rate from its municipalities. For service analysis, georeferencing techniques using geographic coordinates of institutions collected via Google Earth were employed, followed by the creation of thematic maps using QGIS software.

Results: The study covered 88.8% of municipalities. Regarding georeferencing of services, 99.2% of municipalities offer rapid tests for viral hepatitis. However, 19.5% do not collect biological material for molecular testing. Furthermore, 86.3% of municipalities do not perform molecular testing within their territory. Additionally, 46.2% of municipalities refer patients to specialized services in other municipalities for treatment. Moreover, 41.6% of the patients who require clinical follow-up also needed to travel for care.

Conclusions: Significant progress was observed in expanding access to viral hepatitis diagnosis, with nearly all municipalities offering rapid tests. However, challenges remain in decentralizing biological material collection and molecular test analysis, as well as in access to treatment and clinical follow-up. The need for patient travel compromises care comprehensiveness and hinders treatment adherence.

Conflict of interest: None

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WHAT IS THE PROGNOSTIC VALUE OF A BLOOD TEST COUNT IN PATIENTS WITH ALCOHOLIC HEPATITIS?

Moisés Coutiño Flores¹,
Katy Alejandra Sánchez Pozos²,
Gabriela Bretón Arroy¹,
Lucia Amairani Robles Casanova¹,
Jesús Ignacio Mazadiego Cid¹,
Antonio Coutiño Flores²,
María del Rosario Herrero Maceda¹,
Scherezada María Isabel Mejía Loza¹

¹ Gastroenterology, Juarez Hospital of Mexico.

² Research Division, Juarez Hospital of Mexico.

Introduction and Objectives: A blood test count is an accessible resource at all levels of healthcare. Few studies have evaluated its usefulness in patients with alcoholic hepatitis (AH).

The aim is to determine the association between the neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR) and systemic immune-inflammation index (SI-II) with 28-day mortality in patients with AH.

Materials and Methods: Longitudinal, retrospective, observational and descriptive cohort study. Subjects met criteria for AH. Patients with

conditions that could alter the blood count were excluded. Absolute values of NLR: (neutrophils/lymphocytes), PLR: platelets/lymphocytes, SI-II (neutrophils x platelets/lymphocytes) were estimated.

Statistical analysis was performed with the Jamovi program. To compare clinical values, Student's T-test or Mann Whitney U test were performed. The association analysis between NLR, PLR and SI-II with 28-day mortality, were carried out using a point-biserial correlation. An ROC curve was performed using GraphPad Prism version 10.2.3 to establish the cutoff point of the NLR and determine the sensitivity and specificity.

Results: Eighty-nine patients were included, 86 (96%) men and 3 (4%) women. The mean NLR value in patients who survived was four times the value presented in patients who died within 28 days, two times for the PLR and five times for SI-II (Table 1). The cutoff point of the NLR was >12.9 (AUC 0.986), with a p value <0.0001, sensitivity 92.7% and specificity 94.1% (95% CI).

Conclusions: A blood test count is an accessible resource that could be considered a useful prognostic factor in clinical practice for alcoholic hepatitis.

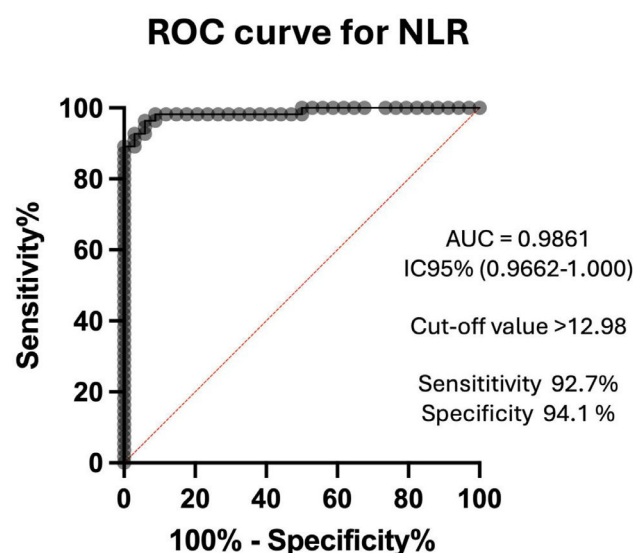
Conflict of interest: None

Table 1. Comparison table of survival at 28 days using prognostic scales.

Variable	Death in the first 28 days (n=55)	Survivors after 28 days (n=34)	p
Age	45.7 ± 9.1	46.0 ± 12.3	0.909
Leukocytes (x10 ³ mm ³)	23.3 ± 8.3	11.7 ± 5.4	< 0.001
Platelets (x10 ³ uL)	154.0 (84.5, 239.0)	89.5 (56.0, 158.0)	0.008
TP (s)	23.6 (19.8, 28.3)	23.6 (18.3, 29.1)	0.233
BT (mg/dL)	24.1 ± 10.7	16.4 ± 10.0	0.001
AST (U/L)	153 (101, 206)	160 (104, 244)	0.346
ALT (U/L)	54.0 (39.5, 71.5)	60.0 (40.5, 91.3)	0.646
INR	2.15 (1.79, 2.52)	2.03 (1.54, 2.67)	< 0.001
Cr (mg/dL)	2.16 (1.46, 3.54)	1.16 (0.73, 2.30)	0.004
NLR	30.5 (17.2, 32.1)	7.0 (5.0, 8.8)	< 0.001
CLIF SCORE	56.1 ± 6.6	49.3 ± 8.9	< 0.001
MADDREY	79.2 (55.5, 98.2)	69.2 (40.5, 102.0)	0.111
MELD	35.3 ± 11.5	26.8 ± 9.3	< 0.001
MELD NA	36.1 ± 9.3	28.7 ± 8.8	< 0.001
PLR	153 (116, 293)	89.5 (51.3, 104)	< 0.001
SI-II	3269 (1870, 5357)	704 (365, 1102)	< 0.001

Abbreviations: NLR: neutrophil-lymphocyte ratio, PLR: platelet-lymphocyte ratio, SI-II: systemic immune-inflammation index

ROC curve for NLR



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