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SARCOPENIA IS A KEY DETERMINANT MARKER OF LEAN MASLD: A COMPARATIVE ANALYSIS OF CLINICAL PROFILE, BODY COMPOSITION BY DEXA, AND MUSCLE STRENGTH IN LEAN, OVERWEIGHT, AND OBESE MASLD PATIENTS

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Introduction and Objectives: Lean MASLD affects 10–15% of patients, presenting metabolic alterations despite normal BMI.

Characterize the MASLD phenotype according to BMI.

Materials and Methods: 68 patients with MASLD were divided into groups: lean (n=18); overweight (n=28); obese (n=22). Were evaluated: anthropometric measurements, comorbidities, liver fibrosis by transient elastography, body composition by DEXA, and muscle strength by handgrip dynamometry. The Kruskal-Wallis test was used for statistical analysis.

Results: Female sex was predominant. There were no significant differences in mean age or the prevalence of comorbidities (T2DM/IR/dyslipidemia) among groups ($p>0.05$), except for arterial hypertension, more prevalent in the obese ($p\leq0.05$). Aminotransferase levels were similar: ALT (p=0.440) and AST (p=0.427). Mild hepatic fibrosis (F0/F1) predominated in all groups (p=0.418); however, there was a trend toward higher liver stiffness suggesting advanced fibrosis in the lean (22.2%, 7.14%, 13.64%; p=0.340). Visceral adipose tissue area >100 cm^2 was observed in 38.9% of lean, compared to 100% in the other groups ($p\leq0.05$). Low muscle mass was more prevalent in the lean (55.6%, 14.3%, 4.5%; $p\leq0.05$), and sarcopenia, defined as the coexistence of low lean mass and reduced muscle strength, was also more prevalent in lean (27.8%, 7.14% in overweight, 4.5% in obese; $p\leq0.05$).

Conclusions: Lean MASLD presents a higher prevalence of sarcopenia and a distinct body composition profile, despite similar comorbidities and age compared to other groups. These findings highlight the role of lean mass in the pathophysiology of lean MASLD and underscore the limitations of BMI as a sole evaluative parameter.

Conflict of interest: None

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CLINICAL PROFILE AND SURVIVAL IN SEVERE ALCOHOL-RELATED LIVER DISEASE: A RETROSPECTIVE STUDY FROM A REFERRAL HOSPITAL IN PERU

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Introduction and Objectives: Severe alcohol-related liver disease (ALD) is a life-threatening condition with high short-term mortality, particularly in patients with underlying cirrhosis.

To describe the clinical characteristics and survival outcomes of patients with severe ALD.

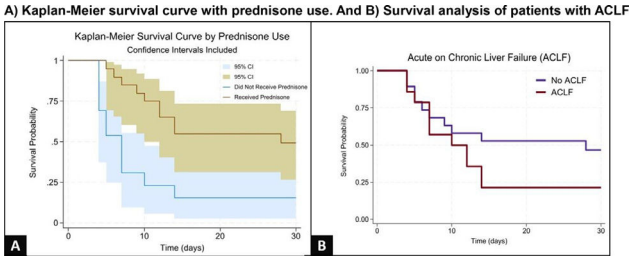
Materials and Methods: We conducted a retrospective study at a referral hospital in Peru from January 2020 to June 2024. Adults with severe alcoholic hepatitis based on NIAAA criteria and presenting with MELD >20 and/or GAHS ≥9 were included. Clinical data including scores (MELD, GAHS, Lille), complications, and management were collected. Survival was analyzed using Kaplan-Meier.

Results: We identified 33 cases (29 males, 4 females) with a mean age of 51 ± 10.9 years. Cirrhosis was present in 91% of cases. The mean GAHS was 9.8 ± 1.1, and the median MELD score was 27 (IQR: 22–33.5). Lille score <0.45 on day 7 in 30%. Upper gastrointestinal bleeding occurred in 21%, and 61% developed infections, with pneumonia (54%) and peritonitis (6%) being the most frequent. Twenty-six patients died; the leading cause of death was sepsis (61%), followed by respiratory failure (9%). Patients treated with prednisone (61%) had a 28-day survival probability of 49.5% (95% CI: 26.5%–69%) and a six-month survival of 27.5% (95% CI: 10%–48%). Among patients with ACLF (42%), the 28-day survival probability was 21% (95% CI: 5%–45%).

Conclusions: This is the largest Latin American series on severe alcoholic hepatitis. Infections and organ failure were frequent. Corticosteroid use improved short-term survival, while ACLF was associated with low survival probability.

Conflict of interest: None

A) Kaplan-Meier survival curve with prednisone use. And B) Survival analysis of patients with ACLF



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ANALYSIS OF NEUTROPHIL-TO-LYMPHOCYTE RATIO AND C-REACTIVE PROTEIN IN CIRRHOTIC PATIENTS WITH BACTERIAL, FUNGAL, AND VIRAL INFECTIONS: A CROSS-SECTIONAL STUDY

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