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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 ($p\leq 0.05$). 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 $>100\text{ cm}^2$ was observed in 38.9% of lean, compared to 100% in the other groups ($p\leq 0.05$). Low muscle mass was more prevalent in the lean (55.6%, 14.3%, 4.5%; $p\leq 0.05$), 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; $p\leq 0.05$).

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.

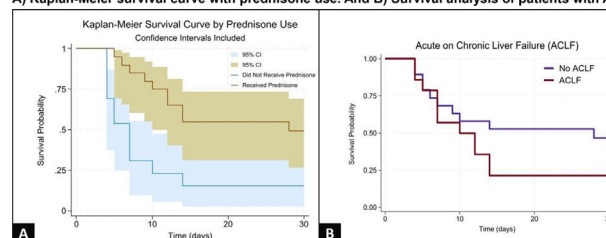
Results: We identified 33 cases (29 males, 4 females) with a mean age of 51 ± 10.9 years. Cirrhosis was present in 91% of cases. The mean GAHS was 9.8 ± 1.1 , and the median MELD score was 27 (IQR: 22–33.5). Lille score <0.45 on day 7 in 30%. Upper gastrointestinal bleeding occurred in 21%, and 61% developed 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

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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Introduction and Objectives: Patients with liver cirrhosis and infections may develop Acute-on-Chronic Liver Failure (ACLF), significantly reducing survival. Neutrophil-to-Lymphocyte Ratio (NLR) and C-Reactive Protein (CRP) are key inflammatory biomarkers.

This study aimed to analyze NLR and CRP levels in cirrhotic patients, categorizing them into three groups: those with “bacterial infections”, those with “no infections”, and those with “other infections” (fungal/viral).

Materials and Methods: A retrospective, analytical study was conducted on cirrhotic patients from 2023-2024. Data analyzed included age, sex, Child-Pugh score, and median NLR and CRP, stratified into three groups. Statistical analysis involved Chi-square, Kruskal-Wallis, and Dunn’s post-hoc tests.

Results: Of 220 patients, 66.4% (n=146) were male, with a median age of 61. Child C scores were prevalent in “bacterial infection” patients (63.8%, n=37); Child B dominated in “other infections” (41.2%, n=14) and “no infections” (49.2%, n=63), with $p<0.001$. Among 162 patients with CRP data, the “bacterial infection” group (n=47) had a median CRP of 59.8 (IQR=34.79–82.8), significantly higher than the “no infection” (n=87): 14.2 (IQR: 6-34) and “other infections” (n=28): 26.94 (4.26-60.4) groups ($p<0.001$). The bacterial group also showed a higher median NLR [6.17 (IQR=3.19-10.77)] versus “no infections” [3.53(1.99-6.05)] and other infections [3.97 (2.44-11.27)] ($p=0.002$), with statistical significance between bacterial and no infection groups.

Conclusions: Cirrhotic patients with bacterial infections exhibited higher NLR and CRP values, especially compared to those without infections. This suggests NLR and CRP are valuable biomarkers for detecting infections in cirrhotic patients.

Conflict of interest: None

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CLINICAL CHARACTERISTICS AND SAFETY PROFILE OF ATEZOLIZUMAB/BEVACIZUMAB IN CARCINOMA HEPATOCELLULAR: EXPERIENCE OF A CENTER OF REFERENCE NATIONAL IN PERU

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Introduction and Objectives: The high disease burden and limited survival of cirrhotic patients with hepatocarcinoma have led to the emphasis on the combination of atezolizumab and bevacizumab as first-line therapy.

To describe the clinical characteristics of patients with hepatocarcinoma treated with Atezolizumab/Bevacizumab in a Peruvian hospital.

Materials and Methods: Descriptive cross-sectional study that included adult patients diagnosed with hepatocarcinoma treated with Atezolizumab/Bevacizumab in the Liver and Transplant Service of the Edgardo Rebagliati Martins National Hospital.

Results: Twenty-three patients were evaluated, with a predominance of males (60.9%) and a preserved functional status in the entire cohort (100% with ECOG 0-1). All patients had compensated liver function (Child-Pugh A). The most common etiology of cirrhosis was metabolically associated steatotic liver disease (MASLD), with a prevalence of 52.2%. Regarding tumor stage, 43.5% were in intermediate stage (BCLC B) and 26.1% in advanced stage (BCLC C). The median survival from the start of treatment to the last follow-up was 13 months

(interquartile range: 8). a 17). Treatment was well tolerated, with no adverse events reported in 86.9% of patients. According to RECIST criteria, 34.8% had a complete tumor response or stable disease. Five patients (21.7%) died during overall follow-up.

Conclusions: In this Peruvian cohort of patients with hepatocarcinoma, treatment with Atezolizumab/Bevacizumab showed acceptable survival.

Conflict of interest: None

Table 1. Clinical characteristics of the study population (n = 23)

Characteristic??	n (%)
Sex	
Female	9 (39.1)
Male	14 (60.9)
Age	
<40 years old	1 (4.4)
41 to 60 years old	1 (4.4)
61 to 75 years old	15 (65.2)
> 75 years	6 (26.1)
Etiology of HCC	
MASLD	12 (52.2)
Cholestasis	5 (21.7)
ALD	2 (8.7)
Hepatitis C	2 (8.7)
Hepatitis B	1 (4.4)
Autoimmune hepatitis	1 (4.4)
Albi Score	
Grade 1	7 (30.4)
Grade 2	15 (65.2)
Grade 3	1 (4.4)
Child Pugh	
A-5	10 (43.5)
A-6	13 (56.5)
Degree of varicose veins	
Grade 1	10 (43.5)
Grade 2	3 (13.0)
Grade 3	1 (4.4)
Does not present varicose veins	9 (39.1)
Tube treatment for esophageal varices	
No	18 (78.3)
Yes	5 (21.7)
Number of comorbidities*	1 (1 - 2)
HBP	13 (56.5)
DM2	10 (43.5)
Obesity	6 (26.1)
Overall survival from start of treatment to last follow-up in months*	13 (8 - 17)
Mortality Subanalysis?	
3 months (23 patients)	4.35%
6 months (22 patients)	4.54%
12 months (14 patients)	14.3%
Adverse effect of treatment	
None	20 (87.5)
Nephrotic syndrome?	1 (4.4)
Pulmonary thromboembolism	1 (4.4)
Pneumonitis	1 (4.4)
Local regional treatment	
No	15 (65.2)
RFA	2 (8.7)
TACE	6 (26.1)
Tumor resection?	
No	19 (82.6)
Yes	4 (17.4)
Vascular metastasis	
No	21 (91.3)
Yes	2 (8.7)
Extrahepatic metastasis	
No	18 (78.3)
Yes	5 (21.7)
Death	
No	19 (82.6)
Yes	4 (17.4)

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