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Introduction and Objectives: Severe alcohol-associated hepatitis (sAH) is an acute liver disease with high mortality. While plasma exchange (TPE) improves survival in ACLF, its role in sAH is unknown. This pilot study evaluated TPE's effect on bile acid (BA) profiles and clinical outcomes.

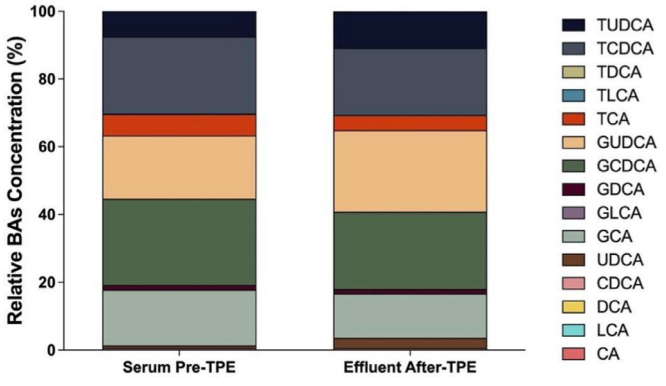
Materials and Methods: We retrospectively analyzed 11 patients with sAH treated with five TPE sessions at a center in Banská Bystrica, Slovakia. Serum and effluent BA concentrations were quantified by liquid chromatography-tandem mass spectrometry. Clinical and laboratory data were collected pre- and post-TPE.

Results: The median age was 48.7 years; two (18%) were women. Median MELD decreased from 34.3 to 24.6 post-TPE. Five patients (45.5%) died. BA composition between serum and effluent was similar (p=0.689), but UDCA concentrations differed significantly (399.6 vs. 669.4 ng/mL; p=0.04). Before TPE, deceased patients had higher levels of total BA (75,213 vs. 44,736 ng/mL; p=0.026), glycine-conjugated BA (49,769 vs. 28,350 ng/mL; p=0.013), total conjugated BA (73,837 vs. 43,881 ng/mL; p=0.026), G-UDCA (19,038 vs. 7,819 ng/mL; p=0.021), LCA (6.34 vs. 4.62 ng/mL; p=0.048), and G-CDCA (21,132 vs. 11,370 ng/mL; p=0.012). In the effluent, deceased patients had higher total unconjugated BA (3,512 vs. 871 ng/mL; p=0.032), UDCA (3,353 vs. 520 ng/mL; p=0.026), and DCA (25.9 vs. 17.5 ng/mL; p=0.047).

Conclusions: Patients who died had distinct BA profiles before and after TPE. These findings suggest TPE modifies circulating BA, and specific profiles may predict poor outcomes. Larger studies are needed to clarify their clinical relevance.

Conflict of interest: None

Distribution of bile salts in pre-TPE plasma and post-TPE effluent.



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HEPATITIS C AMONG PEOPLE EXPERIENCING HOMELESSNESS IN CHILE: PREVALENCE AND ASSOCIATED FACTORS

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Introduction and Objectives: Hepatitis C virus (HCV) poses a global health threat, especially among people experiencing homelessness (PEH), but data from Latin America are scarce.

Materials and Methods: We prospectively screened 800 PEH in Santiago, Chile, using rapid HCV antibody tests with confirmatory RNA testing. Sociodemographic and clinical data were collected through structured interviews.

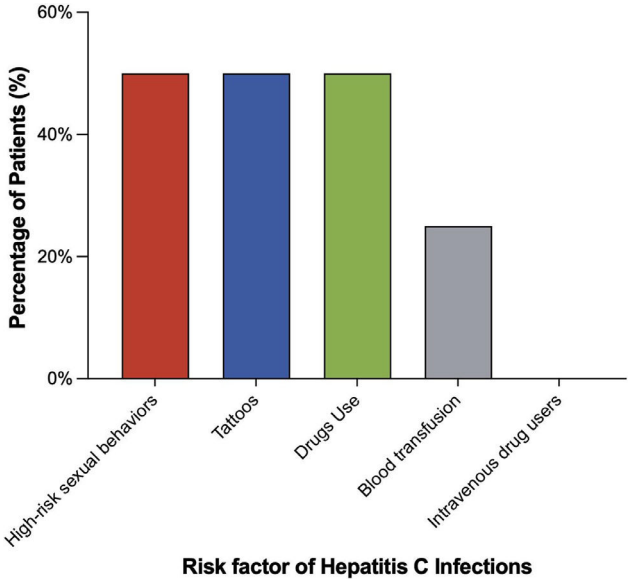
Results: We identified four HCV-positive individuals, corresponding to a prevalence of 0.5%. The median age was 44.1 years (±14.8), and 39.7% of the cohort were women. At screening, 63.5% lived on the street and 36.5% in shelters. All four HCV-positive individuals were Chilean; three were men. Two had tattoos and reported high-risk sexual behavior; one had a history of blood transfusion. Three reported heavy alcohol use and two used cocaine, though none had a history of injection drug use. Two had cirrhosis. All received support

from social services and engaged in informal work. None were coinfected with HBV or HIV. Only one patient initiated and completed DAA therapy, achieving sustained virologic response. Barriers to treatment included lack of insurance, referral delays, and loss to follow-up. No sociodemographic factors were statistically associated with HCV infection in univariate analysis (e.g., age OR 1.03, p=0.385; male sex OR 0.83, p=0.888; street vs. shelter OR 1.09, p=0.942).

Conclusions: HCV prevalence among PEH in Santiago was low, with risk factors differing from high-prevalence settings. Structural barriers remain the main obstacle to treatment, underscoring the need for targeted interventions within elimination strategies.

Conflict of interest: None

Risk factors associated with hepatitis C infection among people experiencing homelessness in Chile.



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MORTALITY TRENDS AND RISK FACTORS IN ALCOHOL-ASSOCIATED HEPATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction and Objectives: Severe alcohol-associated hepatitis (sAH) is a life-threatening condition with high short-term mortality. Despite therapeutic advances, long-term effectiveness remains limited. We conducted a systematic review and meta-analysis to evaluate mortality trends in sAH over the past five decades.

Materials and Methods: We searched PubMed, EMBASE, and Scopus through February 2024 for studies reporting 28-, 60-, and 90-day mortality in sAH. Pooled mortality estimates were calculated using mixed-effects models. Heterogeneity was assessed using the I^2 statistic, with subgroup and meta-regression analyses exploring potential modifiers. Bayesian models estimated the posterior probability distribution of mortality.

Results: Forty-five studies comprising 5,632 patients were included. Pooled mortality was 28.3% (95% CI: 22.5–34.8%) at 28 days, 38.3% (95% CI: 31.5–45.5%) at 60 days, and 48.7% (95% CI: 39.2–58.3%) at 90 days. Heterogeneity across studies was high (I^2 > 80%). Bayesian models suggested a decline in 28-day mortality from over 50% in the 1970s to approximately 25% after 2000; however, no consistent reduction in overall mortality was observed. Meta-regression showed no significant association with sex, age, mDF, or publication year, but higher MELD scores were linked to increased mortality (β = +0.20 per point; 95% CI: +0.01 to +0.39; p = 0.037). The use of corticosteroids, NAC, or G-CSF did not significantly affect mortality.

Conclusions: Despite improved supportive care, short-term mortality in sAH remains high and unchanged over recent decades. These findings underscore the urgent need for effective treatments and support early liver transplant consideration in selected patients.

Conflict of interest: None

Cumulative Bayesian updating of 28? and 90?day mortality.