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LIVER DISEASE BURDEN AND MORTALITY AMONG PEOPLE EXPERIENCING HOMELESSNESS IN CHILE: A RETROSPECTIVE COHORT STUDY

Francisco Idalsoaga F.¹, Pedro Acuña V.², Luis Antonio Díaz Piga³, Fernanda Contreras⁴, Oscar Gatica⁵, Josefina Marcenaro⁶, Dominga García⁷, Diego Bustos⁸, Barbara Ricouez⁹, David Salinas¹⁰, Valentina Espinoza¹¹, Miguel Harfagar⁹, Pía Venegas⁹, María Paz Medel¹², Carolina A. Ramirez-Cádiz¹³, Marco Arrese¹⁴, Juan Pablo Arab¹⁵

¹ Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile. Observatorio Multicéntrico de Enfermedades Gastrointestinales (OMEGA). Santiago. Chile.

² Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile.

³ Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile. MASLD Research Center. Division of Gastroenterology and Hepatology. University of California San Diego, USA.

⁴ Fundación Salud Calle. Santiago. Chile. Escuela de Medicina. Universidad de Valparaíso. Valparaíso. Chile.

⁵ Fundación Salud Calle. Santiago. Chile.

⁶ Centro de Salud Familiar Santa Clara. Bulnes. Chile.

⁷ Departamento de Medicina Interna. Clínica Alemana. Santiago. Chile.

⁸ Escuela de Medicina. Universidad de Valparaíso. Valparaíso. Chile.

⁹ Fundación Salud Calle. Santiago. Chile.

¹⁰ Fundación Salud Calle. Santiago. Chile. Hospital Padre Hurtado. Santiago. Chile.

¹¹ Fundación Salud Calle. Santiago. Chile. Global Health and Development. University College. London. UK.

¹² Departamento de Medicina Familiar. Escuela de Medicina. Pontificia Universidad Católica de Chile. Santiago. Chile.

¹³ Departamento de Anestesiología. Clínica Las Condes. Santiago. Chile.

¹⁴ Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile. Observatorio Multicéntrico de Enfermedades Gastrointestinales (OMEGA).

¹⁵ Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile. Division of Gastroenterology, Hepatology, and Nutrition. Commonwealth University School of Medicine, USA.

Introduction and Objectives: People experiencing homelessness (PEH) face disproportionate health risks, yet data on liver disease and its impact in this population remain scarce in Latin America. This study aimed to describe liver-related risk factors, comorbidities, and mortality in PEH in Santiago, Chile.

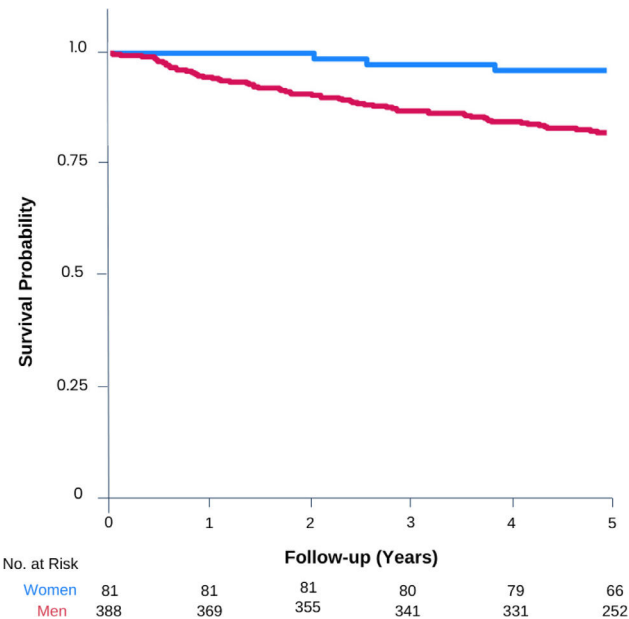
Materials and Methods: We conducted a retrospective cohort study using registry data from the Salud Calle Foundation between 2010 and 2019. Sociodemographic variables, alcohol use, comorbidities, and mortality were analyzed.

Results: A total of 751 individuals were included (21.1% women; median age 48.1 ± 16.9 years). The median duration of homelessness was 76.3 months. Active alcohol use was reported by 55.7%, with 74.6% classified as heavy drinkers (mean daily intake: 218 g). Comorbidities included hypertension (23.6%), type 2 diabetes (12%), and dyslipidemia (10.5%). Compared to women, men were older (49.2 vs. 44.1 years, p<0.001) and more likely to use alcohol (62.6% vs. 30.4%, p<0.001). Over 10 years, 21.8% died, mainly from infections (31.2%) and decompensated cirrhosis (10.1%). Among those with cirrhosis, 46.8% died on the street or in shelters, with a median age at death of 61 years. Overall survival was 95.7% at 1 year, 88.9% at 3 years, and 85% at 5 years. Older age (sHR 1.05) and male sex (sHR 2.89) were independently associated with mortality in the cohort.

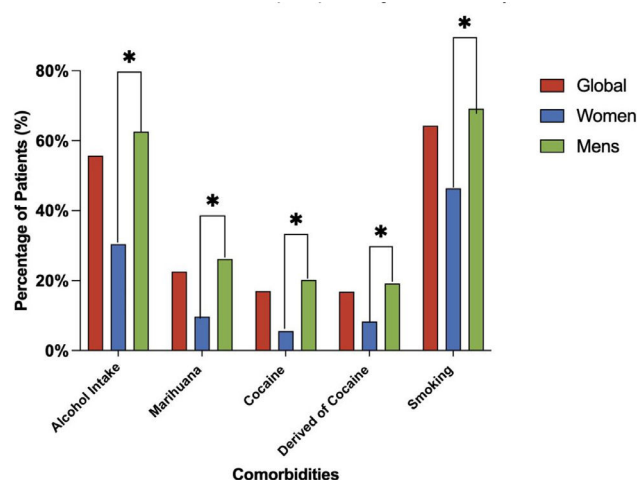
Conclusions: PEH in Chile face substantial liver-related and overall mortality, driven by alcohol use, chronic disease, and poor access to care. Tailored public health interventions addressing substance use and gender-specific needs are urgently needed.

Conflict of interest: None

Kaplan-Meier Curve by sex, showing survival probabilities over time for individuals experiencing homelessness in Chile, disaggregated by male and female groups.



Substance Use and Alcohol intake in People Experiencing Homelessness by Sex.



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BILE ACID PROFILES IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

Maria Ayala Valverde¹, Nancy Solis¹, Francisca Allendes¹, Francisco Barrera¹, Jorge Arnold Alvarez¹, Cristina Alonso², Juan Pablo Arab³, Daniel Cabrera¹, Luis Antonio Diaz¹, Ibon Martinez-Arranz², Marco Arrese¹

¹ Departamento de Gastroenterología. Facultad de Medicina. Pontificia Universidad Católica de Chile.

² OWL Metabolomics, España.

³ Virginia Commonwealth University School of Medicine, USA.

Introduction and Objectives: Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is a leading cause of chronic liver disease with rising global prevalence. Bile acids (BAs), beyond their role in lipid digestion, act as key metabolic regulators. Alterations in BA composition have been implicated in MASLD pathogenesis and may serve as biomarkers for disease progression. Previous studies have reported stage-specific changes in BA profiles; however, their association with histological severity remains to be fully elucidated.

Objectives: To assess serum BA concentrations in a liver biopsy-characterized MASLD cohort and to investigate their relationship with histological severity, distinguishing between isolated steatosis and Metabolic Dysfunction-Associated Steatohepatitis (MASH)

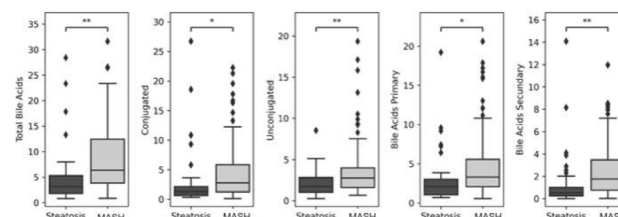
Materials and Methods: A total of 127 patients with MASLD were included, comprising 38 with isolated steatosis and 89 with MASH. Plasma BA levels were quantified using High-Performance Liquid Chromatography (HPLC).

Results: Patients with MASH showed significantly higher total serum BA levels compared to those with steatosis. Eight individual BAs were markedly elevated in the MASH group, including deoxycholic acid, chenodeoxycholic acid, their glycine conjugates, glycocholic acid and its glycine conjugate, as well as ursodeoxycholic acid and its taurine conjugate.

Conclusions: Elevated plasma BA levels in MASH suggest a potential role for BAs as non-invasive markers of disease severity in MASLD. These findings support further investigation into BA profiling as a diagnostic and prognostic tool in the clinical management of MASLD.

Conflict of interest: Yes, This work was partially funded by fondcyt : 1241450

BA steatosis vs MASH



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RISK FACTORS ASSOCIATED WITH ADVANCED LIVER FIBROSIS IN PATIENTS WITH MASLD AT A PRIVATE CLINIC IN PERU

Fernando Junior Contreras Vargas¹, Javier Omar Díaz Ferrer¹

¹ Clínica Internacional Sede San Borja, Peru.

Introduction and Objectives: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the leading cause of chronic liver disease worldwide. In South America, its prevalence reaches 35.7% in the general population and up to 68% among individuals with risk factors such as obesity or diabetes mellitus. Identifying factors associated with advanced fibrosis enables early detection and improved clinical management. This study aimed to evaluate clinical factors associated with advanced fibrosis in patients with MASLD.

Materials and Methods: A cross-sectional observational study of 181 adults with MASLD. The risk factors assessed were obesity, dyslipidemia, diabetes mellitus, and hypertension. Advanced fibrosis was defined as stage F3–F4 by transient elastography (FibroScan). Bivariate analysis was performed using the Chi-square test, and independent risk factors were identified through binary logistic regression. Statistical significance was set at $p < 0.05$ with a 95% confidence level.

Results: The mean age was 50.5 ± 12.3 years. Dyslipidemia was the most frequent risk factor (57.5%), followed by obesity (44.8%). In the bivariate analysis, obesity and diabetes mellitus were significantly associated with advanced fibrosis ($p < 0.001$ and $p = 0.017$, respectively). However, in the multivariate analysis, only obesity remained an independent risk factor (OR = 7.2; 95% CI: 2.2–23.0; $p = 0.001$). Other variables lost statistical significance after adjustment. Diabetes mellitus may not be significant due to limited sample size, consistent with existing evidence.

Conclusions: Although both obesity and diabetes mellitus were associated with advanced fibrosis, only obesity remained independently significant. These findings highlight the importance of weight management to prevent fibrosis progression in MASLD patients.

Conflict of interest: None