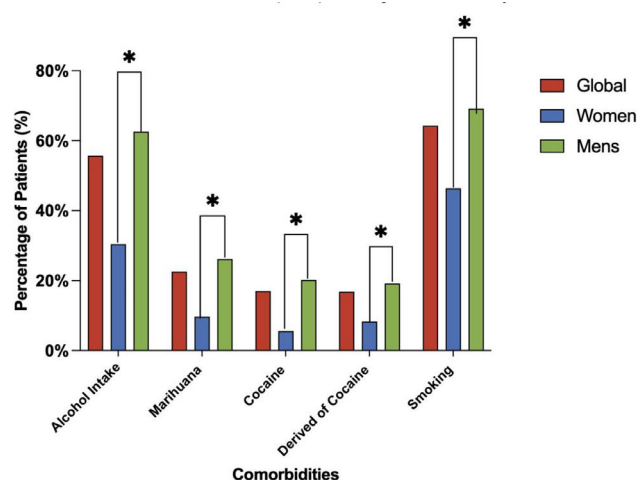


Substance Use and Alcohol intake in People Experiencing Homelessness by Sex.



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

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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)

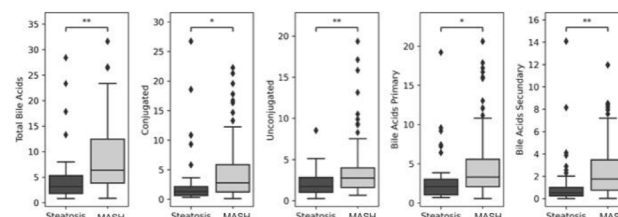
Materials and Methods: A total of 127 patients with MASLD were included, comprising 38 with isolated steatosis and 89 with MASH. Plasma BA levels were quantified using High-Performance Liquid Chromatography (HPLC).

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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#153

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

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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