

Conclusions: The analysis revealed significant changes in the composition of the intestinal microbiota in response to cirrhosis, with beneficial modulation by melatonin and physical exercise.

Conflict of interest: None

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#159

CHOLANGIOCARCINOMA, CHARACTERISTICS AND PRESENTATION IN A REFERRAL HOSPITAL IN LIMA, PERU

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Introduction and Objectives: Cholangiocarcinoma (CCA) is an aggressive and heterogeneous malignant neoplasm, with a rising global incidence contributing to high mortality. Associated comorbidities are not well established, and overall survival is poor. In Peru, there is a lack of systematic characterization of this disease. the objectives are to describe the clinical, epidemiological, and therapeutic characteristics of hospitalized patients with CCA, and to assess recurrence, progression, mortality, and survival rates by therapeutic subgroups.

Materials and Methods: An observational, descriptive, and retrospective study was conducted using electronic medical records of 67 patients hospitalized with CCA between January 2020 and December 2024. Clinical, diagnostic, therapeutic, and survival data were collected. Patients without follow-up or a definitive diagnosis were excluded.

Results: The mean age was 64.5 years. The most common comorbidities were hypertension (19.4%), biliary tract diseases (17.9%), and type 2 diabetes (14.9%). Extrahepatic CCA was found in 55.2% of cases, with the mass-forming pattern being the most frequent (47.7%). Curative-intent surgery was performed in 23.9% (R0 resection in 17.9%), and first-line chemotherapy was administered in 20.9%. Median overall survival was 7.2 months.

Conclusions: Most hospitalized patients with CCA presented with extrahepatic and advanced-stage disease, limiting curative treatment options and resulting in low overall survival.

Conflict of interest: None

Table 1: Characteristics of patients with CCA

Characteristic	Total n = 67	iCCA n = 30	pCCA n = 23	dCCA n = 14
Age, median	64.5	62.9	67.3	63.1
Gender (female), n (%)	32 (47.8)	18 (60)	9 (39.1)	5 (35.7)
ECOG, n (%)				
0-1	39 (58.2)	14 (46.7)	12 (52.2)	13 (92.9)
≥2	28 (41.8)	16 (53.3)	11 (47.8)	1 (7.1)
Stage at diagnosis, n (%)				
Localized	17 (25.4)	5 (16.7)	3 (13)	9 (64.3)
Regional invasion	16 (23.9)	6 (20)	7 (30.5)	3 (21.4)
Distant metastasis	34 (50.7)	19 (63.3)	13 (56.5)	2 (14.3)
Primary tumor lesions, n (%)				
Single lesion	52 (77.6)	15 (50)	23 (100)	14 (100)
Multiple lesions	15 (22.4)	15 (50)	0 (0)	0
Pattern of growth, n (%)				
Mass-forming	32 (47.8)	30 (100)	2 (8.7)	0 (0)
Periductal infiltrating	21 (31.3)	0 (0)	11 (47.8)	10 (71.4)
Intraductal growth	14 (20.9)	0 (0)	10 (43.5)	4 (28.6)

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Characteristic	Total n = 67	iCCA n = 30	pCCA n = 23	dCCA n = 14
Tumor resection, n(%)				
R0	12 (17.9)	2 (6.7)	3 (13)	7 (50)
R1	4 (6)	1 (3.3)	0 (0)	3 (21.4)
Adjuvant chemotherapy	5 (7.5)	0 (0)	1 (4.3)	4 (28.6)
Recurrence, n (%)	4 (6)	3 (10)	0 (0)	1 (7.1)
Recurrence-free survival	10.9	5.5	-	27.3
Chemotherapy, n(%)				
Gemcitabine/Cisplatin	10 (14.9)	10 (33.3)	0 (0)	0 (0)
Other	4 (6)	4 (13.3)	0 (0)	0 (0)
Progression, n(%)	9 (13.4)	9 (30)	-	-
Progression-free survival	5.3	5.3	-	-
Best supportive care, n (%)				
Biliary stent	20 (29.8)	3 (10)	15 (65.2)	2 (14.3)
Other	17 (25.4)	10 (33.3)	5 (21.7)	2 (14.3)

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#161

ACTION OF MELATONIN AND PHYSICAL EXERCISE IN HEPATOPULMONARY SYNDROME

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Introduction and Objectives: Hepatopulmonary syndrome (HPS) is characterized by the presence of liver alterations, hypoxemia and intrapulmonary vascular dilations. Melatonin (MLT) and physical exercise (EX) have several beneficial effects demonstrated in the literature.

To evaluate the effects of MLT and EX in HPS induced by bile duct ligation.

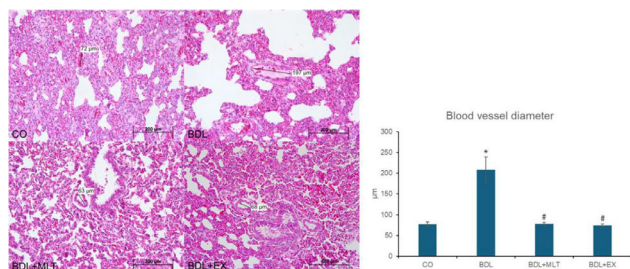
Materials and Methods: Twenty-six male Wistar rats (±350 grams) were divided into four groups: CO, BDL, BDL+MLT, and BDL+EX. MLT was administered via i.p. (20 mg/kg), once/day, from the 15th to the 28th day, as well as physical exercise (swimming). On the 29th day, blood and lung samples were collected for analysis. Statistical analysis: ANOVA+Student-Newman-Keuls, p<0.05.

Results: AST, ALT and ALP increased significantly in the BDL group compared to the CO group and decreased significantly in the treated groups compared to BDL. In the parameters PCO2, EB, pH and O2st, a significant difference was observed in the BDL group compared to the CO group and in the BDL+MLT and BDL+EX groups compared to the BDL group. In the lung histology, a significant increase in the diameter of the blood vessels was observed in the BDL group when compared to the CO group, while in the treated groups, a significant reduction in vasodilation was observed compared to the BDL group. The expression of VEGF and PDGF increased significantly in the BDL group compared to the CO group and decreased significantly in the treated groups compared to the BDL group.

Conclusions: MLT and EX exert beneficial effects on BDL-induced HPS, reducing hepatic and pulmonary alterations.

Conflict of interest: None

Lung histology (HE)



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#165

LIVER TRANSPLANTATION IN PERU (2016–2024): TRENDS, CHALLENGES, AND GEOGRAPHIC DISPARITIES

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Introduction and Objectives: The development of liver transplantation (LT) programs in Peru faces significant structural challenges, persistently low organ donation rates, a fragmented healthcare system, and limited access to specialized care. This study aims to examine national trends in liver transplantation in Peru between 2016 and 2024.

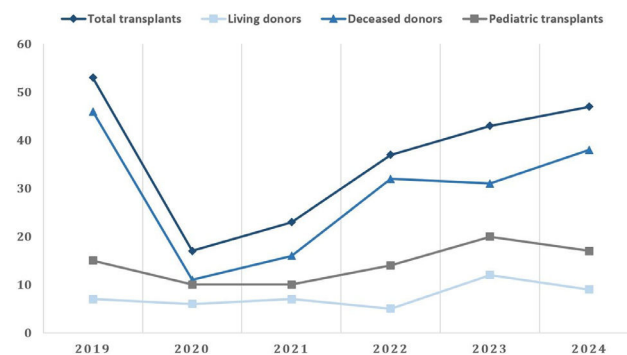
Materials and Methods: We conducted a descriptive analysis of LT in Peru using national registry data from 2016 to 2024. Trends were stratified by donor type (living vs. deceased) and age group (adult vs. pediatric). Transplant rates per million population (pmp) were standardized with World Bank data. Recipient characteristics from 2019 to 2024 were also analyzed.

Results: Peru has experienced fluctuations in LT rates. The highest rate was recorded in 2019 at 1.63 transplants per million population (pmp), followed by a sharp decline during the COVID-19 pandemic, with rates of 0.52 pmp in 2020 and 0.69 pmp in 2021. However, a sustained recovery was observed, reaching 1.38 pmp by 2024. Pediatric LT remained consistently low, with a total of only 86 cases. A sub-analysis of the 2019–2024 period revealed that the mean age of LT recipients was 34.2 years (± 25.0); 55% were male, and 99.5% of procedures were performed in Lima. The social security system (EsSalud) conducted 92.7% of all transplants, while MINSA was responsible for the remaining 7.3%.

Conclusions: Liver transplantation in Peru remains at persistently low levels. The pronounced geographic and institutional concentration of services, mainly in Lima and EsSalud, underscores substantial inequities in access to care.

Conflict of interest: None

Absolute number of liver transplants performed in Peru, 2016–2024



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#166

AMA-NEGATIVE VS AMA-POSITIVE PRIMARY BILIARY CHOLANGITIS: ARE THERE ANY DIFFERENCES?

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Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease characterized by the presence of antimitochondrial antibodies (AMA) in 90–95% of cases. The clinical features of AMA-negative patients remain incompletely defined.

To compare the clinical characteristics of AMA-positive and AMA-negative PBC patients in a university hospital in Argentina.

Materials and Methods: This retrospective study included 305 patients diagnosed with PBC, divided according to AMA status (238 AMA-positive and 67 AMA-negative). Sociodemographic, clinical, biochemical, and histological variables were analyzed, along with treatment response to ursodeoxycholic acid (UDCA)—assessed using the Paris I, Paris II, Toronto, and Rotterdam criteria—and the use of bezafibrate.

Results: No significant differences were observed in age (56.8 vs. 55 years) or sex (female: 95.5% vs. 95.4%). AMA-negative patients showed slightly lower levels of ALP, AST, GGT, and IgM, without statistical significance, except for total bilirubin (0.82 vs. 1.21 mg/dL; $p = 0.004$). Fatigue was less frequent in the AMA-negative group (29.9% vs. 45.8%; $p = 0.0282$), with no differences in pruritus or jaundice. Advanced histological stages (III–IV) were less prevalent among AMA-negative patients (17.9% vs. 36.1%; $p = 0.007$). Response to UDCA therapy and the use of bezafibrate were comparable between groups.

Conclusions: In this cohort, AMA-negative patients exhibited similar sociodemographic, clinical, and biochemical characteristics to AMA-positive patients. Treatment response to UDCA and the need for bezafibrate were comparable in both groups. Higher levels of total bilirubin, greater fatigue, and a higher proportion of advanced histological stages were observed among AMA-positive patients.

Conflict of interest: None

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