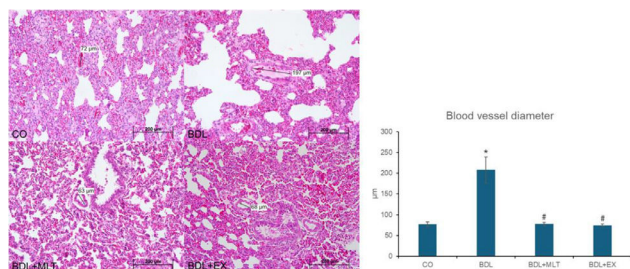


Lung histology (HE)



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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.

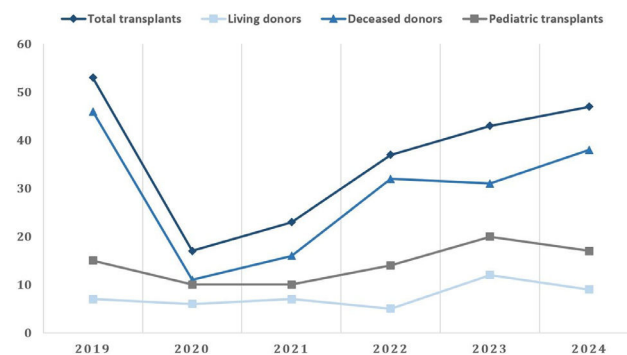
Materials and Methods: We conducted a descriptive analysis of LT in Peru using national registry data from 2016 to 2024. Trends were stratified by donor type (living vs. deceased) and age group (adult vs. pediatric). Transplant rates per million population (pmp) were standardized with World Bank data.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