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STEATOSIS AND HEPATIC FIBROSIS IN PEDIATRIC POPULATION WITH OVERWEIGHT OR OBESITY BY TRANSITION ELASTOGRAPHY.

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Introduction and Objectives: Childhood obesity is a serious and increasingly prevalent problem in the world and in our country. The association of obesity and hepatic steatosis in early stages may be a predictor of hepatic fibrosis and the development of cirrhosis.

To determine the frequency of hepatic steatosis and fibrosis and their grades with transitional elastography in overweight or obese children, and to analyze the association between fibrosis and steatosis with sex.

Materials and Methods: Descriptive, cross-sectional, observational and analytical study of children with overweight or obesity. Descriptive statistics were used with measures of central tendency and dispersion, the association between fibrosis and steatosis with sex was evaluated using Chi-square test with Bonferroni correction, with significance level $p \leq .05$.

Results: 129 patients were included with 11 ± 2.6 years, 64 boys (49.6%) and 65 girls (50.4%), they were classified: 26 (20.2%) with overweight, 76 (58.9%) with GI Obesity, 23 (17.8%) G2 and 4 (3.1%) with G3 95 (73. 6%) have steatosis, and 73 (56.4%) had some degree of fibrosis; No association was found between sex and steatosis or fibrosis $\chi^2(1)=3.46$; $p=0.64$ nor for steatosis F $\chi^2(3)=3.74$; $p=0.290$. (Figure 1).

Conclusions: We found a high prevalence of grade III steatosis and grade I fibrosis in this pediatric population that could in the long term condition the development of cirrhosis. We did not find an association between sex steatosis and fibrosis, perhaps because there is still no change in hormones.

Conflict of interest: None

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ELIMINATION OF HEPATITIS C AMONG HEMODIALYSIS PATIENTS IN ALAGOAS, BRAZIL

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Introduction and Objectives: Hepatitis C virus (HCV) infection remains a major global public health concern. The World Health Organization (WHO) aims to eliminate it the disease by 2030 through integrated prevention, diagnosis, and treatment strategies. In Brazil, most the majority of hepatitis-related deaths are due attributed to HCV. Transmission is parenteral occurs primarily through parenteral

exposure; high-risk groups include individuals receiving blood transfusions. Hemodialysis patients are particularly vulnerable.

To characterize and establish a systematic registry of HCV-infected hemodialysis patients in Alagoas, Brazil, with the aim to eliminate HCV through antiviral therapy.

Materials and Methods: A prospective study was conducted from April 2023 to December 2024, including HCV-positive patients undergoing renal replacement therapy at ten hemodialysis units in Alagoas.

Results: A total of 44 patients were included (14 female, and 30 male). Eleven had achieved spontaneous viral clearance; and four died. Twenty-eight patients underwent a 12-week course of Glecaprevir/Pibrentasvir, all achieving sustained virologic response. Consequently, HCV was eliminated in all participating dialysis units.

Conclusions: Alagoas is the first Brazilian state to eradicate HCV from all dialysis units, representing a notable public health milestone. Continued and expanded targeted strategies are essential to eliminate HCV in other high-risk groups.

Conflict of interest: None

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LIVER-INTESTINE AXIS IN CIRRHOSIS: EFFECTS OF MODERATE PHYSICAL EXERCISE AND MELATONIN ON INTESTINAL DAMAGE

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Introduction and Objectives: The liver-gut axis represents the connection between the gastrointestinal tract and the liver. Intestinal homeostasis depends on the liver, which receives blood from the intestine and secretes bile, influencing its functions. Liver cirrhosis compromises this dynamic, which can cause intestinal alterations. Physical exercise (EX) has beneficial effects in several pathological conditions. Melatonin (MLT) stands out for its antioxidant action. The objective is to investigate the intestinal alterations caused by secondary biliary cirrhosis and the effects of EX and MLT.

Materials and Methods: Twenty-six male Wistar rats were distributed into the following groups: control (CO), BDL (bile duct ligation), BDL+EX and BDL+MLT. The EX consisted of moderate swimming (10 min/day) starting on the 15th day after surgery. MLT was administered intraperitoneally (20 mg/kg/day) during the same period. On the 29th day, the animals were euthanized for blood and colon collection. Data were analyzed by ANOVA - Student-Newman-Keuls ($p < 0.05$).

Results: The enzymes AST, ALT and ALP increased in the BDL group, with a significant reduction in the BDL+EX and BDL+MLT groups ($p < 0.001$). In histology (HE), BDL showed crypt destruction, edema and inflammatory infiltrate. The treated groups showed reduced damage and a structure similar to CO. The SOD and TLR4 showed reduced expression of these markers in the BDL+EX and BDL+MLT groups when compared to the BDL group ($p < 0.001$). The NF κ B

showed intense labeling in BDL and reduction with EX and MLT ($p<0.001$).

Conclusions: The EX and MLT showed protective effects in this experimental model, improving biochemical, histological and molecular parameters in the liver-intestinal axis.

Conflict of interest: None

Histology of the intestine by HE

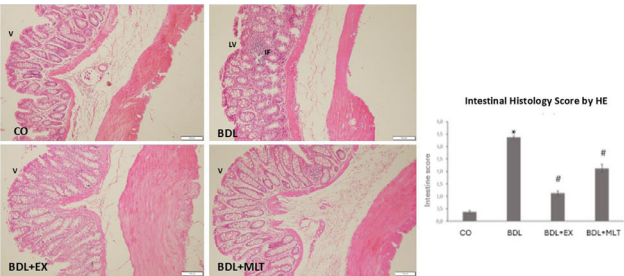


Figure 1: Intestinal epithelial histology (HE) (100x). Legend: villi (V), villus loss (LV), inflammatory infiltrate (IF). Data are expressed as mean $\pm$ standard error. * = $p<0.001$; # = $p<0.001$. CO: control; BDL: bile duct ligation; BDL+EX: bile duct ligation + exercise; BDL+MLT: bile duct ligation + melatonin.

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ASSESSMENT OF LIPID PROFILE AND ESTIMATED CARDIOVASCULAR RISK IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS

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Introduction and Objectives: Primary biliary cholangitis (PBC) is characterized by a distinctive lipid profile, partly influenced by elevated lipoprotein-X, not routinely measured in clinical practice. In Mexico, genetic predisposition to metabolic disorders increase cardiovascular risk. This study aimed to determine the lipid profile in patients with PBC and compare it with individuals without chronic liver disease (CLD).

Materials and Methods: A retrospective, observational, analytical case-control study was conducted in 2025, including 50 female patients aged 40–60 years with compensated PBC treated at a tertiary care hospital. They were compared with 50 age- and sex-matched controls without CLD. Variables included lipid profile, glycemic control, and 10-year cardiovascular risk estimated using Framingham and ASCVD scores. Statistical analysis used central tendency, dispersion, and Student's t-test ($p < 0.05$).

Results: PBC patients showed higher mean total cholesterol (166 ± 69.8 vs. 146 ± 50.2 mg/dL), HDL (52.98 ± 26.78 vs. 45.52 ± 25.90 mg/dL), and LDL (91.52 ± 53.72 vs. 86.02 ± 39.22 mg/dL), though differences were not statistically significant. Triglycerides (107.76 ± 46.0 vs. 150.3 ± 67.3 mg/dL, $p < 0.01$) and HbA1c (5.42 ± 0.91 vs. $6.09 \pm 1.02\%$, $p < 0.01$) were significantly lower in PBC. However, ASCVD risk was significantly higher in PBC ($2.2 \pm 1.3\%$ vs. $1.59 \pm 0.92\%$, $p = 0.01$), while Framingham risk was similar.

Conclusions: Despite a more favorable metabolic profile, PBC patients showed higher ASCVD-estimated cardiovascular risk, suggesting current risk tools may underestimate disease-specific factors.

Conflict of interest: None

Variable	PBC (n=50)	Control (n=50)	p-value
Total cholesterol (mg/dL)	166 $\pm$ 69.8	146 $\pm$ 50.2	0.07
HDL cholesterol (mg/dL)	52.98 $\pm$ 26.8	45.52 $\pm$ 25.9	0.15
LDL cholesterol (mg/dL)	91.52 $\pm$ 53.7	86.02 $\pm$ 39.2	0.59
Triglycerides (mg/dL)	107.76 $\pm$ 46.0	150.3 $\pm$ 67.3	< 0.01
Glycated hemoglobin (%)	5.42 $\pm$ 0.91	6.09 $\pm$ 1.02	< 0.01
10-year cardiovascular risk (Framingham score) (%)	4.16 $\pm$ 0.02	4.02 $\pm$ 2.70	0.81
10-year cardiovascular risk (ASCVD score) (%)	2.2 $\pm$ 1.3	1.59 $\pm$ 0.92	0.01

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FRAILITY ASSESSMENT IN LIVER TRANSPLANT CANDIDATES AND ITS IMPACT ON DECISION-MAKING – A LATIN AMERICAN SURVEY

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Introduction and Objectives: Frailty in cirrhosis is associated with adverse outcomes both before and after liver transplantation (LT). Clinical guidelines recommend its diagnosis and management; however, no clear guidance exists regarding its applicability for transplant eligibility, deferral, prioritization, or futility.

To characterize current practices among physicians regarding frailty assessment in LT candidates, and to describe its usefulness in clinical decision-making.

Materials and Methods: Descriptive observational study. Data were collected via an online survey targeting physicians who evaluate cirrhotic patients as LT candidates in Latin America.

Results: A total of 92 responses were obtained, with 91.3% of participants being hepatologists or gastroenterologists. Country distribution was: Chile (23.1%), Argentina (22.0%), Peru (12.1%), Mexico (8.8%), Brazil (6.6%), Colombia (6.6%), and others (20.8%). Frailty is assessed by 93.5% of respondents, with the most commonly used methods being the Liver Frailty Index (45.4%), Karnofsky score (33.7%), 6-minute walk test (25.6%), and handgrip strength (25.6%). For 63.95% of participants, frailty assessment influences decisions to delay listing or exclude patients from LT. In 39.53% and 30.23%, it influences preoperative optimization and postoperative planning, respectively. Reported challenges include limited time and staffing (68.48%), lack of standardized tools (45.65%), and limited access to equipment (29.35%).

Conclusions: Most physicians are already assessing frailty using validated objective methods. Although standardized recommendations are lacking, frailty assessment influences decision-making in the context of LT.

Conflict of interest: None

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