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NEUROCOGNITIVE IMPAIRMENT ASSESSMENT IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS USING THE MINI-MENTAL STATE EXAMINATION IN A TERTIARY CARE HOSPITAL

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Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease that may also impact neurocognitive function, even in the absence of overt hepatic encephalopathy.

Evaluate the prevalence and severity of cognitive impairment in PBC patients using the Mini-Mental State Examination (MMSE), a validated screening tool for cognitive status.

Materials and Methods: An observational, descriptive, and cross-sectional study was conducted at a tertiary care hospital between March and May 2025. A total of 24 adult patients with a confirmed diagnosis of PBC were included. Exclusion criteria were a history of overt or minimal hepatic encephalopathy, dementia, major psychiatric or neurological conditions, or active substance use. Variables assessed included sociodemographic data, comorbidities, and MMSE scores were collected. Scores were classified as normal (≥ 27), mild (24–26), moderate (20–23), or severe (< 20) cognitive impairment. Descriptive statistics were applied, median and interquartile range for continuous variables, and absolute and relative frequencies for categorical variables.

Results: The mean age of the patients was 59.1 ± 10.7 years, 62.5% were women, the average education level was 12.1 ± 4.5 years. The mean MMSE score was 26.4 ± 2.8 (range: 18–30). Cognitive function was normal in 44% of patients, mildly impaired in 38%, moderately impaired in 14%, and severely impaired in 4%.

Conclusions: These findings reveal a high prevalence of neurocognitive impairment in patients with PBC, reinforcing the need for systematic cognitive screening. The MMSE may serve as a practical tool to guide early interventions that enhance patient outcomes and adherence.

Conflict of interest: None

MMSE Score Distribution	Frequency / Percentage
Total number of patients	24
Mean age (range)	59.1 ± 10.7 years (40–79)
Female sex	n=15 (62.5%)
Mean years of education	12.1 ± 4.5 years
Mean MMSE score (range)	26.4 ± 2.8 (18–30)
Normal (≥ 27)	n=11 (44%)
Mild (24–26)	n=9 (38%)
Moderate (20–23)	n=3 (14%)
Severe (< 20)	n=1 (4%)

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PROGNOSTIC VALUE OF AST/ALT AND GGT/ALP RATIOS IN PATIENTS WITH CHOLANGIOCARCINOMA

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Introduction and Objectives: Cholangiocarcinoma (CCA), the second most common primary liver cancer, is typically diagnosed at advanced stages, limiting therapeutic options and prognosis. Simple, inexpensive biomarkers such as AST/ALT and GGT/ALP ratios may support early prognostic stratification, but their role in CCA remains insufficiently defined. This study aimed to assess the prognostic value of these serum ratios in patients with CCA.

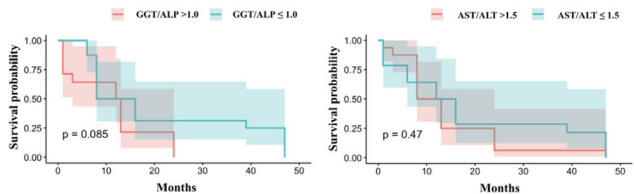
Materials and Methods: A retrospective, observational, and analytical study was conducted in a cohort of 30 patients diagnosed with cholangiocarcinoma and treated at a tertiary care hospital between 2020 and 2024. AST/ALT and GGT/ALP ratios were calculated from baseline liver function tests. Patients were stratified using established clinical thresholds: >1.5 vs. ≤ 1.5 for AST/ALT and >1.0 vs. ≤ 1.0 for GGT/ALP. Overall survival was measured from the time of diagnosis to death or last follow-up. Kaplan-Meier survival curves were constructed, and intergroup differences were assessed with the log-rank test.

Results: Patients with GGT/ALP >1.0 exhibited a sharper decline in survival within the first 20 months and a lower median survival, though the difference was not statistically significant ($p = 0.085$). The AST/ALT ratio showed no significant survival differences between groups ($p = 0.47$), with largely overlapping survival curves.

Conclusions: GGT/ALP ratio >1.0 demonstrated a non-significant but clinically suggestive trend toward decreased survival in patients with cholangiocarcinoma. The AST/ALT ratio did not show prognostic relevance. These readily available biomarkers may assist in risk stratification, but further validation in larger cohorts is required.

Conflict of interest: None

Kaplan-Meier survival curve according to the GGT/ALP ratio and AST/ALT ratio



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MICRO-ELIMINATION OF HEPATITIS C IN ADDICTION CENTERS: SCREENING GAPS AND AWARENESS BARRIERS IN ARGENTINA

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Introduction and Objectives: Micro-elimination strategies are key tools in the fight against hepatitis C virus (HCV), particularly in vulnerable populations such as individuals with substance use disorders (SUD), where both prevalence and underdiagnosis are high.

To describe the characteristics of individuals tested for HCV and their level of disease awareness within the context of a micro-elimination campaign conducted in SUD treatment centers.

Materials and Methods: A retrospective, observational study was conducted among 160 adults with SUD attending three addiction