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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.

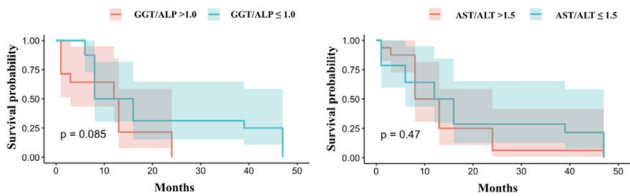
Materials and Methods: A retrospective, observational, and analytical study was conducted in a cohort of 30 patients diagnosed with cholangiocarcinoma and treated at a tertiary care hospital between 2020 and 2024. AST/ALT and GGT/ALP ratios were calculated from baseline liver function tests. Patients 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

centers in Argentina. Each participant underwent a rapid HCV antibody test, followed by point-of-care confirmatory testing using HCV RNA PCR when reactive. Demographic data, testing history, and general knowledge about HCV were collected.

Results: Of the 160 participants, 2 tested reactive on the rapid test and are currently undergoing confirmation by PCR. A total of 84.4% were male and 15.6% female, with a median age of 36 years. Among participants, 95% were unaware of having been previously tested for HCV, and 76.9% had no knowledge about the disease. Additionally, 74.4% lacked medical insurance coverage.

Conclusions: This preliminary study highlights the feasibility of implementing HCV micro-elimination strategies in addiction centers. The findings emphasize the limited awareness of HCV and the absence of prior testing in most participants, underlining the importance of targeted screening and educational interventions in this high-risk population.

Conflict of interest: None

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ASSESSMENT OF QUALITY OF LIFE IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS USING THE PBC-27 QUESTIONNAIRE AT A TERTIARY CARE CENTER

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Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic liver disease that significantly impacts patients' quality of life due to persistent symptoms like fatigue, pruritus, and emotional or cognitive disturbances. Understanding these effects is vital for guiding patient-centered care.

This study aimed to assess quality of life in patients with PBC using the validated PBC-27 questionnaire, identifying the most affected domains.

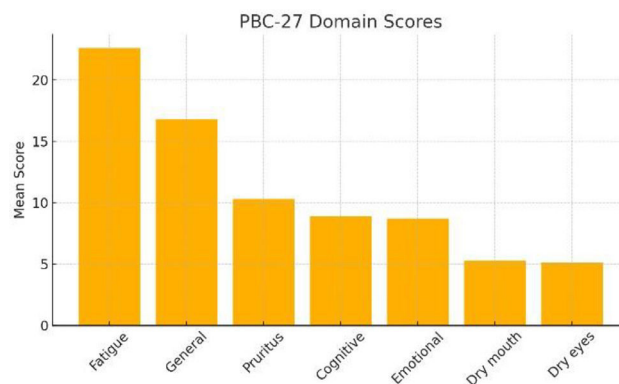
Materials and Methods: We conducted a cross-sectional, observational, and descriptive study in 50 adult patients with confirmed PBC, evaluated at a tertiary care center between March and May 2025. Variables included age, sex, comorbidities, disease duration, and PBC-27 domain-specific scores. Descriptive statistics were used, with medians and interquartile ranges for continuous variables, and absolute and relative frequencies for categorical data.

Results: All 50 patients completed the PBC-27 questionnaire. The mean overall score was 77.1 ± 4.2 , ranging from 68.5 to 86.2. Fatigue was the most affected domain, with a mean score of 22.6 ± 3.2 , followed by general symptoms (16.8 ± 2.9), pruritus (10.3 ± 2.1), and cognitive symptoms (8.9 ± 1.8). Emotional symptoms were also prevalent (8.7 ± 2.0). Domains related to dry mouth and dry eyes had the lowest impact, with mean scores of 5.3 ± 1.7 and 5.1 ± 1.5 , respectively.

Conclusions: These findings underscore the multidimensional burden of PBC on quality of life, particularly in physical and neuro-cognitive domains. Regular assessment using structured tools like the PBC-27 is crucial for tailoring follow-up and improving patient outcomes.

Conflict of interest: None

Chart 1. PBC-27 Questionnaire Results



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CORRELATION BETWEEN LI-RADS CLASSIFICATION AND HISTOPATHOLOGICAL FINDINGS IN PATIENTS WITH SUSPECTED HEPATOCELLULAR CARCINOMA

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Introduction and Objectives: The Liver Imaging Reporting and Data System (LI-RADS) standardizes the interpretation of liver imaging in patients at risk of hepatocellular carcinoma (HCC). However, its correlation with histopathological parameters has not been sufficiently validated in Latin American settings.

To evaluate the correlation between LI-RADS classification assigned through contrast-enhanced computed tomography (CT) or magnetic resonance imaging (MRI) and histopathological findings in patients with suspected hepatocellular carcinoma treated at Fundación Santa Fe de Bogotá.

Materials and Methods: A retrospective observational study was conducted in patients with histologically confirmed HCC and at least one contrast-enhanced imaging study available for blinded review. Clinical, radiological, and histopathological variables were collected. The correlation between LI-RADS category and tumor differentiation grade (Edmondson-Steiner scale) was evaluated using the chi-square test. Statistical analysis was performed with SPSS v25, and a p-value < 0.05 was considered statistically significant.

Results: A total of 154 patients were included, with a mean age of 64.4 years (95% CI: 63.3–65.4) and a male predominance (65%). Most patients were classified as Child-Pugh A or B and had solitary tumors ≤ 3 cm. No statistically significant association was found between the LI-RADS category and Edmondson-Steiner grade ($\chi^2 = 18.77$, $p = 0.537$). Histological grading was heterogeneously distributed within LI-RADS categories 4 and 5, with no clear predominance of poorly differentiated tumors.

Conclusions: In this cohort, LI-RADS classification did not show a significant correlation with histological differentiation of HCC. Although LI-RADS remains a useful non-invasive diagnostic tool, it should not be used in isolation to infer tumor aggressiveness. Further studies with greater statistical power are required to validate its use as a predictor of tumor histology in Latin American clinical contexts.

Conflict of interest: None