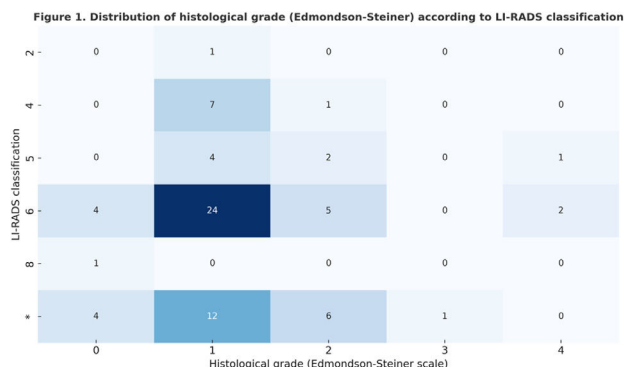




Source: Institutional data. Retrospective analysis of patients with suspected hepatocellular carcinoma treated at Fundación Santa Fe de Bogotá.

<https://doi.org/10.1016/j.aohep.2025.102084>

#183

LYSOSOMAL ACID LIPASE ACTIVITY CORRELATES WITH IMMUNE AND BIOCHEMICAL BIOMARKERS METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE BETTER EFFECT ON METABOLIC SYNDROME PATIENTS, PRELIMINARY STUDY

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Introduction and Objectives: Pathophysiology of Metabolic dysfunction- associated steatotic liver disease (MASLD) included dyslipidemia and genetic factors.

Lysosomal Acid Lipase (LAL) plays a key role in intra-cellular cholesterol trafficking. LAL activity is reduced on MASLD patients. LAL deficiency caused alterations in lipid and glucose metabolism, inflammation, myeloid cells function, and liver functions.

The main objective of these study was evaluating the biochemical profile, and immunological characteristics related to LAL activity on MASLD patients.

Patients and Methods: Patients were evaluated by hepatic elastography, LAL activity, and, saliva was collected to analyzed immune profile by Fourier-transformed infrared spectroscopy (FTIR) at IgG (1560-1464), IgA(1285-1237cm⁻¹), and IgM(1160-1028 cm⁻¹), IFN- γ (1061-1044 cm⁻¹), TNF- α (1243-1217 cm⁻¹), IL-6(1436-1428cm⁻¹). Anthropometric, clinical, and biochemical parameters were collected. Correlation analysis were employed.

Results: Total 12 patients with MASLD, most female 8 (66.7 %), 3 (25%) steatosis S1, 2 (16.7 %) steatosis S2 and 7 (58.3) steatosis S3, 7

(58.3) had prediabetes, 2 (16.7 %) had DM2, 1 (8.3 %) had hypertension, 8 (66.7%) had high triglyceride levels, and 6 (50 %) had low levels of HDL-cholesterol.

The median levels of Lysosomal Acid Lipase Activity were 0.43 $\pm$ 0.19nmol/punch/hour, there are not correlation with CAP or LSM but there are significant inverse correlation with haemoglobin, creatinine, uric acid, total bilirubin, indirect bilirubin, CH₃, C=O, IL-6 and IL1 β ; and a positive correlation with leukocytes, lymphocytes and platelets, lipid oxidation and serum carbonyl ratio.

Conclusions: MASLD patients has a low levels of LAL activity according with literature, and the LAL activity showed correlation with immune biomarkers and lipid changes on sera and saliva.

Conflict of interest: Yes, the AstraZeneca laboratory provided the kits for taking samples for the timely detection of lysosomal acid lipase deficiency (LAL-D).

<https://doi.org/10.1016/j.aohep.2025.102085>

#185

CLINICAL AND EPIDEMIOLOGICAL CHARACTERIZATION OF PATIENTS WITH HEPATOCELLULAR CARCINOMA

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most common primary liver cancer and a leading cause of cancer mortality. In Colombia, approximately 1,300 people die annually from this cause. Main risk factors include cryptogenic cirrhosis, hepatitis C, and nonalcoholic steatohepatitis (NASH), with diagnoses often occurring at advanced stages, limiting curative options.

To analyze the clinical, demographic, and therapeutic characteristics associated with clinical outcomes in patients diagnosed with HCC at a high-complexity center in Colombia between 2002 and 2024.

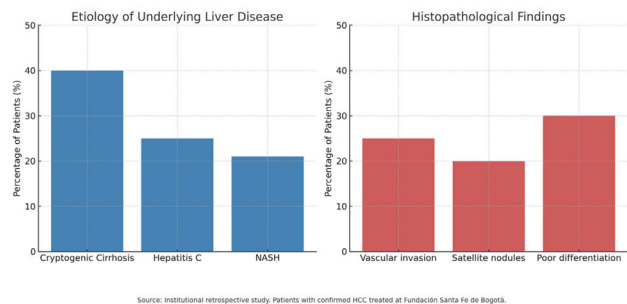
Materials and Methods: A retrospective cohort study with an analytical approach. Medical records of patients aged ≥ 18 years diagnosed by imaging or histology were reviewed. Sociodemographic variables, comorbidities, lab and imaging findings, tumor staging (BCLC, Child-Pugh, MELD), treatments, and outcomes were collected. Descriptive analyses were performed using R software.

Results: A total of 154 patients were included, with a mean age at diagnosis of 64.4 years (95% CI: 63.3–65.4), 65% male. Most common etiologies were cryptogenic cirrhosis (40%), hepatitis C (25%), and NASH (21%). Most patients were Child-Pugh A or B and met transplant criteria (Milan/UCSF). At diagnosis, 63% had a single tumor ≤ 3 cm, and 40% received locoregional therapy. Histopathology revealed vascular invasion (25%), satellite nodules (20%), and poorly differentiated tumors (30%). Only 1.9% had AFP >1000 ng/mL, with no statistically significant association with vascular invasion. Median NLR was 5.0.

Conclusions: Most patients met transplant criteria at diagnosis, although a significant proportion had adverse histological features. There was a trend toward greater vascular invasion in patients with AFP >1000 ng/mL, suggesting the utility of these markers for risk stratification. This study provides key institutional evidence to inform national strategies and develop predictive tools supported by artificial intelligence.

Conflict of interest: Yes, Funded project

Figure 2. Clinical and Histopathological Profile of HCC Patients (n=154)



Source: Institutional retrospective study. Patients with confirmed HCC treated at Fundación Santa Fe de Bogotá.

<https://doi.org/10.1016/j.aohep.2025.102086>

#187

RISK FACTORS ASSOCIATED WITH MORTALITY IN PATIENTS WITH REFRACTORY ASCITES IN A REFERRAL HOSPITAL IN LIMA, PERU"

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Introduction and Objectives: Refractory ascites is defined as ascites unresponsive to sodium-restricted diet and maximum tolerated doses of diuretics. It is associated with poor prognosis and high mortality. Once diagnosed, the outlook worsens, with survival rates of approximately 50% at six months and 25% at one year, along with significantly impaired quality of life.

To identify risk factors associated with mortality in patients with refractory ascites.

Materials and Methods: This retrospective, observational study aimed to identify risk factors associated with mortality in patients with refractory ascites. A total of 102 patients from an electronic database were analyzed between 2020 and 2023. Those with incomplete data or non-cirrhotic ascites were excluded. Logistic regression analysis was used to identify risk factors, considering a p-value <0.005 as significant

Results: The average age was 66.6 years; 60.7% were male. The most common etiology was MASLD (42%). According to Child-Pugh classification, 1% were class A, 73% class B, and 25% class C. At the time of analysis, 73% of patients had died. Hepatorenal syndrome (HRS) occurred in 20.3%, and acute kidney injury (AKI) in 58%. Mean arterial pressure averaged 67.6 mmHg.

Multivariate analysis identified HRS, AKI, advanced age, and Child-Pugh class C as independent risk factors for mortality.

Conclusions: patients with refractory ascites have a high mortality rate. The presence of HRS, AKI, older age, and worse liver function (Child-Pugh C) are significant predictors of death in this population.

Conflict of interest: None

Variable	OR	2.5%	p-value
Age	1.18	1.07 – 1.32	<0.001
AKI	4.74	1.46 – 19.38	0.008
SHR	4.17	0.82– 48.18	0.021
MAP at Admission	1.02	0.99–1.04	0.503
Child-Pugh (C)	5.44	1.43–33.12	0.015
sodium	0.93	0.77–1.10	0.810

<https://doi.org/10.1016/j.aohep.2025.102087>

#188

PRIMARY BILIARY CHOLANGITIS AT A TERTIARY CARE HOSPITAL

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Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease that predominantly affects middle-aged women and often coexists with other autoimmune conditions. Fatigue and pruritus are common symptoms. Understanding the clinical profile and disease progression is key to optimizing patient care.

Describe the clinical and demographic characteristics, comorbidities, and disease course, including hepatic decompensation in patients with PBC.

Materials and Methods: A retrospective, cross-sectional, observational, and descriptive study was conducted in 73 adults (≥18 years) with confirmed PBC, based on clinical and serological criteria, treated between January 2022 and December 2024. A non-probabilistic convenience sampling method was used. Variables included age, sex, BMI, comorbidities, symptoms, serum albumin, total bilirubin, INR, platelet count, and hepatic decompensation. Descriptive statistics were applied using medians and interquartile ranges for continuous variables, and frequencies for categorical ones.

Results: The mean age was 58 ± 11 years, with 87% being female. The average BMI was 27.2 ± 4.5 kg/m². Common comorbidities included hypertension (35%), diabetes (20%), thyroid disease (25%), and osteoporosis (22%). Fatigue was reported in 65% and pruritus in 50% of patients. Autoimmune associations were present in 30%. Hepatic decompensation occurred in 11%, primarily ascites or jaundice. These patients had elevated bilirubin (1.9 ± 0.7 mg/dL) and lower platelets (190 ± 48 ×10³/mm³), compared to the overall cohort averages: albumin 4.0 ± 0.4 g/dL, bilirubin 1.3 ± 0.6 mg/dL, INR 1.05 ± 0.1, and platelets 225 ± 55 ×10³/mm³.

Conclusions: These findings support the need for ongoing surveillance and multidisciplinary management in PBC.

Conflict of interest: None

Clinical and Laboratory Findings	Frequency / Percentage
Mean age	58 ± 11 years
Female sex	64 (87%)
Mean BMI	27.2 ± 4.5 kg/m ²
Arterial hypertension	26 (35%)
Type 2 diabetes mellitus	15 (20%)
Thyroid disease	18 (25%)
Osteoporosis	16 (22%)
Fatigue	47 (65%)
Pruritus	37 (50%)
Associated autoimmune disease	22 (30%)
Hepatic decompensation	8 (11%)
Mean albumin	4.0 ± 0.4 g/dL
Mean total bilirubin	1.3 ± 0.6 mg/dL (1.9 ± 0.7 in decompensated)
Mean INR	1.05 ± 0.1
Mean platelet count	225 ± 55 ×10 ³ /mm ³ (190 ± 48 in decompensated)

<https://doi.org/10.1016/j.aohep.2025.102088>