Regional multicentre studies are needed to validate MASLD-specific cut-offs and optimise NIT use.

Conflict of interest: None

https://doi.org/10.1016/j.aohep.2025.102098

#202

EVALUATION OF METABOLIC FACTORS IN THE DEVELOPMENT OF HEPATOCARCINOMA IN PATIENTS WITH CHRONIC LIVER DISEASE.

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most common type of liver cancer. Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is currently among the main etiologies for its development. This study aims to evaluate the impact of metabolic factors on HCC development in patients with chronic liver disease.

Materials and Methods: This was an observational, retrospective, descriptive, analytical, case-control study. A total of 198 patients were included: 98 with cirrhosis without HCC and 100 with cirrhosis and HCC. Metabolic factors, such as diabetes, obesity, hypertension, and dyslipidemia, were evaluated in relation to the development of HCC.

Results: A total of 198 patients with cirrhosis were included, average age was 58.9+/-10.8 years, 112 (56.6%) men, 62 (31.3%) diabetic, 53 (26.8%) hypertensive, dyslipidemic 17 (8.6%), overweight/obese 110 (55.5%). The only metabolic factor associated with increased risk of HCC was diabetes 40/62 vs. 60/136 non-diabetics (OR=2.3; 95%CI: 1.2-4.3; p=0.008).

Conclusions: The rising prevalence of MASLD as a cause for cirrhosis implies that the prevalence of HCC will increase. In this study, diabetes was shown to be an important risk factor for the development of HCC. Its identification is crucial to initiate preventative measures from the primary level of care.

Conflict of interest: None

Etiology of cirrhosis in patients with hepatocarcinoma.

ETIOLOGY	FREQUENCY	PERCENTAGE %	VALID PERCENTAGE %	CUMULATIVE PERCENTAGE
OH	66	33.3	33.3	33.3
HEPATITIS C	23	11.6	11.6	44.9
HAI	1	.5	.5	45.5
MASLD	59	29.8	29.8	75.3
HEPATITIS B	4	2	2	77.3
CBP	7	3.5	3.5	80.8
METALD	24	12.1	12.1	92.9
NON-AFFILIATED	13	6.6	6.6	99.5
NOT APPLICABLE	1	.5	.5	100.0
TOTAL	198	100%	100%	

https://doi.org/10.1016/j.aohep.2025.102099

#203

PROGNOSTIC ABILITY OF DIFFERENT SCORING SYSTEMS TO PREDICT VERY EARLY MORTALITY IN PATIENTS WITH CIRRHOSIS AND ACUTE-ON-CHRONIC LIVER FAILURE (ACLF)

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Introduction and Objectives: ACLF is characterized by acute deterioration of liver function with significant systemic inflammation and high long-term mortality. The aim of this work is to validate the prognostic ability of different scoring systems to predict very early mortality (7 days) in Mexican patients with cirrhosis and ACLF.

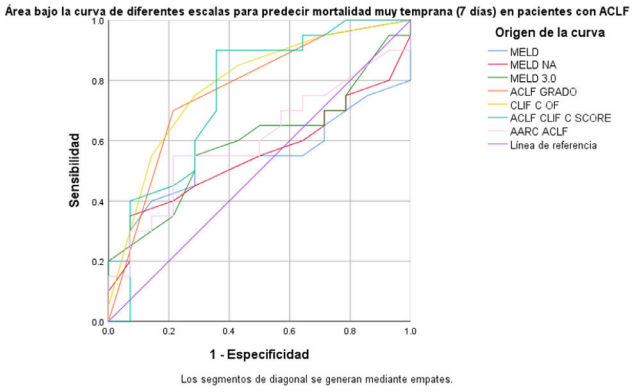
Materials and Methods: An observational, retrospective, descriptive, analytical and cohort study was performed. Forty patients with diagnosis of ACLF were included. The different prognostic scores such as MELD, MELD 3.0, CLIF-C ACLF, CLIF-C OF and AARC ACLF were calculated. ROC curves were constructed and the area under the curve was evaluated for each prognostic scale looking for the best sensitivity and specificity to predict very early 7-day mortality. An area under the curve greater than .075 and a value of p<0.01 were considered optimal.

Results: Forty patients with cirrhosis were included, mean age 49.95±10.68 (29.02-70.88), 27 (68%) were men, the main reason for admission was hepatic encephalopathy in 18 patients (45%), the most common ACLF grade was grade 2 (45%), 33 patients (85%) were admitted with some degree of acute kidney injury, the average days of hospital stay were 11. 85±6.59 (-1.07-24.77) and the total number of deaths was 22 (55%). The AUROC of the scales are shown in Figure 1.

Conclusions: CLIF C OF appears to be the best predictor scoring system for very early mortality in the first seven days of hospitalization in patients with ACLF.

Conflict of interest: None

Area under the curve of different scales for predicting very early mortality (7 Days) in patients with ACLF



https://doi.org/10.1016/j.aohep.2025.102100

#207

EVALUATION OF OXIDATIVE STRESS MARKERS IN DISEASES ASSOCIATED WITH ALCOHOL CONSUMPTION.

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