

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.

Vilma Hernández Garza¹,
Kenia Michel Bastida Guadarrama¹,
Berenice Lorenzo Valle¹, Jose Luis Perez Hernandez¹,
Maria de Fatima Higuera de la Tijera¹,
Eulalio Gutierrez Rodriguez²

¹ Hospital General de México "Dr. Eduardo Liceaga".

² IMSS UMAE No. 25, Argentina.

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)

Vilma Hernandez Garza¹,
Kenia Michel Bastida Guadarrama¹,
Jose Luis Perez Hernandez¹,

Maria de Fatima Higuera de la Tijera¹,
Eulalio Gutierrez Rodriguez²

¹ Hospital General de México "Dr. Eduardo Liceaga".

² IMSS UMAE No. 25, México.

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.

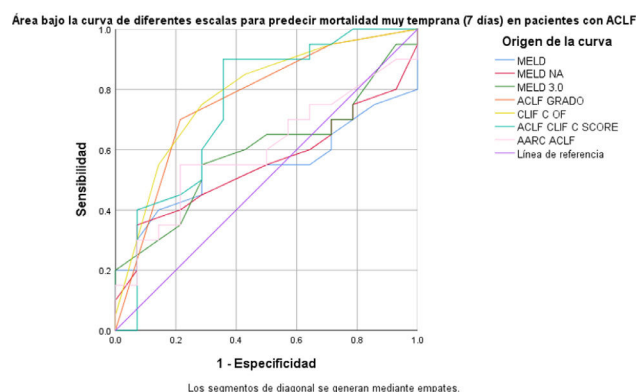
Materials and Methods: An observational, retrospective, descriptive, analytical and cohort study was performed. Forty patients with diagnosis of ACLF were included. The different prognostic scores such as MELD, MELD 3.0, CLIF-C ACLF, CLIF-C OF and AARC ACLF were calculated. ROC curves were constructed 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.

Kenia Michel Bastida Guadarrama¹,
Vilma Hernández Garza¹,
Abigail Hernández Barragán²,
Adrián Flores Sánchez², Jessica Mejía Ramírez¹,
Gabriela Gutiérrez Reyes²,
José Luis Pérez Hernández¹

¹ Hospital General de México.

² Laboratorio HIPAM. Medicina Experimental UNAM, México.

Introduction and Objectives: Ethanol generates damage in hepatocytes mainly by oxidative stress, resulting in the breakdown products of lipids and proteins, such as Malondialdehyde (MDA), and protein carbonyls (PC). The objective was to determine the behavior of serum markers of oxidative stress in liver diseases associated with alcohol consumption.

Materials and Methods: Observational, retrospective, cross-sectional study that included 300 individuals: 200 from the control group (CT), 50 with alcohol cirrhosis (CiOH) and 50 with alcohol-induced hepatitis (HA). Oxidative stress serum markers, namely MDA and CP, which are products of lipid peroxidation and proteolysis saturation respectively, were measured.

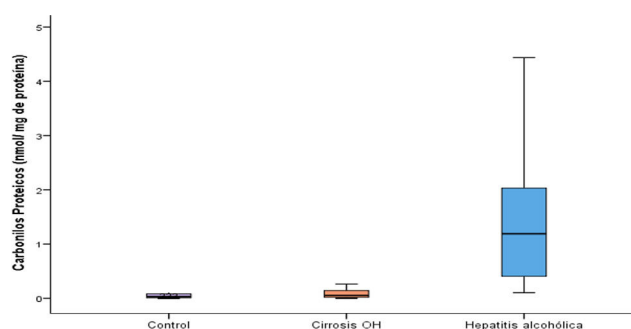
Results: MDA and CP were evaluated. The normal value of these is found in healthy controls, observing a significant increase in the CiOH and HA group. The normal value of MDA is 0.05 nM/mg, finding elevation of

0.11 nM/mg in CiOH and 0.11 nM/mg in HA. Likewise, considering that the normal value of protein carbonyls is 0.07 nM/mg, a difference was observed in CiOH with 0.25 nM/mg and in HA 1.8 nM/mg.

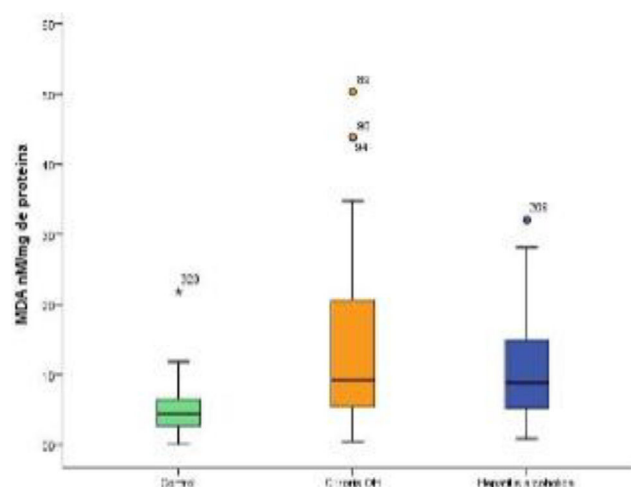
Conclusions: The modification in oxidative stress in CiOH and HA provides guidelines for evaluating the oxidative stress component in alcohol-related disorders to identify medications that prevent oxidation of proteins, lipids, and carbohydrates.

Conflict of interest: None

Protein carbonyls



Malondialdehyde



#208

COST-EFFECTIVENESS OF L-ORNITHINE L-ASPARTATE THERAPY IN SEVERE HEPATIC ENCEPHALOPATHY

Kenia Michel Bastida Guadarrama¹,
 Ángel D. Santana Vargas², Vilma Hernández Garza¹,
 Jessica Mejía Ramírez¹, Fátima Higuera de la Tijera¹,
 José Luis Pérez Hernández¹

¹ Gastroenterology, General Hospital of Mexico.

² Research Department, General Hospital of Mexico.

Introduction and Objectives: Hepatic encephalopathy (HE) is a complication of cirrhosis that negatively impacts patients' quality of life and increases healthcare costs. The objective was to evaluate the remission of HE and the reduction of hospital stay with the use of parenteral L-Ornithine L-Aspartate. (LOLA)

Patients and Methods: A cost-effectiveness comparison of treatment with LOLA in hospitalized patients with decompensated cirrhosis was made, considering remission of HE of time as either <3 days or >3 days in patients who survived.

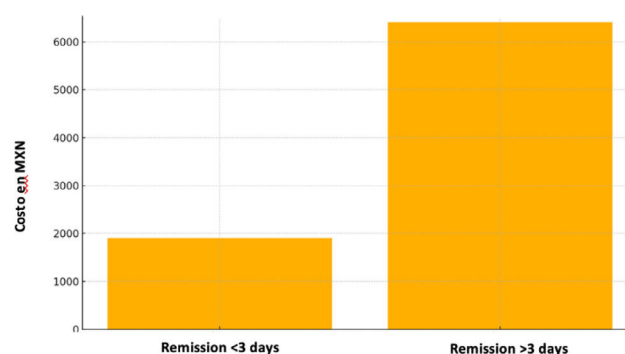
Results: Retrospective, descriptive and analytical study including 52 patients with severe HE decompensated cirrhosis, age 54.25±10.11, 36 men (69%), Child Pugh 10.9±1.9, MELD NA 21.69±7.27. All received parenteral LOLA 20 g continuous infusion. 23 (44.23%) had effective remission, the average cost per patient with effective remission was 1526 MXN, the cost of patients with ineffective remission was 5,130 MXN. The cost-effectiveness adjusted to quality of life at 0.8 was 1907.5 MXN in effective remission and 6,415 MXN in ineffective remission.

The cost difference was MXN 3,604 which is increased in patients with ineffective remission. The difference was statistically significant according to the t-test (1=-4.54; p<0.001).

Conclusions: Treatment with LOLA is significantly more cost-effective for patients who achieve early clinical remission (within three days) and survive. This finding emphasizes the significance of therapeutic strategies that aim to achieve early remissions in HE.

Conflict of interest: None

Cost-effectiveness adjusted for quality of life



<https://doi.org/10.1016/j.aohep.2025.102102>

<https://doi.org/10.1016/j.aohep.2025.102101>