P-28 BODY COMPOSITION MEASUREMENT AND NONALCOHOLIC FATTY LIVER DISEASE

Maria Auxiliadora Nogueira Saad,
Débora Vieira Soares, Priscila Pollo Flores,
Rosa Leonora Salerno Soares,
Vinicius César Jardim Pereira,
Maria Clara Brito Pontes

Universidade Federal Fluminense, Brazil

Introduction: Non-alcoholic fatty liver disease (NAFLD) is the most frequent cause of liver disease, with a worldwide prevalence of 30%. The association between NAFLD and obesity, diabetes mellitus and metabolic syndrome is well established. It is estimated that approximately 76% of individuals with obesity, mainly visceral obesity, have NAFLD. Previous studies have shown that anthropometric measures to assess body fat, such as body mass index, neck circumference and waist circumference are predictors of NAFLD.

Objective: To assess the prevalence of NAFLD in obese individuals and the role of anthropometric measurements that estimate visceral fat as predictors of NAFLD.

Methods: Adults, over 18 years old, assisted in Antônio Pedro University Hospital, with risk of NAFLD (pre-diabetes, diabetes mellitus, metabolic syndrome, and obesity). All participants signed an informed consent form. Patient's clinical information, anthropometric, metabolic profiles were assessed. Non-invasive assessment of NAFLD was performed by ultrasound.

Results: The study group consisted of 40 subjects with predominance of females (87.5%). The prevalence of obesity was 55%. Higher diabetes and dyslipidemia in males (60% and 60%, respectively) when compared to females (51.4%, and 45.4%, respectively). Hepatic steatosis was present in 48.5% of women and 60% of men. Neck and waist circumference were greater in males (median 42 cm and 106.9 cm).

Conclusion: High prevalence of patients with obesity, fatty liver and metabolic diseases. High anthropometric measurements of visceral obesity in both sexes, demonstrating to be an important risk factor for NAFLD.

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P-29 CLINICAL FEATURES OF PRIMARY BILIARY CHOLANGITIS IN BRAZIL

Guilherme G.L. Cançado[1,2], Eduardo L.R. Cançado[3], Maria L.G. Ferraz[4], Cristiane A. Villela-Nogueira[5], Debora R.B. Terrabuio[3], Michelle H. Braga[3], Mateus J. Nardelli[1], Luciana C. Faria[1], Nathalia M.F. GOMES[4], Elze M.G. Oliveira[4], Vivian Rotman[5], Maria Beatriz Oliveira[6], Simone M.C.F. Cunha[7], Daniel F.C. Mazo[8], Liliana S.C. Mendes[9], Claudia A.P. Ivantes[10], Valéria F.A. Borges[11,12], Fabio H.L. Pace[13], Mario G. Pessoa[3], Izabelle V. Signorelli[14], Gabriela P. Coral[15], Paulo L. Bittencourt[16,17], Cynthia Levy[18], Cláudia A. Couto[1], members of the Brazilian Cholestasis Study Group Consortium

[1] *Instituto Alfa de Gastroenterologia, Hospital das Clínicas da Universidade Federal de Minas Gerais, Belo Horizonte, Brazil*
[2] *Hospital da Polícia Militar de Minas Gerais, Belo Horizonte, Brazil*
[3] *Departamento de Gastroenterologia, Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil*
[4] *Disciplina de Gastroenterologia, Universidade Federal de São Paulo, São Paulo, Brazil*
[5] *Hospital Universitário Clementino Fraga Filho, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*
[6] *Ambulatório Municipal de Hepatites Virais de São José dos Campos, São José dos Campos, Brazil*
[7] *Hospital Universitário Professor Edgard Santos, Universidade Federal da Bahia, Salvador, Brazil*
[8] *Disciplina de Gastroenterologia, Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas, Brazil*
[9] *Hospital de Base do Distrito Federal, Brasília, Brazil*
[10] *Serviço de Gastroenterologia, Hepatologia e Transplante Hepático, Hospital Nossa Senhora das Graças, Curitiba, Brazil*
[11] *Instituto de Gastroenterologia, Endoscopia e Proctologia, Uberlândia, Brazil*
[12] *Universidade Federal de Uberlândia, Uberlândia, Brazil*
[13] *Hospital Universitário, Universidade Federal de Juiz de Fora, Juiz de Fora, Brazil*
[14] *Hospital Universitário Cassiano Antônio Moraes, Universidade Federal do Espírito Santo, Vitória, Brazil*
[15] *Irmandade da Santa Casa de Misericórdia de Porto Alegre, Porto Alegre, Brazil*
[16] *Hospital Português, Salvador, Brazil*
[17] *Escola Bahiana de Medicina e Saúde Pública*
[18] *Division of Digestive Health and Liver Diseases, University of Miami Miller School of Medicine, Miami, Florida, United States of America*

Introduction: Little is known about primary biliary cholangitis (PBC) in Latin America, where this disease is thought to be rare.

Objectives: To analyze clinical and biochemical features of Brazilian PBC patients.

Methods: The Brazilian Cholestasis Study Group multicentre database was reviewed to assess demographics, clinical and laboratory features from PBC patients.

Results: 562 patients with PBC were included; 80 (14.2%) had overlapping syndrome with autoimmune hepatitis and were excluded. Most subjects were middle-aged women (95%; mean age 51 ± 11 years) with classical symptoms of pruritus and/or fatigue (65%) and jaundice (22%). Mean time to diagnosis was 2.5 years. Prevalence of antimitochondrial (AMA) and antinuclear antibodies was 82.8% and 72.1%, respectively. Concurrent autoimmune diseases occurred in 18.9%, mainly Hashimoto's thyroiditis and Sjogren syndrome. Celiac disease was diagnosed in 1:80 (1.2%). Osteopenia and osteoporosis were demonstrated in 42% and 26%, respectively. Liver pathology at diagnosis was available for 326 patients (67.6%). One third of them had advanced PBC. After a mean follow-up of 6.2 ± 5.3 years, 32% of the subjects had clinical, laboratory or imaging evidence of cirrhosis. Requirement for liver transplantation and liver-related deaths were reported in 6.6% and 3.2% of the patients, respectively. Hepatocarcinoma was diagnosed in 1.9% of the subjects.

Conclusion: A higher predominance of PBC among females, compared to other populations, was observed, while AMA positivity was lower. Concurrent autoimmune, celiac and bone diseases are common and should be adequately screened. Prolonged time to diagnosis and high prevalence of advanced liver disease might reflect difficulties in health care access in Brazil.

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