

found in 3 (4.47%) metabolic damage donors, 1 (3.22%) by alcohol, and 2 (6.45%) by dual damage.

Conclusions: 5 out of 10 apparently healthy individuals have fatty liver disease. The most frequent was due to metabolic damage, while fatty liver disease due to alcohol and dual damage were equally prevalent. Undiagnosed advanced fibrosis was found in a small percentage. These individuals are a sample of the Mexican population that could represent the behavior of the population of our country.

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P-38 CRYPTOGENIC CHRONIC HEPATITIS: LOOKING FOR AN ETIOLOGICAL DIAGNOSIS

Guilherme Cañado Grossi Lopes¹,
 Aline Candolo Coelho Rocha², Jorge Nardelli Mateus¹,
 Patricia Zitelli Momoyo²,
 Daniel Mazo Ferraz De Campos^{2,3},
 Claudia Oliveira Pinto Marques De Souza²,
 Marlone Cunha-Silva³, Raquel Greca Dias³,
 Roberta Araújo Chaves⁴,
 Amanda Sacha Alustau Paulino Tolentino⁴,
 Claudia Couto Alves¹,
 Roque Gabriel Rezende De Lima²,
 Alberto Farias Queiroz², Flair José Carrilho²,
 Mário Guimarães Pessoa²

¹ Gastroenterology Alfa Institute, Clinics Hospital, Minas Gerais Federal University (UFMG), Belo Horizonte, Brazil

² Division of Clinical Gastroenterology and Hepatology, Department of Gastroenterology, Clinics Hospital, São Paulo University (HCFMUSP), São Paulo, Brazil

³ Division of Gastroenterology (Gastrocentro), School of Medical Sciences, Campinas State University (UNICAMP), Campinas, Brazil

⁴ Gastroenterology Division, Medical School Ribeirão Preto, São Paulo - Ribeirão Preto University (FMRP-USP), Ribeirão Preto, Brazil

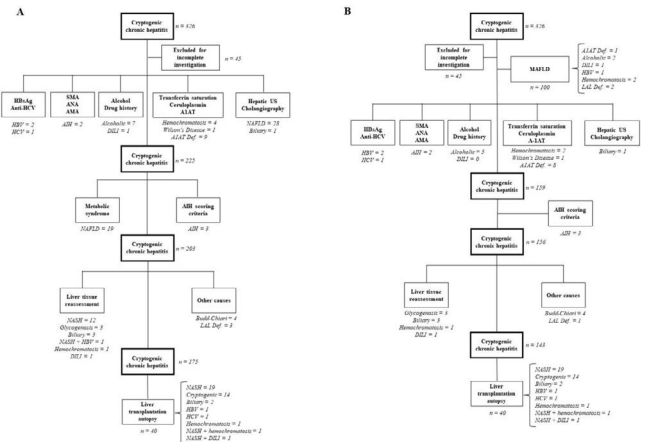
Introduction and Objectives: Cryptogenic chronic hepatitis is an increasing cause of liver transplantation and affects 5-15% of patients with chronic liver diseases. This study aimed to investigate possible underlying causes of presumed cryptogenic liver disease referred to specialized liver centers by general practitioners in Brazil and to propose a new diagnostic algorithm including metabolic-dysfunction-associated fatty liver disease (MAFLD) definition and lysosomal acid lipase deficiency (LAL-D) investigation.

Materials and Methods: A retrospective multicentric Brazilian cohort of patients with presumed chronic cryptogenic hepatitis was reanalyzed with respect to their clinical, laboratory and histological data using Czaja's algorithm (2011).

Results: 326 patients [mean age 60 (46-68) years, 42.9% males] were initially included, 35.7% with cirrhosis. Forty-five individuals were excluded due to an incomplete etiological investigation. Using Czaja's algorithm, diagnosis of nonalcoholic fatty liver disease could be established in 60 patients (21.3%), alpha-1-antitrypsin deficiency in 9 (3.2%), alcoholic liver disease in 7 (2.7%), autoimmune hepatitis in 5 (1.78%), hemochromatosis in 5 (1.78%), biliary-related hepatitis in 4 (1.4%), viral hepatitis in 4 (1.4%), Budd Chiari in 4 (1.4%), glycogenosis in 3 (1%), drug-induced liver injury in 2 (0.7%), and Wilson disease in 1 (0.35%). LAL-D was demonstrated in 3 individuals (1%). One hundred seventy-five patients remained with cryptogenic hepatitis (53.6%) (FIGURE A). During follow-up, 40 of those patients were submitted to liver transplantation and 19 (47.5%) were retrospectively diagnosed with non-alcoholic steatohepatitis after histopathological

examination of the explanted liver. By including MAFLD in the first step of the new algorithm, 100 patients would have been diagnosed (34.9%), reducing the number of individuals without a diagnosis by 18.3% (FIGURE B).

Conclusions: One-third of patients with initially presumed cryptogenic liver disease were diagnosed with MAFLD. Despite being a rare disease, LAL-D investigation should be considered for individuals with chronic liver disease of unknown etiology. An updated diagnostic algorithm is proposed for those individuals.



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P- 39 CLINICAL SIGNIFICANCE OF GRADE 1 HEPATIC ENCEPHALOPATHY IN PATIENTS HOSPITALIZED FOR COMPLICATIONS OF CIRRHOSIS

Janaína Luz Narciso-Schiavon,
 Fernanda Cristina De Augustinho, Claudia Maccali,
 Esther Buzaglo Dantas-Correa,
 Leonardo Lucca Schiavon

Gastroenterology Service, Santa Catarina Federal University, Florianópolis, Brasil

Introduction and Objectives: Recent guidelines recommended grouping grade 1 and minimal HE under the term “covert HE.” However, minimal HE is not usually investigated in hospitalized patients and there are very little data about the impact of grade 1 HE in patients admitted for complications of cirrhosis. This study aimed to investigate factors associated with the presence of grade 1 HE and its prognostic impact in patients hospitalized for complications of cirrhosis

Materials and Methods: prospective cohort study that included 238 patients either without HE or with grade 1 HE on the first day of hospitalization. All examiners were fourth-year fellows with at least one year of experience in clinical hepatology and trained by the senior investigators specifically for the use of West-Haven criteria. Minimal hepatic was not evaluated.

Results: The mean age was 54.2 ± 11.6 years, mean MELD was 16.4 ± 6.7. Grade 1 HE was observed in 62 patients (26.1%) and was associated with ascites, Child-Pugh C, ACLF, higher total bilirubin, INR, MELD, and CLIF-SOFA. Progression to grades 2/3/4 HE (overt HE) up to day 3 of hospitalization occurred in 7.1% of the patients and was independently associated with bacterial infection (OR = 4.934, IC 95% 1.415-17.199, P=0.012) and grade 1 HE (OR = 3.937, IC 95% 1.261-12.298, P=0.018). The progression rate to overt HE was four times higher among subjects with grade 1 HE as compared to those