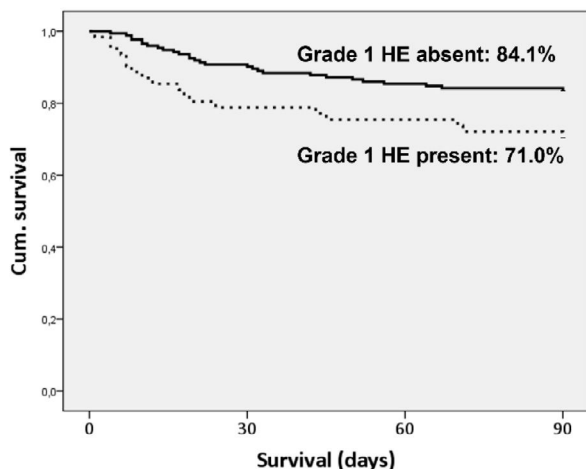


without HE (16.1% vs. 4.0%,  $P = 0.003$ ). The 90-day Kaplan-Meier survival probability was significantly lower among patients with grade 1 (71.0% vs. 84.1%,  $P = 0.018$ ) (figure 1).

**Conclusions:** When compared to individuals without HE at admission, grade 1 HE was associated with parameters of more advanced liver disease and more severe acute decompensation. Patients with grade 1 HE exhibited worse evolution of mental state and higher mortality, reinforcing the practical importance of more subtle clinical findings.

Figure 1



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#### P-40 IS THERE A DISTINCT PHENOTYPE OF NON-ALCOHOLIC FATTY LIVER DISEASE IN LEAN AND OVERWEIGHT PATIENTS?

Denise Siqueira Vanni, José Tadeu Stefano, Sebastião Mauro Bezerra Duarte, Patricia Momoyo Yoshiura Zitelli, Renato Gama Altikes, Karla Toda Oti, Mário Guimarães Pessoa, Flair José Carrilho, Claudia P Oliveira

Division of Clinical Gastroenterology and Hepatology (Lim-07), Clinics Hospital, Department of Gastroenterology, University of São Paulo School of Medicine, Sao Paulo, Brazil

**Introduction and Objectives:** Non-alcoholic fatty liver disease (NAFLD) is not an exclusive disease of obese patients. Lean and overweight patients also deal with this disease. This study aimed to analyze if there is any different NAFLD phenotype between lean and overweight patients.

**Materials and Methods:** This is a cross-sectional study of descriptive characteristics of lean ( $BMI \leq 24.9 \text{ kg/m}^2$ ) and overweight ( $BMI 25-29.9 \text{ kg/m}^2$ ) patients from a NAFLD outpatient care facility at a Tertiary reference hospital in Sao Paulo, Brazil. The analysis included: gender, age, BMI, Insulin Resistance (IR), Type 2 Diabetes Mellitus (T2DM), Systemic Arterial Hypertension (SAH), Dyslipidemia (DLP), ALT, AST, GGT, ferritin, liver stiffness, CAP, Fibrosis stages and NAS score. Mann-Whitney U test, Welch two-sample t-test and Fischer's exact test were used.

**Results:** A total of 68 (54 overweight; 14 lean) NAFLD patients were analyzed. Female majority in each group (86% lean; 67% overweight). Similar mean age: in lean 63.79yo (CI95% 59.23-68.34yo) and in overweight 63.80yo (CI95% 60.91-66.68yo). The mean BMI in lean was  $22.77 \text{ kg/m}^2$  (CI95% 22.08-23.47  $\text{kg/m}^2$ ) and in overweight was  $27.19 \text{ kg/m}^2$  (CI95% 26.85-27.54  $\text{kg/m}^2$ ). The majority of the groups had T2DM, DLP and SAH. IR occurred in 26% and 14% of overweight and

lean, respectively. In the lean group, 13% didn't have IR or T2DM. ALT, AST, GGT, ferritin, liver stiffness and CAP between groups had no significant statistical difference ( $p > 0.05$ ). Advanced fibrosis ( $\geq F3$ ) in 7 (50%) lean and 30 (68%) overweight patients ( $p = 0.182$ ). NASH (NAS  $\geq 4$ ) in 9 (64%) of the lean and 44 (81%) of the overweight ( $p = 0.222$ ).

**Conclusions:** In this small population study, preliminary results infer that lean and overweight NAFLD patients have similar characteristics. A large-scale study could confirm this data. Perhaps we should consider lean and overweight as one non-obese NAFLD group and eventually compare them with obese counterparts in future studies.

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#### P-41 SARCOPENIA AS A PREDICTOR OF RISK OF MINIMAL HEPATIC ENCEPHALOPATHY IN PATIENTS WITH LIVER CIRRHOSIS

Oscar Morales Gutiérrez, María de Fátima Higuera de la Tijera, José Luis Pérez Hernández

Department of Gastroenterology and Hepatology Hospital General de México "Dr. Eduardo Liceaga", Mexico City, México

**Introduction and Objectives:** Sarcopenia, defined as loss of muscle mass and strength and minimal hepatic encephalopathy (MHE), alters the quality of life and prognosis of patients with cirrhosis. Ammonia plays a key role in the pathogenesis of MHE and has been associated with decreased muscle mass and strength. However, the relationship between sarcopenia and MHE is not well defined. The objective of this study was to determine their relationship and identify predictors of MHE.

**Material and methods:** Prospective study, including 96 patients with compensated cirrhosis diagnosed by transitional elastography. The presence of MHE and sarcopenia was determined by a critical flicker frequency test and criteria from the European Working Group EWG-SOP2. Muscle mass and strength were determined by electrical bioimpedance and a handgrip dynamometer. Functional capacity was evaluated by Short Physical Performance Battery (SPPB), performing linear logistic regression analysis to identify predictors of MHE.

**Results:** Of the 96 patients with cirrhosis, 61 (64%) and 35 (36.5%) were diagnosed with MHE and sarcopenia, respectively. In the multivariate analysis, the SPPB rating (R 0.521, 95% CI 0.85-2.54,  $p < 0.001$ ) and grip strength (R 0.314, 95% CI 0.024-0-50,  $p = 0.032$ ) showed the highest predictive value for MHE.

**Conclusions:** Decreased handgrip strength and SPPB score were significant predictors of MHE. Early nutritional intervention and physical rehabilitation could reduce the risk of developing EHM in patients with cirrhosis.

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#### P-42 OBESITY AND ANTI-HBC IGG POSITIVITY INCREASE THE RISK OF HEPATOCELLULAR CARCINOMA IN A COHORT OF CHRONIC HEPATITIS C PATIENTS IN A TERTIARY OUTPATIENT CLINIC IN SÃO PAULO, BRAZIL

Alexandre Trazzi, Patricia Momoyo Zitelli, Daniel Mazo Ferraz, Roque Gabriel Rezende, Claudia Oliveira Pinto, Aline Chagas Lopes, Flair José Carrilho, Mário Guimarães Pessoa

Division of Gastroenterology, University of Sao Paulo, Sao Paulo, Brazil