

Results: 2722 patients from five different centers (and five different countries) were included in the analysis, with proportions being the following: Argentina 556 (20%), Brazil 596 (22%), Colombia 1490 (55%), Ecuador 50 (2%) and Peru 30 (1%). The median age was 53 years (IQR 21-41) and the median BMI was 29 kg/m² (IQR 26-36). 63% were female. Biopsy reports were available for 35% (n=947), with 25% (n=232) of those showing significant fibrosis, 27% (n=254) severe steatosis, and 65% (n=616) inflammation. Only 17% of subjects had diabetes mellitus, 34% dyslipidemia, and 31% Hypertension. The median ALT for the entire cohort was 38 IU (IQR 25-65) and AST 28 IU (IQR 21-41). Of 1407 subjects with medication information, 29% were on lipid-lowering agents, 12% on aspirin, 28% on metformin and 5% on vitamin E. Independent predictors of significant fibrosis (\geq F2) on biopsy were: Diabetes mellitus (OR =2.97, 95% CI, 2.12 – 4.15, $p < 0.0001$), hypertension (OR =1.59, 95% CI, 1.17 – 2.17, $p = 0.003$), and metformin (OR =2.71, 95% CI, 1.82 – 4.02, $p < 0.0001$). There was no statistically significant association between $F \geq 2$ fibrosis and obesity or overweight. Diabetes and Hypertension were both independently associated with severe steatosis (OR =1.93, $p = 0.0001$ and OR =2.13, $p < 0.0001$, respectively).

Conclusions: This study provides critical information defining the epidemiology of NAFLD in South America, showing important correlations between hypertension and diabetes mellitus with clinically significant biopsy findings.

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P- 108 POLYMORPHISMS OF HLA (LOCI DR 4*) IN HISPANICS AS RISK FACTOR FOR DE-NOVO AUTOIMMUNE HEPATITIS AFTER LIVER TRANSPLANTATION

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Introduction and Objectives: De-novo Autoimmune Hepatitis (De-novo AIH) after Liver Transplantation (LT) is an entity recently described and considered rare. Its importance relies on a severe clinical course, with graft loss in the short term, non-response to immunosuppressant therapies and requiring retransplantation even more than once. The Colombian population has a higher incidence of autoimmune liver diseases when compared to the literature, with a more aggressive clinical course and poorer response to classical immunosuppressive therapies requiring LT. This suggests a unique genetic component of the Colombian population that determines specific management and prognosis. The HLA (loci DR 3 * and DR 4 *) has been associated with De-novo AIH, especially in children, but no studies have been published in Hispanic Adults to date.

Materials and Methods: A retrospective observational study. The overall objective of this study was to determine the allelic frequencies of HLA (loci DR 3 * and DR 4 *) in donor livers of a Colombian population of patients with LT and its association with De-novo AIH.

Results: Out of 260 adult patients with LT at Cardioinfantil Foundation, eight were identified with De-novo AIH, all with graft loss and indication for liver retransplantation, 2 of them with graft loss for the second time in less than one year. HLA DR 4 was identified in all donors of patients who developed De-novo AIH.

Conclusions: The association between HLA DR-4 and De-novo AIH after LT establishes a precedent in the history of liver

transplantation not only in Colombia but the world and requires immediate attention.

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P- 109 NON-INVASIVE ASSESSMENT OF FIBROSIS REGRESSION IN VIROLOGICAL RESPONDERS SUSTAINED BY HEPATITIS C VIRUS

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Introduction and Objectives: Hepatitis C virus is the leading cause of end-stage liver disease worldwide. Assessing the severity of liver disease is necessary before the start of therapy since this will depend on the regimen and subsequent prognosis, so there are invasive and non-invasive measures documenting advanced liver fibrosis and cirrhosis are related to worse results; at the time of diagnosis, more than 50% have evidence of cirrhosis, so it is necessary to evaluate the follow-up of patients with advanced liver disease and document its regression non-invasively due to sustained virological response. This study aimed to determine with non-invasive methods the regression of fibrosis in sustained virological responders in the Infectious Disease Unit and to document which stage is predominant when presenting sustained virological response.

Materials and Methods: Observational, retrospective, longitudinal study, elastography was performed, FIB4 and APRI were calculated before and after the sustained virological response. The regression was analyzed with McNemar's Chi square to document differences before and after treatment.

Results: 53 patients were acquired, and of these, 51% were women; the three non-invasive methods were represented in tables before and after, being F2 in the three methods the main degree of fibrosis before treatment and when they had sustained virological response this was found to F0 and F1, $p < 0.001$ when comparing before and after treatment in the three non-invasive methods.

Conclusions: There is regression now of having sustained virological response in patients who presented advanced disease documented with non-invasive methods. The stages in order of frequency according to APRI after treatment are F0 with 72%, FIB 4 with 51% stage F0 and for elastography, it is F0 with 26% and F1 with 44%.

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P-110 BIOPSY IN FOCAL LIVER LESIONS: CORRELATION FROM CLINICAL TO HISTOPATHOLOGY

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Introduction and Objectives: Liver biopsy is an invasive technique through which we obtain a small sample of tissue for histopathological analysis under a microscope. This technique is

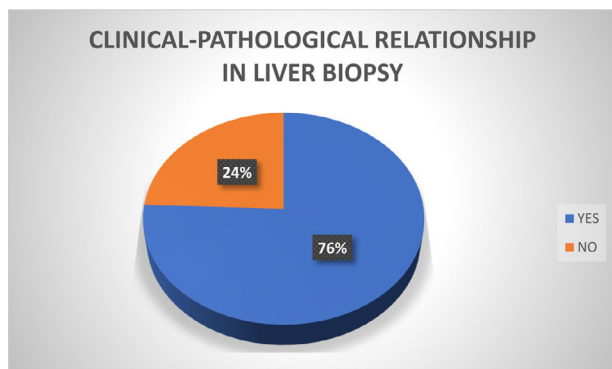
considered a gold standard for the study of low clinical-analytical expression. Currently, its usefulness is directed toward the diagnosis, prognosis and evaluation of liver disease. This study aimed to define the clinical-pathological correlation in liver samples biopsied in our hospital.

Materials and Methods: This study was retrospective, observational and descriptive. Data from 78 patients (47 women and 31 men) were included. Liver mass biopsies were generated at our institution from November 2016 to March 2021. The data were organized and analyzed in a spreadsheet matrix.

Results: Presumptive diagnoses, prior to biopsy, were classified as liver metastases, malignant lesions, benign lesions, and inconclusive mass. The most frequent histopathological diagnoses identified in our sample were:

- Metastasis 38 (49%): originated in colon 11 (29%), uncertain 6 (16%), lung 5 (13%), breast 3 (8%), pancreas 3 (8%), uterus 2 (5%), gallbladder 2 (5%), cholangiocarcinoma 1(3%), right maxilla 1 (3%), skin 1 (3%), prostate 1 (3%), rectum 1(3%), and testicular 1 (3%).
- Malignant lesions 30 (38%): hepatocellular carcinoma 19 (24%), cholangiocarcinoma 5 (7%), adenocarcinoma 4 (5%), non-hodgkin B lymphoma 1 (1%), and GIST 1 (1%)
- Benign lesions 8 (10%): benign liver nodule 2 (4%), liver adenoma 1 (1%), liver cirrhosis 1 (1%), hemangioma 1 (1%), focal nodular hyperplasia 1(1%), chronic inflammation 1 (1%), and polycystic liver disease 1(1%)
- Inconclusive hepatic mass 2 (3%)

Conclusions: Our comparison between presumptive and histopathological diagnoses suggested that there was an adequate relationship in 59 cases (76%). In those cases that did not, there was probably a presumptive misdiagnosis. Our data showed that most cases presented clinical and histological correlation, supporting the usefulness of performing a biopsy in liver lesions.



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P- 111 MORTALITY ON LIVER TRANSPLANT WAITING LIST: ANALYSIS OF A TRANSPLANT CENTER IN COLOMBIA

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Introduction and Objectives: Cirrhosis and acute liver failure have a high mortality rate and liver transplantation is the only treatment that has shown improvement in the survival of these patients,

being 90% in the first year after transplantation and 80% in five years. Currently, in our center there are 95 patients on the liver transplant waiting list, being the largest in the country. The availability of an organ is of key importance and is directly related to the morbidity and mortality of our patients. This study aimed to determine direct and indirect variables that affect mortality on the waiting list in our transplant center.

Materials and Methods: We did a retrospective observational study in which we reviewed the clinical charts of the 116 patients who died in the liver transplant list between 2015 and 2021. We described the stage of cirrhosis, its complications and the cause of death. For the analysis of the results, we performed a statistical description.

Results: Between 2015 and 2021, 116 patients died on the liver transplant waiting list. The cause of cirrhosis was autoimmune disease in 42% of the patients, 75% were CHILD C and 39.7% had MELD >25. The main cause of death was an infection, and the main complications of cirrhosis were ascites (84.5%), encephalopathy (59.5%) and variceal hemorrhage (39.7%). Between 2020 and 2021, COVID-19 infection was documented in 16.7% of deceased patients.

Conclusions: Infection in patients on the waiting list is the main cause of death before transplantation. It has been documented in the literature that one-year mortality, according to the Meld score, is 30% and 50% for scores of 20-29 and 30-39, respectively. Because of this reason, liver transplantation is the only alternative to impact the survival of these patients. The pandemic contingency affected the care of patients with terminal liver disease, reducing the number of transplants performed because of the lower donation rate. Being pioneers in Colombia of living donor transplantation, it was possible to mitigate the low availability of organs during the Covid-19 pandemic, and in 2020 -2021, 38% of the transplants performed in our center were from a living donor.

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P- 112 METABOLIC FATTY LIVER DISEASE: FIBROSIS AND SARCOPENIA FREQUENCIES AND CORRELATION

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Introduction and Objectives: Fatty liver disease associated with metabolic dysfunction is a global health problem with a prevalence of about 25% worldwide. The measurement of hepatic stiffness by elastography stratifies patients with a greater propensity for cirrhosis in addition to systemic manifestations. This study aimed to estimate liver fibrosis and sarcopenia in patients at risk for metabolic fatty liver disease.

Materials and Methods: Selected patients were selected for cross-sectional clinical evaluation. Non-invasive assessment was performed using biomarkers, assessment of APRI and FIB-4, ultrasound and elastography. By ultrasonography 12 % had light steatosis, 12% moderate and the sarcopenia tests used were: self-reported registry, hand grip test and hepatic frailty index (FI) test.