DILI caused by antineoplastic and biological agents in patients enrolled in the prospective Spanish and Latin American DILI registries.

Materials and Methods: Information from well-vetted DILI cases caused by antineoplastic and biological agents enrolled in the Spanish DILI Registry (n=38) and the LATINDILI Network (n=33) since their establishment in 2022 was retrieved. Demographics, clinical characteristics, laboratory findings and outcome were analyzed through descriptive statistics.

Results: Overall, DILI patients were aged 61±17 years, with Latin American patients slightly younger than Spanish cases (64 vs. 56; p=0.053) and were predominantly men (66%). Novel therapies such as Protein Kinase Inhibitors represented 14% of cases, while Immune Checkpoint Inhibitors caused 6% of DILI cases. Hepatocellular damage predominated (79%), while 12% had a cholestatic injury. Nearly 70% of patients developed jaundice, and 49% were hospitalized. Alanine and aspartate aminotransferase were highly increased (median values 13 and 11 times above the upper limit of normal (ULN), respectively), while alkaline phosphatase showed modest elevations (1.3 times ULN). Total bilirubin was elevated by a median of 3.7-fold ULN. Most of the patients coursed with a moderate injury (46%), and 15% developed severe liver damage. Four Spanish cases, and one from Latin America, had liver-related death (p=0.018). There were no chronic DILI cases, and 71% of patients resolved spontaneously.

Conclusions: DILI, due to antineoplastic and biological agents, was more common in men, caused a hepatocellular injury, and usually coursed as a moderate-to-severe liver injury. Latin American cases were slightly younger, while the mortality rate was higher among Spanish DILI patients.

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O-40 PROGNOSTIC ROLE OF MAGNETIC RESONANCE OF THE ABDOMEN WITH INTRAVENOUS CONTRAST AND CHOLANGIORESONANCE IN PRIMARY SCLEROSING CHOLANGITIS: OUR EXPERIENCE

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Introduction and Objectives: Primary sclerosing cholangitis (PSC) is a progressive cholestatic liver disease leading to infectious complications, biliary cirrhosis, portal hypertension and the development of cholangiocarcinoma. Imaging is essential for diagnosis. MRI risk scoring systems, called Anali without/with gadolinium, are suggested to predict disease progression. This study aimed to evaluate the usefulness of Anali scores determined by MRI of the abdomen and cholangioMR to predict the prognosis of patients with PSC.

- Analyze interobserver variability of Anali scores.

Materials and Methods: Cohort retrospective study of patients diagnosed with PSC, with baseline and follow-up MRIs (2009 to 2020). The study was approved by the institution's Ethics Committee.

MRIs were reviewed by two radiologists and Anali scores were calculated: without gadolinium= (0-2 x intrahepatic bile duct dilatation) + (2 x hepatic dysmorphism) + (1 x portal hypertension) with a possible score of 0 to 5; with gadolinium = (1 x hepatic dysmorphism) + (1 x heterogeneity of hepatic parenchymal enhancement) with a possible score of 0 to 2.

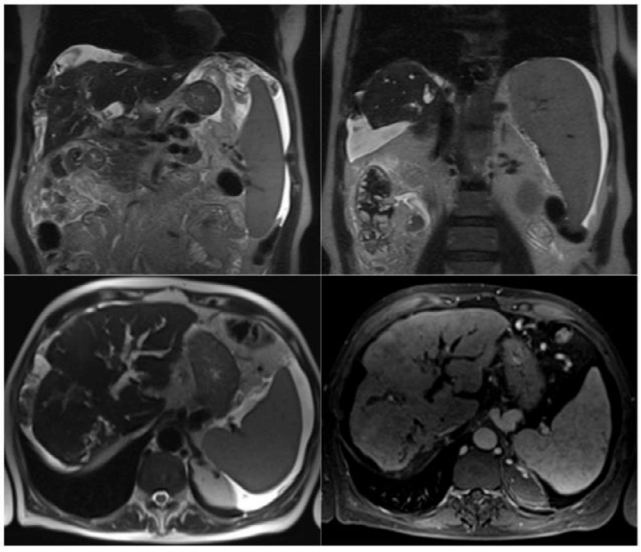
Clinical endpoints included liver transplantation, cirrhotic decompensation, or death.

Results: Twenty-nine patients were included, of whom 12 presented a clinical event on follow-up. We recorded seven liver transplants and five cirrhotic decompensations. The median time between the clinical event and MRI was 30.5 months.

Patients with a clinical event had a median Anali score without gadolinium 4 and with gadolinium 2, while in those without clinical events, the Anali score was 1 in both modalities.

The Kappa index for interobserver agreement with respect to the Anali score was 0.87 (95% CI). Kaplan-Meier survival analysis comparing event-free time according to the Anali scale was 59 months for scales 0-2 and 32 months for scales 3-5.

Conclusions: MRI Anali scores correlate with the occurrence of clinical events in PSC, with a high degree of interobserver agreement. They should be considered a useful prognostic tool in evaluating these patients.



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O-41 CIRRHOSIS IN PATIENTS WITH ALFA 1 ANTITRYPSIN DEFICIENCY; WHAT ARE WE MISSING?

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Introduction and Objectives: It's common to include alfa 1 antitrypsin deficiency (AATD) in the diagnostic workup of children with cirrhosis, unlike in adults, where we seldom test for it. Some of its characteristics are unusual and we can miss them as it tends to have a silent clinical course, showing advanced indirect signs due to portal hypertension. This study aimed to establishing the biochemical, clinical, molecular, and genetic characteristics that can lead to the diagnosis of cirrhosis due to ATTD.