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Introduction and Objectives: Primary biliary cholangitis (PBC) and autoimmune hepatitis (AIH) and PBC overlap syndrome (AIH/PBC) have been associated with a higher risk of hepatocellular carcinoma (HCC) and extra-hepatic malignancy (EHM). This study aimed to assess potential risk factors associated with cancer development in PBC and AIH/PBC patients.

Materials and Methods: The Brazilian Cholestasis Study Group database was reviewed and analyzed.

Results: Among the 752 PBC patients enrolled, 64 of them with AIH/PBC, and 87 cancers were identified in 79 patients, including 20 cases of HCC and 67 of EHM. Patients with HCC had a higher prevalence of cirrhosis (95% vs. 32.5%, p= <0.001), smoking (55% vs. 12.3%, p= <0.001, CREST syndrome (30% vs. 7.6%, p= 0.003) and prior azathioprine (30% vs. 8%, p= 0.005) and prednisone (35% vs. 14%, p= 0.018) previous use, compared with their counterparts. Patients with EHM had a higher prevalence of smoking (42.3% vs. 12.3%, p= <0.001), AMA positivity (96.6% vs 80.6%, p = <0.001), azathioprine use (21% vs 8%, p= 0.01) and concurrent other autoimmune diseases. In multivariate analysis, cirrhosis, obesity and prior azathioprine therapy were independent risk factors for HCC, while Sjogren syndrome and psoriasis were associated with EHM. Fibrates reduced EHM risk.

Conclusions: The prevalence of EHM is higher when compared to HCC in PBC patients. Cirrhosis, obesity, prior azathioprine use, and concurrent autoimmune diseases were significantly associated with cancer in PBC, while fibrate use was apparently protective against EHM.

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OP-2 PREVALENCE OF NON-ALCOHOLIC FATTY LIVER DISEASE AND ITS ASSOCIATION WITH PHYSICAL ACTIVITY LEVELS AMONG ADULTS IN CHILE

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) diagnosis requires a liver biopsy, which is inapplicable to large populations. Alternatively, NAFLD can be detected indirectly by non-invasive methods such as Fatty Liver Index (FLI) and Lipid Accumulation Product (LAP). Thus, the prevalence of NAFLD and its association with lifestyle habits (e.g., physical activity) can be studied within populations. This study aimed to (i) estimate the prevalence of NAFLD by FLI and LAP in the adult Chilean population and (ii) determine the association between the presence of NAFLD and physical activity levels.

Materials and Methods: We analyzed the National Health Survey of Chile 2016-2017. Individuals meeting these criteria were included: 21-75 years old; absence of hepatitis B/C, HIV, acquired immunodeficiency syndrome, syphilis, chancre, and gonorrhea; alcohol consumption <20 g/day for women, or <30 g/day for men. NAFLD was detected by FLI (considers circulating triglycerides, circulating gamma-glutamyl-transferase, body mass index, and waist circumference) and LAP (considers circulating triglycerides, and waist circumference). The Global Physical Activity Questionnaire was used to estimate physical activity levels. Logistic regression was used to determine the association between NAFLD presence and physical activity, adjusted by age, sex, body mass index, and education.

Results: We included 2,774 participants, representative of 10,599,094 [9,831,644−11,366,544] adults. NAFLD prevalence [95%CI] was 39.4% [36.2−42.8] by FLI, and 27.2% [24.2−30.4] by LAP. Prevalence progressively increased with higher body mass indexes. Compared to participants in the 1st-quartile of physical activity, those in the 3rd-quartile or 4th-quartile had lower odds of having NAFLD by FLI or LAP, respectively.

Conclusions: The prevalence of NAFLD in Chile surpasses global estimates. The excess body weight among adults in Chile may explain this phenomenon. Notably, physical activity seems relevant to prevent NAFLD, independently of excess body weight. Focused public health interventions are urgently required in Chile.

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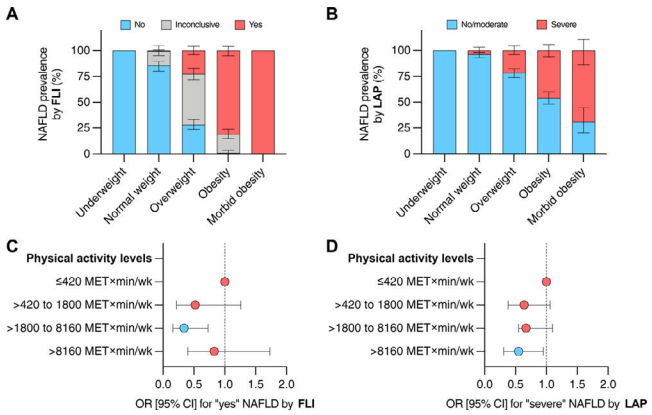

Figure. [A, B] Prevalence of non-alcoholic fatty liver disease (NAFLD) determined by [A] the Fatty Liver Index (FLI) or [B] the Lipid Accumulation Product (LAP). Categories of nutritional status were defined according to the body mass index as: <18.5 kg/m^2 underweight, 18.5-24.9 kg/m^2 normal weight, 25.0-29.9 kg/m^2 overweight, 30.0-39.9 kg/m^2 obesity, and >39.9 kg/m^2 morbid obesity. [C, D] Association between physical activity levels and the presence of NAFLD by [C] FLI, or [D] LAP. OR [95% CI], odds ratio [95% confidence intervals].
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OP-3 CLINICAL PRESENTATION AND CAUSATIVE AGENTS OF IDIOSYNCRATIC DRUG-INDUCED LIVER INJURY IN URUGUAY: FIRST DECADE OF EXPERIENCE.

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Introduction and Objectives: Drug-induced liver injury (DILI), usually considered rare, represents a unique challenge. The creation of DILI registries has improved epidemiological understanding and enhanced awareness, which in the absence of specific biomarkers, is essential for a more accurate diagnosis. This study aimed to present a complete analysis of 147 Uruguayan cases with DILI enrolled in the LATINDILI Registry over ten years.

Materials and Methods: Uruguayan patients enrolled in the LATINDILI registry during the last decade were analyzed regarding latency, pattern, severity, evolution, and type of drugs incriminated. Baseline characteristics were described using mean, median, and percentages.

Results: Out of 158 episodes presenting suspected DILI, eleven were excluded for alternative diagnoses or insufficient data, and 147 were finally enrolled into the registry from 2011 to 2021. The mean age was 53 years and 60% were females. Jaundice was present in 55% of the cases; the mean latency was 75 days (1-720). Total bilirubin ranged from 0.19 to 33 mg/dl (mean 4.7), ALT from 32 to 6000 UI/L (mean 630), and AP was between 60 and 3327 UI/L with a median of 520. The hepatocellular injury was the most frequent pattern (58%), and anti-infectives were the most common causative drug class (28%), followed by antineoplastic agents (16%). Amoxicillin clavulanate was the most frequent drug across all patterns of injury. Hospital admission was seen in 51% and complete recovery before one year of follow-up in 73% (10% lost of follow-up). Table 1 describes the demographics, clinical and laboratory parameters according to the type of damage.

Conclusions: This prospective series is the first approximation of the epidemiology of DILI in Uruguay. Beyond its contribution to the LATINDILI registry, it is a priceless tool to identify/highlight local risk factors, causative drugs, and clinical signatures and can impact fostering DILI recognition.

Table 1: Demographics, clinical and laboratory parameters of the 147 cases of idiosyncratic liver injury according to the type of damage.

variable	Type of liver damage Hepatocellular (N=86)	Cholestatic (N= 41)	Mixed (N=20)
Mean age (range), y	47 (17-89)	65,2 (27-86)	51,5 (18-88)
Female, n (%)	52 (60)	26 (64,2)	10 (50%)
Jaundice, n (%)	41 (47,6)	22 (53,6)	12 (60%)
Hospital admission, n (%)	40 (46,5)	22 (53,6)	13 (65%)
Mean duration of treatment days (95% CI)	81,4 (53,2-109,7)	77,7 (42,8-112,6)	42,8 (41,1-44,5)
Mean latency, days (95% CI)	82,1 (53,9-108,5)	77,2 (45,2-109,1)	45,8 (44,1-47,5)
Total bilirrubin (mg/dl), mean value (range)	4,4 (0,19-33)	5 (0,22-15,7)	5,4 (0,26-29)
ALT (xULN), mean value (range)	24 (3,2-200,0)	4,37 (0,9-12,9)	9,6 (2,8-23,5)
AP (ULN), mean value (range)	1,45 (0,4-4,1)	4,6 (1,3-13,6)	2,7 (1-5,8)
Recovery, days (95% CI)	76,9 (68,9-103,2)	198,7 (103-294,5)	93,9 (92,2-95,7)
Positive rechallenge, n (%)	9 (10,4)	2 (4,7)	2 (10%)
Severe, n(%)	12 (13,9)	0	0
Death	1 (1,17)*	0	0
Drug with ≥5 cases	amoxicillin clavulanate (8), diclofenac (6)	amoxicillin clavulanate (13) ibuprofeno (5), metildopa (5)	amoxicillin clavulanate (5)

Total bilirubin (N<1.0 mg/dl); ALT, alanine transaminase; AP, alkaline phosphatase; ULN, upper limit of normal. Death occurred after positive rechallenge. Laboratory values are those at presentation.
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OP-4 IMPLEMENTATION OF A RE-LINKAGE TO CARE STRATEGY IN PATIENTS WITH CHRONIC HEPATITIS C WHO WERE LOST TO FOLLOW-UP IN LATIN AMERICA

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