



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/m² underweight, 18.5–24.9 kg/m² normal weight, 25.0–29.9 kg/m² overweight, 30.0–39.9 kg/m² obesity, and >39.9 kg/m² 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].

<https://doi.org/10.1016/j.aohep.2023.101051>

OP-3 CLINICAL PRESENTATION AND CAUSATIVE AGENTS OF IDIOSYNCRATIC DRUG-INDUCED LIVER INJURY IN URUGUAY: FIRST DECADE OF EXPERIENCE.

Nelia Hernandez¹, Daniela Chiodi¹, Adriana Sanchez¹, Laura Reyes², Ximena Pazos¹, María di Pace³, Carla Bianchi⁴, Yessica Pontet¹, Silvia Lissman⁵, Carmen Pollio⁶, Lucía Secondo¹, Natalie Nabon⁷, Ana Britos⁸, Rossana Gaibisso⁹, Martín Oricchio¹, Esteban Delgue¹⁰, Fernando Bessone¹¹, Raúl Andrade¹², María Isabel Lucena¹²

¹ Gastroenterology Clinic, Clinicas Hospital, University of the Republic, Montevideo, Uruguay

² Salto Medical Center, Salto, Uruguay

³ Catholic Circle of Workers of Uruguay, Montevideo, Uruguay

⁴ Mautone Sanatory, Maldonado, Uruguay

⁵ Personalized Medicine, Montevideo, Uruguay

⁶ Gastroenterology Department, Hospital Maciel, Montevideo, Uruguay

⁷ Evangelical Hospital, Montevideo, Uruguay

⁸ Tacuarembó Medical Corporation, Tacuarembó, Uruguay

⁹ Uruguayan Medical Doctor, Montevideo, Uruguay

¹⁰ Salto Regional Hospital, Salto, Uruguay

¹¹ Gastroenterology Service, Centenary Hospital, National University of Rosario, Rosario, Argentina

¹² Digestive System CMU, Clinical Pharmacology Service, Institute of Biomedical Research Institute of Malaga and Nanomedicine Platform-IBIMA. BIONAND Platform, Virgen de la Victoria University Hospital, University of Malaga, CIBERehd. Malaga, Spain

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 bilirubin (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)	amoxicillin clavulanate (5)
		ibuprofeno (5), metildopa (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.

<https://doi.org/10.1016/j.aohep.2023.101052>

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

Manuel Mendizabal¹, Marcos Thompson¹, Esteban Gonzalez-Ballerga², Margarita Anders³, Graciela E Castro-Narro⁴, Mario G Pessoa⁵, Hugo Cheinquer⁶, Gabriel Mezzano⁷, Ana Palazzo⁸, Ezequiel Ridruejo⁹, Valeria Descalzi¹⁰,