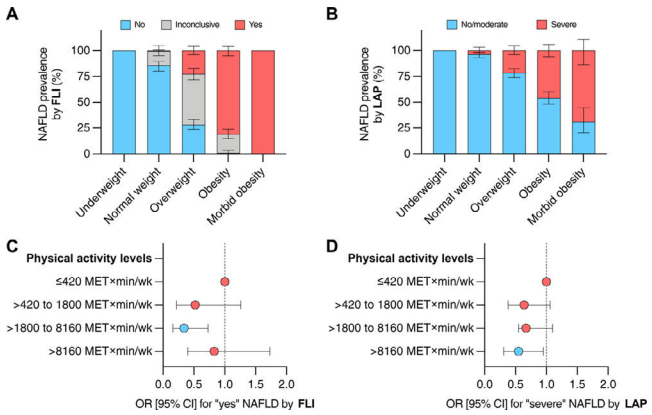

Figure. [A, B] Prevalence of non-alcoholic fatty liver disease (NAFLD) determined by [A] the Fatty Liver Index (FLI) or [B] the Lipid Accumulation Product (LAP). Categories of nutritional status were defined according to the body mass index as: <18.5 kg/m^2 underweight, 18.5-24.9 kg/m^2 normal weight, 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].
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.

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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.
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

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Introduction and Objectives: To achieve WHO's goal of eliminating HCV, innovative strategies must be designed to diagnose and treat more patients. This study aimed to describe an implementation strategy to identify patients with HCV who were lost to follow-up (LTFU) and offer them re-linkage to Figure 1. Analysis of global DNA methylation. A) Representative dot blot using anti-5mC which recognizes global methylated DNA, anti-IgG as negative control and methylene blue staining as total DNA loading control. B) Graphs shows mean ± standard deviation of 5mC densitometry brand intensity of study groups. C) Graph that represents the percentage of global methylation of the DNA analyzed with ELISA.A one-way ANOVA statistical test and a Tukey post hoc test were performed. Group NT: only received vehicle; Group HCC: damage group induced by weekly administration of DEN and 2-AAF for 12 weeks; and Group HCC/PFD:

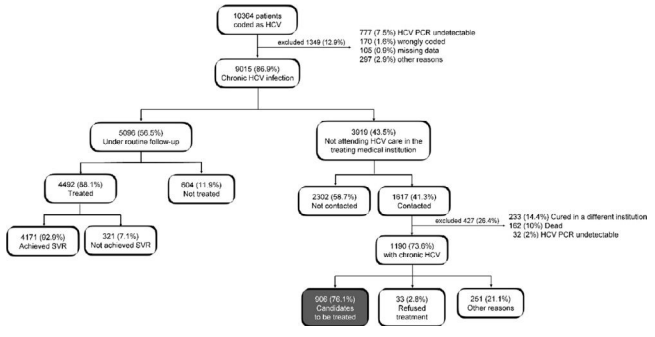
which received the same treatment as Group HCC, plus PFD (300 mg/kg) (**p<0.005)Figure 1. Analysis of global DNA methylation. A) Representative dot blot using anti-5mC which recognizes global methylated DNA, anti-IgG as negative control and methylene blue staining as total DNA loading control. B) Graphs shows mean ± standard deviation of 5mC densitometry brand intensity of study groups. C) Graph that represents the percentage of global methylation of the DNA analyzed with ELISA.A one-way ANOVA statistical test and a Tukey post hoc test were performed. Group NT: only received vehicle; Group HCC: damage group induced by weekly administration of DEN and 2-AAF for 12 weeks; and Group HCC/PFD: which received the same treatment as Group HCC, plus PFD (300 mg/kg) (**p<0.005)Figure 1. Analysis of global DNA methylation. A) Representative dot blot using anti-5mC which recognizes global methylated DNA, anti-IgG as negative control and methylene blue staining as total DNA loading control. B) Graphs shows mean ± standard deviation of 5mC densitometry brand intensity of study groups. C) Graph that represents the percentage of global methylation of the DNA analyzed with ELISA.A one-way ANOVA statistical test and a Tukey post hoc test were performed. Group NT: only received vehicle; Group HCC: damage group induced by weekly administration of DEN and 2-AAF for 12 weeks; and Group HCC/PFD: which received the same treatment as Group HCC, plus PFD (300 mg/kg) (**p<0.005)

Materials and Methods: We conducted an implementation study utilizing a strategy to contact patients with HCV who were not under regular follow-up in 45 centers from 13 Latin American countries. Patients with HCV were identified by the international classification of diseases (ICD-9/10) or equivalent. Medical records were then reviewed to confirm the diagnosis of chronic HCV infection defined by anti-HCV+ and detectable HCV-RNA. Identified patients who were not under follow-up by a liver specialist were contacted by telephone or email and offered a medical reevaluation.

Results: A total of 10364 patients were classified to have HCV. After reviewing their medical charts, 1349 (13%) had undetectable HCV-RNA or were wrongly coded (figure). Overall, 9015 (86.9%) individuals were identified with chronic HCV infection. A total of 5096 (56.5%) patients were under routine HCV care and 3919 (43.5%) had been LTFU. We were able to contact 1617 (41.3%) of the 3919 patients who were LTFU at the primary medical institution, of which 427 (26.4%) were cured at different institutions or were dead. Of the remaining patients, 906 (76.1%) were candidates for retrieval. Overall, patients who were LTFU were younger (58.7 vs. 61.1 years; p<0.001), were more likely to be men (57.4% vs. 49.5%; p<0.001), and to have a concomitant infection of HIV (13.8% vs. 7.3%; p<0.001) and HBV (3.1% vs. 1.7%; p<0.001).

Conclusions: In our cohort, about 1 out of 4 patients with chronic HCV who were LTFU were candidates to receive treatment. This strategy has the potential to be effective and accessible and significantly impacts the HCV care cascade. (NCT04470271)

Figure



https://doi.org/10.1016/j.aohep.2023.101053

OP-5 ALCOHOL-ASSOCIATED HEPATITIS IN LATIN AMERICA: RESULTS FROM THE AH-LATIN STUDY

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