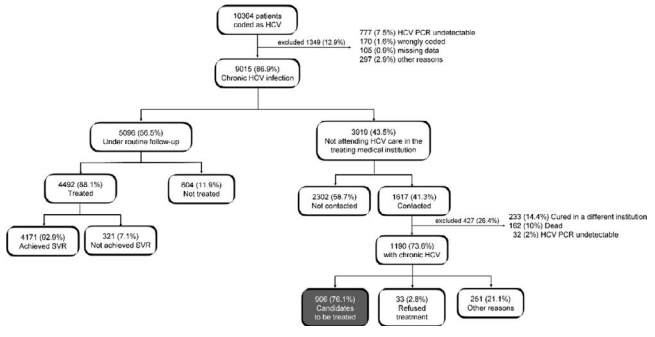
which received the same treatment as Group HCC, plus PFD (300 mg/kg) (**p<0.005)Figure 1. Analysis of global DNA methylation. A) Representative dot blot using anti-5mC which recognizes global methylated DNA, anti-IgG as negative control and methylene blue staining as total DNA loading control. B) Graphs 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



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

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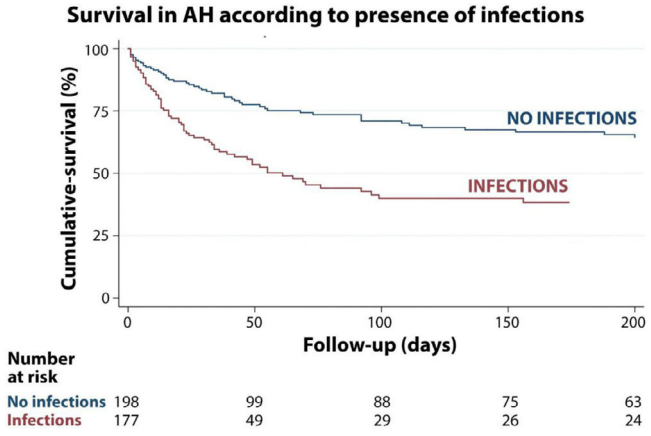
Introduction and Objectives: Severe alcohol-associated hepatitis (AH) is an entity with high morbidity and mortality; however, data in Latin America is limited. We aimed to characterize patients hospitalized for AH in a multinational cohort in Latin America.

Materials and Methods: Multicenter prospective cohort study. We included patients admitted with severe AH between 2015-2022. Sociodemographic and clinical information was recorded. The analysis included survival analysis using Kaplan-Meier curves. This study was approved by the institutional ethics committee.

Results: 470 patients from 24 centers (8 countries: Mexico, Chile, Argentina, Brazil, Peru, Bolivia, Colombia, and Ecuador) were included. Age 49.8 ± 10.6 years, 85.6% of men and 45% had a previous diagnosis of cirrhosis. Median MELD at admission was 26.9 [22-32] points. 26.5% met SIRS criteria and 34.3% had an acute kidney injury (AKI) on admission. Only 36.8% of patients were treated with corticosteroids. Survival at 30 days was 75.0% (95%CI: 70.1-79.3%) and 62.8% (95%CI: 57.1-68.0%) at 90 days. A total of 191 (45.8%) patients presented infections, 31.4% at admission and 24.9% during hospitalization. The most frequent locations of community-acquired infections were respiratory (33.5%), urinary (32.1%), spontaneous bacterial peritonitis (14.9%), and skin (10.5%), while the most frequent pathogens were Escherichia coli (40%), Klebsiella pneumoniae (12%), and Enterococcus (6%). The presence of infection at admission was associated with a decreased survival at 90-days (66.9% versus 48.1%, p=0.0002). AKI at admission was also associated with decreased survival at 90-days (86.8% versus 51.3%, p<0.0001). In the long term, only 3.2% of patients have been transplanted.

Conclusions: This multicenter study shows high morbidity and mortality in patients with severe AH, which is comparable to other regions worldwide. The presence of infections and AKI at admission were frequent and were associated with higher mortality. Unfortunately, the access to liver transplantation was extremely low in our cohort.

Figure. Cumulative survival of alcohol-associated hepatitis according to the presence of infections at admission.



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