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Abstracts of the 2023 Annual Meeting of the ALEH (Asociación Latinoamericana para el Estudio del Hígado)

P-1 EFFECTIVENESS AND SAFETY OF BARIATRIC SURGERY IN PATIENTS WITH ADVANCED HEPATIC FIBROSIS SECONDARY TO METABOLIC ASSOCIATED FATTY LIVER DISEASE IN A TERTIARY REFERENCE HOSPITAL

Ana Luiza Gomes Reis,
Marcella Motta Lucindo Duarte, Renato Gama Altike,
Patrícia Momoyo Youshimura, Danilo Razente,
Miller Barreto de Brito e Silva, Marco Aurélio Santo,
Mário Guimarães Pessôa, Claudia Pinto Oliveira

Departamento de Gastroenterologia, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brasil

Introduction and Objectives: There is limited knowledge regarding the outcomes of patients with Metabolic Associated Fatty Liver Disease (MAFLD) and hepatic fibrosis who undergo bariatric surgery. We aimed to evaluate the benefits and safety of bariatric surgery in patients with MAFLD and advanced hepatic fibrosis (F3-F4).

Patients and Methods: An observational and prospective study that included participants from the MAFLD outpatient clinic of a Brazilian tertiary hospital, who had grade 3 or 4 hepatic fibrosis on biopsy or transient hepatic elastography and underwent bariatric surgery for obesity treatment.

Results: A total of 25 patients were included, with 80% being female. The mean age was 54 years and the surgical procedures performed included gastric bypass (44%) and sleeve gastrectomy (56%). The body mass index ranged from 35 kg/m² to 63 kg/m², with a median of 41 kg/m². Regarding comorbidity, 68% had hypertension, 80% had type 2 diabetes or insulin resistance, and 48% had dyslipidemia. Furthermore, 64% were diagnosed with grade 3 fibrosis and 36% already had cirrhosis, with 4 of them presenting portal hypertension with esophageal varices, but Child-Pugh A. After the procedure, weight loss ranged from 18% to 47% with a median follow-up of 3 years, with higher percentages achieved with gastric bypass (Table 1). Regarding hepatic fibrosis, 50% showed regression to less advanced stages. Among patients with portal Hypertension, 2 of them had subsequent endoscopic examinations without detection of esophagogastric varices. There were no complications related to hepatic decompensation; however one patient developed postoperative pulmonary thromboembolism without severity.

Conclusions: Bariatric surgery, either gastric bypass or sleeve gastrectomy, resulted in significant weight loss in patients with

advanced hepatic fibrosis and regression of fibrosis, without serious outcomes or hepatic decompensation in a small cohort in a tertiary reference hospital.

TABLE 1
WEIGHT LOSS BY TYPE OF SURGICAL PROCEDURE PERFORMED

Weight Loss	Gastric bypass	Sleeve gastrectomy
<30%	5	11
>30%	6	3
Total	11	14

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P-2 NASH IS IMPROVED THROUGH MODIFICATIONS IN H3K9 METHYLATION BY PIRFENIDONE ACTING AS JMJD2B DEMETHYLASE ANTAGONIST.

Samael Rodríguez¹, Rebeca Rosas¹,
Angel Omar Vazquez¹, Ivonne Palacios²,
Ricardo De la Rosa¹, Rebeca Escutia¹, Josep Jiménez²,
Luis Felipe Jave³, Arturo Santos⁴, Ana Sandoval¹,
Juan Armendariz¹

¹ *Biología Molecular y Genómica, Universidad de Guadalajara, Guadalajara, México*

² *Biochemistry and Physiology, Universitat de Barcelona, Barcelona, España*

³ *Inmunología, IMSS/CIBO, Guadalajara, México*

⁴ *EMCS, Tecnológico de Monterrey, Guadalajara, México*

Introduction and Objectives: NASH is characterized by hepatic lipid accumulation and inflammation and Jmjd2b up-regulation has been linked with this illness progression. Pirfenidone is an antifibrotic agent with anti-inflammatory and antioxidant effects recognized to decrease NASH features. Here, we report epigenetics mechanisms related to PFD-induced histone modifications involved in experimental NASH. This study aimed to investigate PFD as an epigenetic regulator in the Jmjd2b pathway by demethylating H3k9me3 in a NASH animal model.

Material and Methods: Male C57BL/6J mice were fed with either normo-diet, or high fat/carbohydrate-containing diet (HF) for 16 weeks. A HF-subgroup was treated with PFD 300 mg/kg/d from week