

identified in 37 participants (26.1%). The proportion of obese or overweight individuals (73% vs. 56%), diabetes mellitus (65% vs. 38%), dyslipidemia (65% vs. 50%), and MS (65% vs. 39%) was higher in the group with hepatic steatosis compared to those without. In multivariate analysis, hypertriglyceridemia (OR=2.80, 95%CI 1.22-6.43, p=0.015) and NODALT (OR=2.65, 95%CI 1.15-6.10, p=0.022) were identified as risk factors for NAFLD. NODALT occurred in 44 individuals (31%) and was associated with time from LT (OR=1.009, 95%CI 1.003-1.015, p=0.004), current body mass index (OR=1.105, 95%CI 1.014-1.204, p=0.022), and fatty liver (OR=2.832, 95%CI 1.082-7.415, p=0.034). Prevalence of advanced chronic liver disease, according to elastography, was 11%. The concordance between non-invasive scores and 2D-SWE was very low, with only 38% for FIB4 and 31% for NFS when elastography indicated advanced fibrosis and 25% and 20% for FIB4 and NFS, respectively, when elastography indicated the absence of advanced fibrosis.

**Conclusions:** NAFLD, liver fibrosis and NODALT are common after LT. There is a need for improved non-invasive methods to accurately identify advanced fibrosis in LT patients.

<https://doi.org/10.1016/j.aohep.2023.101194>

### P-8 OSTEOSARCOPENIA AND FIBROSIS SEVERITY IN NON-ALCOHOLIC FATTY LIVER DISEASE

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**Introduction and Objectives:** Both osteosarcopenia and non-alcoholic fatty liver disease (NAFLD) are subject to complex and interconnected pathophysiological processes. This study aimed to assess the osteosarcopenia frequency in NAFLD and its association with liver fibrosis.

**Materials and Methods:** Adults with established risk factors for the development of NAFLD were selected. Assessment of NAFLD and degrees of fibrosis was performed by ultrasound (US-FLI) and ultrasound elastography. Quantitative assessment of muscle mass and bone mass density (BMD) were measured with dual energy X-ray absorptiometry (DXA). Low BMD was defined as established by WHO. Appendicular lean mass (ALM), representing the sum of lean mass at upper and lower limbs; appendicular lean mass index (ALMI: ALM/height<sup>2</sup>). Sarcopenia if ALMI <7.0 kg/m<sup>2</sup> men or <5.5 kg/m<sup>2</sup> women.

**Results:** 73 participants were enrolled, and hepatic steatosis was present in 58. All data are presented as median (IQR) or n (%). Age 63 (53-67) years, women 59(80.8%), 25(OH)D3 levels 26(22-31) ng/mL. The frequency of liver fibrosis (F 2), low levels of vitamin D (<20 ng/mL) and sarcopenia was, respectively: 16(22%), 14 (19%), 6(8%). We found low BMD in 43 (59%), of these 6(14%) osteoporosis, 35(81.4%) osteopenia and 2(4.6%) low BMD for age. The groups with and without fibrosis did not show differences in the levels or frequency of vitamin D deficiency or sarcopenia. However, participants with fibrosis had lower T-score and lower BMD in the lumbar spine and hip when compared to participants without fibrosis, p<0.05.

**Conclusions:** Our data suggest that the frequency of low BMD is higher in the population with NAFLD and high incidence of liver fibrosis than in the general Brazilian population. Evaluating by DXA, we observed that patients with liver fibrosis have lower bone mass, but not less muscle mass compared to patients without fibrosis.

<https://doi.org/10.1016/j.aohep.2023.101195>

### P-9 AUTOIMMUNE LIVER DISEASES IN LATIN AMERICA: A WEB-BASED SURVEY

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