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

Débora Soares[1], Priscila Flores[1,2], Maria Auxiliadora Saad[1,2], Jenaine Rosa Emiliano[1,2], Raphael Moura[1,2], Rogério de Oliveira[1,2], Amanda Maria Felix[1,2], Jordanna Mendes[1,2], Raul Silva[1,2], Daniele Coutinho[1,2], Carlos Roberto de Andrade Junior[2]

[1] *Departamento de Medicina Clínica, Universidade Federal Fluminense, Faculdade de Medicina, Niterói, Brasil*
[2] *Serviço de Endocrinologia, Universidade Federal Fluminense, Hospital Universitário Antonio Pedro, Niterói, Brasil*

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/height2). Sarcopenia if ALMI <7.0 kg/m2 men or <5.5 kg/m2 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

Claudia Alves[1], Guilherme Grossi Lopes[1], Debora Raquel B[2], Eduardo Luiz Rachid[2], Daniela Chiodi[3], Javier Brahm[4], Carlos Bernardo Sánchez[5], Manuel Gatica[6], Carmen Pollio[7], Juan Diego De La Cruz[8], Ezequiel Ridruejo[9], Marcos Girala[10], Zuly Plácido[11], Martin Padilla[12], Gabriel Sebastian Diaz[13], Gustavo Bresky[14], Julissa Lombardo[15], Diana Torres[16], Harlim Rodriguez[17], Melisa Dirchwolf[18], Juanita Pérez[19], Lesvia Arrunategui[20], Nicolás Lama[21], Fátima Higuera[22], Cristiane Villela[23], Mario Reis[24], Walter Barriga[25], Gonzalo Araneda[26], Gisela Gualano[27], Pedro Andrés Montes[28], Vivian Rotman[29], Rodolfo Antonio Ortiz[30], Patricia Guerra[31], Juan Antonio Otegui[32], Alejandro Ferrada[33], Maria Laura Garrido[34], Mauricio Carrasco[35], Alma Kuljacha[36], Marco Sánchez[37], Graciela Castro[38], Viridiana López[22], Ana Alicia Martínez[39], Ruth González[40], Gustavo Henrique[41], Eira Cerda[42], Alejandro Soza[43], Mirta Peralta[21], Diego Arufe[44], Fernando Gómez[45], Gustavo Calle[46], Carlos García[47], Scherezada Mejia[19], Santiago Rodríguez[48], Nicolas Jaquin Fernandez[49], María Noel García[50], Mario Guimaraes[2]

[1] *Instituto Alfa de Gastroenterologia, Hospital das Clinicas da Universidade Federal, Belo Horizonte, Brasil*
[2] *Departamento de Gastroenterologia, Hospital das Clinicas da Universidade de Sao Paulo, Sao Paulo, Brasil*
[3] *Clínica de Gastroenterología, Hospital de Clínicas, UdelaR, Uruguay*
[4] *Departamento de Gastroenterología, Clínica Las Condes, Santiago, Chile*
[5] *Sección de Gastroenterología y Hepatología, Hospital Universitario Fundación Santafé de Bogotá, Bogotá DC, Colombia*
[6] *Gastroenterología y Hepatología, Gastroenterología y Hepatología, Guatemala, Guatemala*
[7] *Unidad de Gastroenterología, Hospital Maciel de Montevideo, Montevideo, Uruguay*
[8] *Departamento de Medicina Interna, Hospital Belén de Trujillo, Trujillo, Perú*
[9] *Hepatology Section, Department of Medicine, Centro De Educación Médica e Investigaciones Clínicas Norberto Quirno "Cemic", Buenos Aires, Argentina*
[10] *Departamento De Gastroenterología, Hospital De Clínicas Universidad Nacional De Asunción, Asunción, Paraguay*
[11] *Unidad de Gastroenterología, Hospital Nacional Edgardo Rebagliati Martins, Lima, Perú*
[12] *Liver Unit, Guillermo Almenara National Hospital. University Of San Marcos, Lima, Perú*

[13] Unidad De Hepatología y Trasplante Hepático, Fundación Valle Del Lili, Cali, Colombia
[14] Departamento Ciencias Biomédicas, Facultad De Medicina, Universidad Católica Del Norte, Coquimbo, Chile
[15] Gastrointestinal And Liver Institute, Gastrointestinal And Liver Institute, Ciudad de Panamá, Panamá
[16] Unidad De Gastroenterología Integral, Unidad De Gastroenterología Integral, Bogotá, Colombia
[17] Gastroenterología, Hospital Iván Portuondo, Artemisa, Cuba
[18] Unidad De Hígado, Hospital Privado De Rosario, Rosario, Argentina
[19] Servicio De Gastroenterología, Hospital Juárez De México, Ciudad De México, México
[20] Gastroenterología, Hospital Almanzor Aguinaga A., Lima, Perú
[21] Gastroenterología, Hospital Clínico San Borja Arriarán, Chile
[22] Departamento de Gastroenterología y Hepatología, Hospital General de México "Dr. Eduardo Liceaga", Ciudad de México, México
[23] Serviço de Hepatologia, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brasil
[24] Hepatologia, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brasil
[25] Gastroenterología, Hospital Lll Daniel Alcides Carrión Essalud Tacna, Lima, Perú
[26] Gastroenterología - Hepatología, Hospital Naval Almte. Nef, Viña del Mar, Chile
[27] Hepatología, Hospital Regional Dr. Ramon Carrillo, Provincia de Santiago del Estero, Argentina
[28] Servicio de Gastroenterología, Hospital Nacional Daniel A. Carrión, Carrión, Perú
[29] Serviço de Hepatologia, Hospital Universitário Clementino Fraga Filho, Rio de Janeiro, Brasil
[30] Gastroenterología, Hospital Nacional San Rafael, Santa Tecla La Libertad, El Salvador
[31] Gastroenterología, Instituto De Gastroenterología Boliviano-, Japonés De Cochabamba-, Bolivia
[32] Servicio de Hepatología- Medicina Interna, Hospital Pasteur - Asse, Montevideo, Uruguay
[33] Hepatología, Hospital Dr. Eduardo Pereira, Valparaíso, Chile
[34] Gastroenterología, Hospital Central Dr. Ramón Carrillo, San Luis, Argentina
[35] Servicio de Gastroenterología, Hospital Naval A.Neff, Viña Del Mar, Chile
[36] Clínica se Enfermedades Hepáticas, Hospital Ángeles Vo Monterrey, Nuevo León, México
[37] Servicio de Gastroenterología y Endoscopia Digestiva, Hospital Escuela Universitario, Tegucigalpa, Honduras
[38] Hospital Medica Sur, Instituto Nacional de Ciencias Médicas y Nutrición "Salvador Zubirán", Ciudad De México, México
[39] Hepatóloga de la División Gastroenterología, Hospital Juan A. Fernández, Ciudad Autónoma De Buenos Aires, Argentina
[40] Gastroenterología, Hospital Dipreca, Dirección Previsión De Carabineros De Chile, Santiago, Chile
[41] Serviço de Gastroenterologia e Hepatologia, Hospital Federal De Bonsucesso, Rio De Janeiro, Brasil
[42] Departamento Investigación, Hospital Central Militar, Cuidad de México, México
[43] Departamento de Gastroenterología, Pontificia Universidad Católica de Chile, Santiago, Chile
[44] Sanatorio Sagrado Corazón, Buenos Aires, Argentina
[45] Unidad de Gastroenterología, Clínica Alemana De Santiago, Santiago, Chile
[46] Gastroenterología, Hospital José Carrasco Arteaga - Iess, Cuenca, Ecuador
[47] Unidad de Hígado, Hospital Nacional Cayetano Heredia, Lima, Perú
[48] Departamento de Hepatología, Hospital Vozandes, Quito, Ecuador
[49] Servicio de Gastroenterología y Hepatología, Hospital Ángeles León, Guanajuato, México
[50] Unidad De Hepatología, Hospital Pasteur, Montevideo, Uruguay

Introduction and Objectives: Autoimmune liver diseases (AILD), including autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), and primary sclerosing cholangitis (PSC), are chronic immune-mediated liver conditions. This study aimed to assess the reality of AILD in Latin America (LA).

Materials and Methods: A web-based survey consisting of 35 questions on AILD was distributed to hepatologists affiliated with ALEH through social media.

Results: A total of 65 hepatologists participated in the survey. The most treated AILD in the region was AIH. Widely available antibodies for diagnosis included anti-mitochondrial (100%), anti-smooth muscle (98.5%), and anti-nuclear antibodies (95.4%), while access to anti-gp210/sp100 antibodies was limited (<55%). Although 97% had access to liver biopsy, only 72.3% were assisted by liver pathologists. Elastography and endoscopic retrograde cholangiopancreatography were available for 90.8% and 98.5%, respectively. Ursodeoxycholic acid (UDCA) was the primary medication for PBC (100%), followed by fibrates (bezafibrate: 56.3%, fenofibrate: 71.9%). There was considerable heterogeneity in selecting the criteria to evaluate PBC response to UDCA, with 39.3% favoring Paris II criteria. Cholestyramine/antihistamines were commonly recommended for treating pruritus, while fibrates were used by only 47.7%. For PSC, 86.2% of hepatologists indicated the use of UDCA. Azathioprine was the main immunosuppressor employed for AIH treatment, although indications for treatment were controversial. Most physicians treated patients with signs of active disease, regardless of liver enzyme and IgG levels. Prednisone alone was the primary treatment recommended for AIH patients with decompensated cirrhosis (70.7%). Remission in AIH was mostly defined by normalization of liver enzymes and IgG with minimal/absent inflammation on histology (47.7%), with only 60% of respondents performing liver biopsies to assess histological remission. While 62.5% of the participants attempted to withdraw AIH treatment, 78% refrained from discontinuing treatment in the presence of anti-SLA.

Conclusions: This survey provides valuable insights into the current management of AILD in LA, highlighting areas of heterogeneity that warrant further investigation.

https://doi.org/10.1016/j.aohep.2023.101196

P-10 THE EFFECTS OF CHILEAN RESPONSE TO COVID-19 ON ALCOHOL CONSUMERS: A NATURAL POLICY EXPERIMENT

María Jesús Fuenzalida[1], Óscar Corsi[1,2], Valentina Cox[1,2], Luis Antonio Díaz[1,2], Juan Pablo Arab[1,2], Paula Margozzini[1,2], José Marín[2]

[1] Departamento de Gastroenterología, Pontificia Universidad Católica de Chile, Santiago, Chile