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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.

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

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Introduction and Objectives: Alcohol consumption is a leading public health challenge in Chile. The country's response to COVID-19 was an exceptional simulation of the WHO's SAFER initiative to reduce alcohol-related harm. We hypothesize that policies to control COVID-19 affected alcohol consumption in Chile. This study aimed to analyze the Chilean prevalence of alcohol consumption during the COVID-19 pandemic.

Materials and Methods: We reviewed two cross-sectional surveys with non-probabilistic samples from the Chilean National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA) conducted on adults in June 2020 (15,280 responses) and April to June 2021 (22,121 responses). A description of alcohol consumption status was performed, stratifying by sex, age, and educational level. We performed binary logistic regressions to explore associations between demographics and alcohol consumption.

Results: Almost 40% of respondents decreased their alcohol consumption, while 20% increased it. Youth and lower educational levels were associated with reduced consumption, while older age was associated with increased intake. The main reason for the reduction was fewer consumption opportunities. Among those who increased consumption, mental health was attributed as the main cause. Web-based sales emerged as an alternative access to alcoholic beverages.

Conclusions: The restriction on access to alcoholic beverages seems to be a successful strategy to dissuade alcohol consumption among young people. However, web-based sales, home delivery, and mental health conditions might undermine these effects.

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P-11 PRIMARY BILIARY CHOLANGITIS AND PRIMARY SCLEROSING CHOLANGITIS HEPATIC OVERLAP SYNDROME – CASE REVIEW

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Introduction and Objectives: The overlap between primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC) is a very rare association infrequently described in the literature, with only a few cases reported as of 2023. There are no case reports published in Latin America. Its diagnosis is based on 2 of the following 3 criteria: biochemical cholestasis, presence of AMA (anti-antimitochondrial antibodies) or anti-gp210 or anti-sp100 antibodies, and a liver biopsy compatible with PBC, associated with imaging consistent with intrahepatic focal bile duct strictures or compatible biopsy with PSC. Diagnosing this association could be important for the follow-up of these patients since they may present relevant complications to screen or present an inadequate response to treatment. This study aimed to describe patients with PBC and PSC overlap syndrome in a Latin American hospital.

Materials and Methods: Perform an observational, retrospective and descriptive study. The clinical records of patients with PBC and PSC treated at the Hospital Clínico Universidad de Chile between 2021 and 2023 were reviewed. Laboratory information, imaging, and indicated treatment were analyzed.

Results: During the study period, 8 patients with PBC-PEC overlap syndrome were identified; all patients were female, with cholestatic alterations in their liver profile, positive AMA/M2-3E type antibodies, and with focal stenosis on magnetic resonance cholangiography,

compatible with PSC (except in one case, which was classified as small duct PSC on her liver biopsy). All received therapy with ursodeoxycholic acid in doses between 13 and 15 mg/kg, with good response (Table).

Conclusion: The overlap between PBC and PSC is rare; it is probably underdiagnosed and perhaps patients with PBC should be studied more often with magnetic resonance cholangiography. The overlap is not associated with worse response to ursodeoxycholic acid.

Age/gender	Laboratory data			MRCP	Biopsy	Treatment / Favorable response (yes/no)
	AP/GGT (U/L)	IgM (mg/dL)	AMA			
58/F	604/970	654	(+) 1/320 Anti-M2 (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
60/F	754/442	767	(+) 1/80	Compatible with PSC	No	UDCA 13 mg/kg / Yes
78/F	150/100	73	(+) 1/160 M2/3E (+)	Compatible with PSC	Compatible with PBC	AUDC 15 mg/kg / Yes
69/F	1001/622	241	AMA-M2 (+)	Normal	Compatible with small duct PSC	UDCA 15 mg/kg / Yes
49/F	443 (-)	620	AMA-M2 (+), M2-3E (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
57/F	664/591	(-)	AMA-M2 (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
56/F	240/307	458	AMA-M2 (+), M23E (+)	Compatible with PSC	No	UDCA 13 mg/kg / Yes
68/F	316/71	434	(+) 1/640	Compatible with PSC	Compatible with PBC In 2006	UDCA 15 mg/kg / Yes

F: Female, PBC: primary biliary cholangitis, AP: alkaline phosphatase, GGT: gamma-glutamyl transferase, IgM: immunoglobulin M, AMA: antimitochondrial antibody, PSC: primary sclerosing cholangitis.
Normal values of AP: Less than 120 U/L; GGT: Less than 50 U/L.

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P-12 MELD 3.0 IS THE BEST PREDICTOR OF MORTALITY IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE (ACLF)

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Introduction and Objectives: ACLF is a syndrome characterized by multiorgan failure due to acute decompensation in chronic liver disease, with high short-term mortality. Therefore, scales have been designed to predict prognosis and early mortality. This study aimed to evaluate MELD, MELD NA, MELD LACTATE, and MELD 3.0 scales for survival prediction in ACLF patients.

Materials and Methods: Observational, retrospective, and analytical study. The scales were calculated, and sensitivity (S) and specificity (E) were determined using CLIF-C-ACLF as a reference ROC curves. Cut-off points were established considering the value closest to the maximum S and 0.8 E. Cumulative mortality percentage was analyzed using Kaplan-Meier curves, and comparison of ACLF grades was performed with the significant Long-Rank test with p-value <0.005.

Results: 233 patients were included, 165 (71%) males, with a mean age of 52 years ± 12.96. The etiology was alcohol-related in 158 (68%) cases. ACLF grade distribution, it was 1: 37%, 2: 41%, and 3: 22%. The MELD 3.0 showed the highest discriminatory power for ACLF grade 3, with AUC of 0.91 (95% CI:0.86-0.96), a cut-off point of 34.5, sensitivity of 86%, and specificity of 80% (Figure 1). The 2- year mortality rate was 123 (52%); 30 (35%), 51 (53%), and 42 (82%) for grades 1, 2, and 3, respectively, with a significant Log-Rank test, chi-