P- 17 LIVER TESTS ABNORMALITIES AS PROGNOSTIC MARKERS OF DEATH IN PATIENTS HOSPITALISED BY COVID-19. A COHORT STUDY

Andrés Fernando Rodriguez-Gutierrez[1], Sergio Mauricio Moreno[2], Camilo Andrés Duarte[3]

[1] *Unidad de Medicina Interna, Hospital Universitario Nacional de Colombia, Bogotá, Colombia*
[2] *Facultad de Medicina, Universidad de los Andes, Bogotá, Colombia*
[3] *Facultad de Medicina, Universidad Nacional de Colombia, Bogotá, Colombia*

Introduction and Objectives: In COVID-19, liver alterations has multiple mechanisms. The objective of this study is to evaluate if raise in transaminases and bilirubin predicts death in COVID-19.

Materials and Methods: Retrospective cohort study of adults hospitalized with COVID-19 and hypoxemia. The primary outcome was death of any cause with a multivariate independent model for ALT, AST and total bilirubin adjusted by age, diabetes mellitus, presence of fever, lymphocyte count, D dimer and lactate dehydrogenase.

Results: Data from 702 patients was collected. The mortality rate was 38%. In admission, 64% of patients had elevated ALT, 64% elevated AST and 8.3% elevated total bilirubin. AST rise level was independently associated with death (OR=1.06, 95% CI: 1.02-1.11 by every rise of 40 U/L, p-value=0.009). Total bilirubin also was independently associated with death (OR = 1.26, 95% CI: 1.08-1.47 for every rise in 1 mg/dl, p-value=0.003). Total bilirubin was also associated with ICU admission, mechanical ventilation and length of hospital stay. Results for ALT did not allow us to conclude an independent association with death. Age, fever and lymphocyte count nadir also was associated with death.

Conclusions: In patients with COVID-19 and hypoxemia, a rise in transaminases and bilirubin is frequent. AST and bilirubin predict mortality, so it is reasonable to measure them in admission. Progress must be made in including these markers in predictive models of mortality and clinical decision rules.

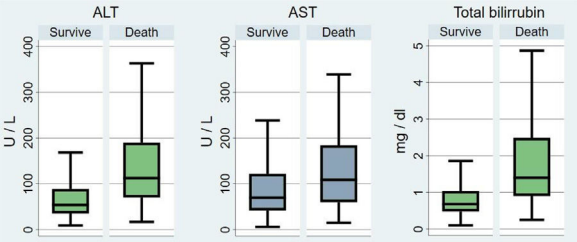

Figure. Box plot of ALT, AST and total bilirubin in patients with COVID-19 who survived or death.

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P- 18 ANASTROZOLE MAY NOT BE ASSOCIATED FATTY LIVER DISEASE AND HEPATIC FIBROSIS IN WOMEN WITH BREAST CANCER

Mateus Jorge[1], Guilherme Grossi[2], Mísia Joyner De Sousa[1], Adriana Maria Lamego[2], Carolina Martins[3], Paulo Henrique Costa[3], Fernanda Alves[4], Julia Cunha[1], Ananda Queiroz[1], Laura Melo[1], Victor Peçanha[1], Maria Clara Mendes[1], Luciana Costa[1], Claudia Alves[1]

[1] *Faculdade de Medicina da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil*
[2] *Instituto Alfa de Gastroenterologia, Hospital das Clínicas da Universidade Federal, Belo Horizonte, Brasil*
[3] *Serviço de Oncologia, Hospital das Clínicas da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil*
[4] *Faculdade de Ciências Médicas de Minas Gerais, Belo Horizonte, Brasil*

Introduction and Objectives: Nonalcoholic fatty liver disease (NAFLD) is highly prevalent among women undergoing androgen inhibitors therapy for breast cancer. As breast cancer survival increases, understanding the long-term impact of anastrozole therapy on NAFLD becomes crucial. This study aimed to assess the prevalence and severity of NAFLD in relation to anastrozole adjuvant therapy among breast cancer patients and to investigate the risk factors associated with the occurrence and progression of NAFLD.

Materials and Methods: Cross-sectional study, recruiting women with breast cancer from an oncology outpatient clinic. Participants underwent abdominal ultrasound to detect liver steatosis and transient elastography for hepatic fibrosis evaluation. Two groups were formed: those not receiving hormone therapy and those exposed to anastrozole.

Results: 91 patients (mean age 58±12 years) were included (71 in the no hormone therapy group and 20 in the anastrozole-exposed group). Follow-up period ranged from 1-315 months [median 25, interquartile range (IQR) 70]. Prevalent comorbidities were diabetes mellitus (27.5%), arterial hypertension (52.7%), dyslipidemia (26.4%), and obesity (47.7%). Exposure to anastrozole ranged from 1 to 60 months (mean 23 ± 15.8). Liver steatosis was detected in 50.5% of the patients, with no significant difference between groups (p = 0.652). Median liver stiffness was also similar (5.2kPa, IQR 2.2, p = 0.102), with 6.7% of patients showing liver stiffness 8kPa (p = 0.613) and 4.5% with measurements 12kPa (p = 0.217). Variables associated with fatty liver were diabetes mellitus (p = 0.018), arterial hypertension (p = 0.047), dyslipidemia (p = 0.021), body mass index (BMI) (p = 0.001), and follow- up time (p = 0.002). Liver stiffness 8kPa was associated with BMI (p = 0.033).

Conclusions: Half of breast cancer patients present NAFLD, with approximately 7% presenting advanced fibrosis. Anastrozole therapy was not associated with NAFLD. Shared metabolic risk factors may play a role in NAFLD in women with breast cancer.

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P-19 CHARACTERIZATION, PROGNOSTIC FACTORS, AND SURVIVAL IN MODERATE ALCOHOL-ASSOCIATED HEPATITIS: A MULTICENTER STUDY

Francisco Idalsoaga[1], Luis Antonio Díaz[1], Oscar Corsi[1], Gustavo Ayares[1], Jorge Arnold[1], Winston Dunn[2], Yanming Li[2], Ashwani Singal[3], Doug Simonetto[4], María Ayala-Valverde[5], Carolina A. Ramirez[6], Dalia Morales-Arraez[7], Wei Zhang[8], Steve Qian[8], Joseph Ahn[4], Seth Buryska[4], Heer Mehta[2], Muhammad Waleed[3], Horia Stefanescu[9], Adelina Horhat[9], Andreea Bumbu[9], Bashar Attar[10], Rohit Agrawal[11], Joaquín Cabezas[12], Berta Cuyàs[13], Maria Poca[13], German Soriano Pastor[13], Shiv K Sarin[14], Rakhi Maiwall[14], Prasun K Jalal[15], María Fátima Higuera-De La Tijera[16], Anand Kulkarni[17], Nagaraja Rao[17], Patricia Guerra Salazar[18], Lubomir Skladaný[19], Natália Bystrianska[19], Veronica Prado[20], Ana Clemente-Sanchez[21], Diego Rincón[21], Tehseen Haider[22], Kristina R Chacko[22],