P-31 METHOTREXATE SEEMS NOT TO BE ASSOCIATED WITH LIVER FIBROSIS IN RHEUMATOID ARTHRITIS PATIENTS

Leandro Augusto De Araújo[1], Maria Fernanda Brandão De Resende[1], Mateus Jorge[1], Guilherme Grossi[2], Sabrina Da Siva[1], Kassia Burini[1], Mateus Saraiva[1], Thais Galdino[1], Danilo Rodrigues[1], Daniela Oliveira De Lima[1], Claudia Alves[1], Adriana Maria[1], Luciana Costa[1]

[1] *Clínica Médica, Faculdade de Medicina da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil*
[2] *Instituto Alfa De Gastroenterologia, Hospital das Clínicas da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil*

Introduction and Objectives: Methotrexate (MTX) is the first-line treatment for rheumatoid arthritis (RA). Long-term usage of MTX may lead to liver injury, including the development of progressive liver fibrosis. Nevertheless, the prevalence of this adverse event and its associated risk factors remains unclear in RA patients. This study aimed to investigate the risk of long-term MTX therapy on liver fibrosis in patients with RA.

Materials and Methods: A cross-sectional study was conducted among patients with RA recruited from a rheumatology outpatient clinic. Liver fibrosis was assessed using transient elastography. Only patients who had received MTX were included in the study. Patients with a history of alcohol consumption or with known liver diseases were excluded.

Results: A total of 128 patients (91.4% women) with a mean age of 60 ± 12 years were enrolled. The duration of MTX therapy ranged from 3 to 306 months (median 106, interquartile range [IQR] 106). MTX was currently being used by 52% of the patients, with a median cumulative dose of 8022 mg (IQR 9363).

Comorbidities among the participants included diabetes mellitus (21.1%), arterial hypertension (63.3%), dyslipidemia (77.2%), metabolic syndrome (60.3%), and a history of tobacco use (31.3%). The median liver stiffness was 4.9kPa (IQR 2.2). Liver stiffness 8.0kPa was observed in 12.5% of the patients and was found to be associated with a history of tobacco use (p=0.004) and larger waist circumference (p=0.001). Liver stiffness showed a positive correlation with waist circumference (Rho = 0.220, p=0.014), while MTX cumulative dose showed a positive correlation with alanine aminotransferase levels (Rho = 0.250, p=0.005).

Conclusions: 12.5% of the patients with RA exposed to long-term MTX therapy exhibited liver stiffness 8kPa. Tobacco use and larger waist circumference were identified as risk factors for liver fibrosis, while MTX cumulative dose was not associated with progressive liver fibrosis.

https://doi.org/10.1016/j.aohep.2023.101218

P- 32 VALIDATION OF LILLE-4 VERSUS LILLE-7 TO PREDICT SHORT-TERM MORTALITY IN PATIENTS WITH SEVERE ALCOHOLIC HEPATITIS

Claudia Leticia Dorantes, María de Fátima Higuera, Alfredo Servín, Gabriela Gutiérrez, Miguel Yael Carmona, Sandra Teutli, Ernesto Javier Medina, José Luis Pérez

Gastroenterology and Hepatology, Hospital General de México "Dr. Eduardo Liceaga", Ciudad de México, México

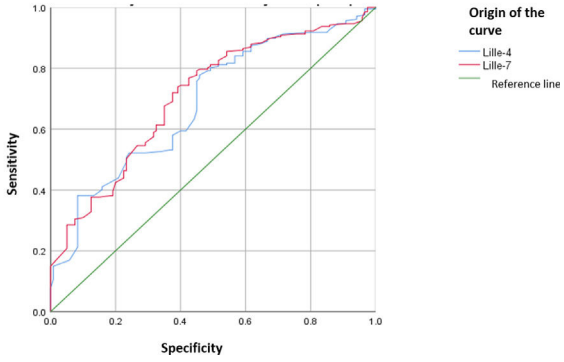
Introduction and Objectives: It has been proposed to calculate the Lille score on day 4 (Lille-4), which supposedly has comparable accuracy to the Lille score calculated on day 7 (Lille-7) for alcoholic hepatitis (AH). However, this finding has not been validated. This study aimed to validate the use of Lille-4 in predicting response to steroid treatment in patients with severe AH in the Mexican population, with the aim of reducing the risk of secondary complications associated with their use.

Materials and Methods: Observational, prospective, ambilective, analytical, cohort study from January 2010 to April 2023. Clinical and biochemical variables were collected upon admission, and Lille models were calculated to evaluate response and 28-day mortality. Comparative analyses were performed based on survival versus mortality. Sensitivity, PPV, NPV and accuracy of the models were calculated.

Results: A total of 327 patients were included, 297 (90.8%) men. The mean age was 43.4±9.3 years, and the 50th percentile for alcohol consumption was 320 g/day (5th-95th percentile:100.8-662). At day 28, 207 patients (63.3%) died. Upon admission, patients who died showed a significant difference compared to survivors in: Maddrey(90[95%CI:81-99]vs.70[95%CI:65-75];p<0.0001), ABIC (8.8±1.8vs.8.1±1.3; p<0.0001), MELD(32±8vs.27±4;p<0.0001), and MELD-Na(33±6vs.30±4;p<0.0001). The AUROC for Lille-7 was 0.71[0.65-0.77], where a value >0.45 had a sensitivity (S) of 78% and specificity (E) of 45% for predicting early mortality. Lille-4 had an AUROC of 0.68[0.63-0.74], where a value >0.45 had an S=81% and E=54% (Figure 1).

Conclusions: Lille-7 showed higher accuracy, in predicting early mortality in severe AH. Therefore, the determination of total bilirubin should not be before day 7, and steroid therapy should be provided to patients for up to 7 days to classify treatment response.

Figure 1. Area Under the Receiver Operating Characteristic Curve (AUROC) of Lille-4 and Lille-7 for predicting 28-day mortality.



https://doi.org/10.1016/j.aohep.2023.101219

P- 33 FREQUENCY, PROPHYLAXIS AND MANAGEMENT OF VARICEAL BLEEDING IN PATIENTS WITH LIVER CIRRHOSIS IN A RETROSPECTIVE MULTICENTER COHORT FROM SOUTH AMERICA

Domingo Balderramo[1], Jhon Prieto[2], Javier Eslava[3], Juan Diego[2], María Teresita Carreño[2], Daniela Moreno[2], Robin German Prieto[2], Carlos Sanchez[2], Marlon Toazza[4], Guilherme John Neto[5], Laura Tenorio[6], Gabriela Camacho[7], Enrique Carrera[7], Javier Diaz[6], Angelo Mattos[5], Jose Debes[8]