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

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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.

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

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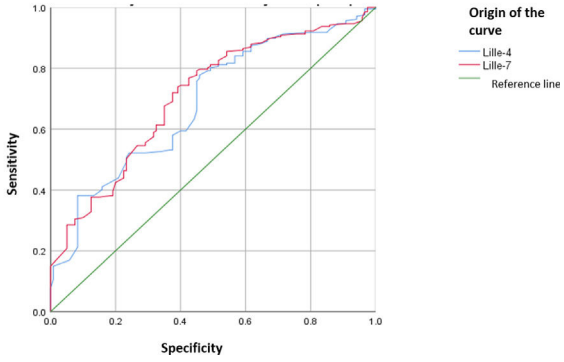
Introduction and Objectives: It has been proposed to calculate the Lille score on day 4 (Lille-4), which supposedly has comparable accuracy to the Lille score calculated on day 7 (Lille-7) for alcoholic hepatitis (AH). However, this finding has not been validated. This study aimed to validate the use 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.



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

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Introduction and Objectives: Variceal bleeding (VB) is one of the main causes of morbidity and mortality associated with portal hypertension (PHT) complications in patients with liver cirrhosis. There is scarce information from South America on the frequency, primary prophylaxis and treatment of this complication. This study aimed to know the frequency of VB as the first cause of decompensation in patients with liver cirrhosis, and to describe the primary prophylaxis and management of VB.

Materials and Methods: We conducted a retrospective cohort study that included 1061 patients from 8 centers in five South American countries. Data from medical records collected in a template form in REDCAP were evaluated. Patients with a confirmed diagnosis of liver cirrhosis by clinical, laboratory, imaging and/or pathology data were included. VB was defined according to endoscopic and clinical criteria of each center. Endoscopic findings were classified according to Baveno and Sarin criteria.

Results: 206 (19%) patients presented VB during evolution and it was the first cause of decompensation in 177 (17%) patients. 53 (26%) patients with history VB had received primary prophylaxis with endoscopic ligation due to intolerance to beta-blockers. In 186 (90%) patients bleeding was attributed to esophageal varices and in 20 (10%) patients to gastric varices. During the VB episode, 96 (47%) patients received treatment with splanchnic vasoactive agents (terlipressin n=50, octreotide n=45 and somatostatin n=1). Three patients (1.5%) required TIPS placement as part of the management of bleeding. 48 (23%) patients died withing 1-year follow-up from bleeding.

Conclusions: VB was the first decompensation in 1/5 of patients with liver cirrhosis. A significant proportion of those patients received primary prophylaxis with endoscopic ligation. During BV, less than half of the patients received splanchnic vasoactive and TIPS placement was infrequent. More data are needed to evaluate the management of complications of liver cirrhosis in our region.

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P- 34 TOMOGRAPHIC ASSESMENT OF SARCOPENIA IN CIRRHOTIC PATIENTS BEFORE LIVER TRASPLANT: PREVALENCE, ASSOCIATED FACTORS AND POST-SURGERY OUTCOMES IN A COHORT OF CHILEAN PATIENTS

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Introduction and Objectives: Sarcopenia is associated with worse outcomes in cirrhotic patients after liver transplant (LT). Recent studies have shown that tomographic assessment (TA) of sarcopenia is useful in cirrhosis. However, there is insufficient evidence regarding TA use in Latin American cirrhotic patients. This study aimed to describe the prevalence of sarcopenia by TA, associated factors, and outcomes in a cohort of patients undergoing LT.

Materials and Methods: Retrospective cohort of cirrhotic patients underwent LT (March 2015 - August 2021) with available abdominal CT up to 6 months before surgery. Baseline characteristics were obtained from clinical charts. A radiologist performed TA of sarcopenia through muscle area measurement of psoas (PMA), paravertebral (PVMA), paraspinal (PSMA), and its respective indexes, with defined sarcopenia cut-offs according to previous literature. Length hospital stay (LoS) after LT and 1-year mortality were recorded. Descriptive statistics and regression models were used to report sarcopenia TA and its association with baseline characteristics and outcomes after LT.

Results: During the study period, 163 patients underwent LT, 59 of them met inclusion criteria. Median time between TA and LT was 30 days (IQR 7-65). Mean age was 55±11 years, 51% females, 36% non-alcoholic steatohepatitis, 21% hepatocellular carcinoma, median MELD score of 23 (IQR: 17-28). Prevalence of sarcopenia assessed by any tomographic index was 72% (65% PMA, 56% PMI, and 37% PSMI). The baselines characteristics associated with sarcopenia were age (OR = 1.061, p-value=0.034) and sex (all sarcopenic were males). One-year mortality was 19% (22% in sarcopenic vs. 12% in non-sarcopenic patients, OR=1.969, p-value=0.423). LoS was 26 days (IQR 15-101), being longer in survivors with sarcopenia (IRR = 1.706, p-value<0.001).

Conclusions: Sarcopenia is frequent in cirrhotic patients underwent LT (72%), being associated with older age and male sex. While sarcopenia in TA does not significantly increase mortality, it does prolong LoS in LT survivors.

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P- 35 COMPLICATIONS ASSOCIATED TO THE LIVER TRANSPLANTATION IN PATIENTS WITH CIRRHOTIC CARDIOMYOPATHY

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Introduction and Objectives: Cirrhotic cardiomyopathy (CCM) is a complication of cirrhosis associated with increased risk of postoperative complications related to liver transplantation (LT). Its first manifestations are habitually unspecified and can be seen throughout stress situations. Its criteria were recently updated without studies of its prevalence in our population. This study aimed to characterized the population with cirrhotic cardiomyopathy according to the new