P- 37 CLINICAL EVOLUTION OF PATIENTS WITH AUTOIMMUNE LIVER DISEASES IN A LIVER TRANSPLANTATION CENTER

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Introduction and Objectives: Autoimmune liver diseases (ALD) are entities with well-defined clinical, diagnostic and therapeutic characteristics, which share autoimmune phenomena in their pathogenesis. In their clinical evolution, when they are not controlled, they progress to cirrhosis and its complications. We aimed to describe the clinical evolution and long-term survival of patients with ALD.

Materials and Methods: A retrospective cohort study was carried out in 77 patients diagnosed with ALD, seen in the hepatology clinic of the Centro de Investigaciones Médico Quirúrgicas, between 2000 and 2022, with a mean follow-up of 9 years (minimum 2 and maximum of 19). The main variables were: initial stage, form of presentation, complications and clinical evolution. The data was processed with the statistical package SPSS version 19.0 on Windows, the analysis was carried out by calculating the mean, standard deviation and percentage, and for survival, the Kaplan-Meier method was used with a confidence interval of 95%.

Results: Of 77 patients studied, the most frequent entity was autoimmune hepatitis (AIH) (61.3%), followed by primary biliary cholangitis (PBC) (24.7%). More than half of the patients with AIH and PBC had cirrhosis at the onset of the disease, of which 14.3% had decompensated cirrhosis. In the follow-up, the majority had liver complications; ascites was the most frequent in 53.2% and the insertion of cholangiocarcinoma stood out in 45.5% of the patients with Primary sclerosing cholangitis (PSC). The progression of the disease and the need for transplantation predominated in cholestatic diseases: PBC (89.5%/57.9%) and PSC (81.8%/36.4%), while AIH was the disease with the highest survival (59%) at 10 years.

Conclusions: The clinical evolution of the patients with ALD was determined by the presence of the advanced stage at the time of diagnosis, which conditioned a low survival in the long-term follow-up.

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P- 38 HEPATITIS E VIRUS IN PATIENTS WITH CHRONIC LIVER DISEASE IN COLOMBIA

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Introduction and Objectives: Hepatitis E virus (HEV) can induce chronic hepatitis in individuals with immunosuppression and/or chronic liver diseases (CLD). In Colombia, HEV-3 has been detected in pigs, water, and human samples; nevertheless, no studies on individuals with CLD have been previously reported. This study aimed to describe the HEV infection frequency in CLD patients from Colombia.

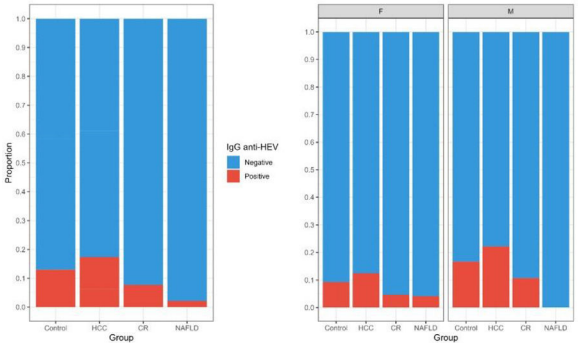
Materials and Methods: The presence of IgG anti-HEV by ELISA (Diapro, Italy) was evaluated in serum samples from 260 patients with CLD and 60 healthy controls, recruitet through the ESCALON project, in Colombia between 2020-and 2022. Causes of CLD included: hepatocellular carcinoma (HCC, n=60), cirrhosis (CR, n=120), and non-alcoholic fatty liver disease (NAFLD, n=80). Statistical analyses were performed using RStudio-2023.3.0.386 and statistical significance was defined at $p<0.05$.

Results: The mean age of patients with CLD was 64 years (range 18-89), 47.7% were male and 52.3% female. No significant differences were found in HEV seropositivity rates by sex or age.

The IgG anti-HEV prevalence in the group with CLD was 8.5% (22/260) vs. 10% (6/60) in the healthy control group. When stratified by cause of CLD, the prevalence was: 7.5% (9/120) in CR, 18.3% (11/60) in HCC, and 2.5% (2/80) in NAFLD (Fig.1). Overall, there was no significant difference between HEV seropositivity status in each CLD group when compared to the healthy control group, nor for the interaction between the variable group and age.

Conclusions: This is the first study addressing HEV in patients with CLD in Colombia. We found a similar prevalence of IgG anti-HEV between patients with CLD and healthy controls, with a higher trend only patients with HCC, although this difference was not statistically significant. Larger studies are needed to further elucidate the role of HEV in these populations, increase awareness of the virus and reduce underdiagnosis.

Fig. 1. Overall proportions and by sex [F (female), M (male)] of IgG anti-HEV positives in each group of individuals included in the study [Control, HCC (hepatocellular carcinoma), CR (cirrhosis), NAFLD (non-alcoholic fatty liver disease)].



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P- 39 N-ACETYL CYSTEINE ATTENUATES ALTERATIONS GENERATED IN EXPERIMENTAL LIVER STEATOSIS INDUCED BY CHRONIC ALCOHOL CONSUMPTION PLUS A HYPERCALORIC DIET

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Introduction and Objectives: Metabolic disorders and alcohol consumption are the most common etiological agents in hepatic steatosis (HS). Metabolic alterations, oxidative stress, and inflammation are key mechanisms in the development of this disease. There is a few evidence that demonstrates the synergistic effects generated by both etiological agents. N-acetyl cysteine (NAC) is an antioxidant used clinically, whose efficacy in HS development induced by a hypercaloric diet plus alcohol consumption is unknown. This study aimed to evaluate NAC effects on oxidative stress, and metabolic alterations induced in HS generated by ethanol chronic consumption plus a hypercaloric diet in a mouse model.

Materials and Methods: Male mice (C57BL/6J, n=4) were divided into 3 groups. 1) Control, mice fed with a conventional diet and water ad libitum; 2) HF/OH, mice fed a hypercaloric diet, and 20% ethanol; 3) HF/OH+NAC, mice with the same treatments of HF/OH group, and NAC (300 mg/kg/day, p.o.). All treatments lasted 5 months. Serum biochemical markers were determined: AST, ALT, cholesterol, HDL, LDL, triglycerides, leptin, ghrelin, insulin, resistin, and GLP1; also, oxidative stress parameters such as MDA, and SOD, CAT and Nrf2 proteins expression were analyzed through colorimetric assays, and western blot. Finally, H&E staining was performed in liver samples.

Results: NAC prevents weight gain and metabolic alterations generated by concomitant consumption of a hypercaloric diet and alcohol; it also modulates changes in anorexigenic and orexigenic adipokines. On the other hand, NAC reduces the oxidative environment induced by both etiological agents and prevents tissue alterations in hepatic parenchyma.

Conclusions: NAC ameliorates alterations in processes related to establishment of HS induced by ethanol chronic consumption plus a hypercaloric diet. Its pharmacodynamic mechanisms go beyond its antioxidant capacity.

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P- 40 PENTOXIFYLLINE USE IN PATIENTS WITH ALCOHOL-ASSOCIATED HEPATITIS ADMITTED WITH ACUTE KIDNEY INJURY COULD DECREASE SURVIVAL: A GLOBAL STUDY

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