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Introduction and Objectives: Alcohol-associated hepatitis (AH) is a severe entity with a mortality of up to 30−50% at 1 month. Pentoxifylline combined with steroids has not demonstrated benefits in severe AH. Some studies have suggested that pentoxifylline may be beneficial in the subgroup of patients with acute kidney injury (AKI) and AH. However, there is no solid evidence of its benefit in mortality in this setting. This study aimed to determine the benefit of the use of pentoxifylline in patients with severe AH and AKI.

Materials and Methods: Global retrospective cohort study, including patients with severe AH and AKI at admission (2009 −2019). We used competing-risk models with liver transplantation as a competing risk to assess the potential effect of pentoxifylline.

Results: We included 655 patients with severe AH and AKI (30 centers from 10 countries). Median age was 48±11.6 years, 26.2% were females, and 52.5% were Caucasian. Around 68.7% of the patients had a prior history of cirrhosis, and 6.6% underwent liver transplantation. The MELD score on admission was 34 [15−74]. 43.2% of the patients used corticosteroids, while only 6.9% used pentoxifylline during hospitalization. In the univariate analysis, the variables independently associated with mortality were the female sex (sHR 0.740; 95%IC:0.577−0.948; p=0.018), MELD (sHR 1.034; 95%IC: 1.020 −1048; p<0.001), MELD 3.0 (sHR 1.034,95%IC:1.018−1.049, p<0.001), Maddrey's discriminant function (sHR 1.005, 95%IC:1.003 −1.008, p<0.001), serum albumin at admission (sHR 0.756; 95%IC:0.642−0.890; p=0.001), bilirubin at admission (sHR 1.011; 95%IC:1.003−1.019, p=0.006), serum creatinine (sHR 1.083; 95%IC:1.028−1.140, p=0.002) and pentoxifylline use (sHR 1.531, 95%IC:1.107−2.119; p=0.010)(Table). In the multivariate-adjusted model, the use of pentoxifylline was associated with increased mortality (sHR 1.620, 95%IC:1.190−2.204; p=0.002).

Conclusions: The use of pentoxifylline has no benefit in terms of mortality and could decrease survival in patients with AH and AKI.

Table.- Univariate and multivariate competing-risk analyses. Mortality is the primary event, and liver transplant is the competing risk.

	Univariate analysis			Multivariate analysis		
Variables	**sHR**	**95% CI**	**p-value**	**sHR**	**95% CI**	**p-value**
Age (years)	1.005	0.996–1.014	0.231	1.013	1.003–1.023	0.006
Sex (Female)	0.740	0.577–0.948	0.018	0.802	0.618–1.040	0.097
MELD	1.034	1.020–1048	< 0.001	1.043	1.021–1.065	< 0.001
MELD 3.0	1.034	1.018–1.049	< 0.001	-		
mDF	1.005	1.003–1.008	< 0.001	-		
Cirrhosis	1.100	0.821–1.473	0.522	-		
Corticosteroids use	1.051	0.845–1.308	0.650	1.058	0.842–1.329	0.628
Albumin at admission	0.756	0.642–0.890	0.001	-		
Bilirubin at admission	1.011	1.003–1.019	0.006	-		
Serum creatinine	1.083	1.028–1.140	0.002	0.973	0.892–1.329	0.628
Pentoxifylline use	1.531	1.107–2.119	0.010	1.620	1.190–2.204	0.002

sHR: Subdistribution Hazard ratio; mDF: Maddrey's discriminant function.

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P-41 IMPACT OF CHOLEMIC NEPHROSIS ON RENAL FAILURE IN CIRRHOTIC PATIENTS

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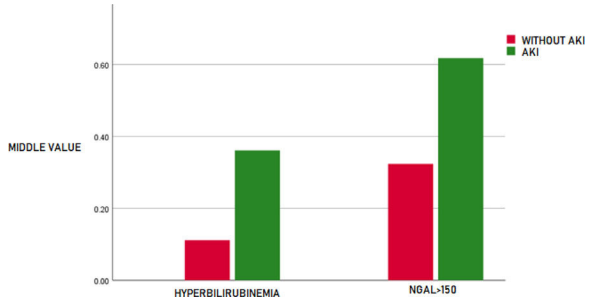
Introduction and Objectives: The development of acute kidney injury (AKI) in cirrhotic patients is of multifactorial origin, including urinary tract infections, diuretics, portal hypertension, shock, etc. Another important factor is cholemic nephrosis, which is considered when total bilirubin exceeds 20 mg/dl; this implies that bile pigments damage the distal tubule with deterioration of renal function, increasing morbidity and mortality. We aimed to evaluate the levels of hyperbilirubinemia in the development of AKI and its association with biomarkers of renal failure.

Materials and Methods: Retrospective and analytical study of a cohort of cirrhotic patients, to evaluate the development of AKI associated with bilirubin levels. Statistical analysis: A binary logistic regression model was performed considering bilirubin (greater than 20), NGAL (greater than 150), and cystatin (greater than 0.95) as associated factors. The significance of the model was considered with an alpha level of less than 0.05.

Results: 109 patients were included, 45 women 64 men, age 54.67 ± 11.6, Child-Pugh A: 2, B: 29, C: 78. The binary logistic model was significant W(1)=11.089, p=0.001. The OR for bilirubin was 4.37 (1.168-16.35, 95% CI P=.027), for NGAL OR 2.7 (1.08-6.71, 95% CI; p=.032) not significant, cystatin 0.64 (0.35-11.66, CI 95%; p=0.764).

Conclusions: Hyperbilirubinemia increases the risk of developing AkI by up to 4 times. The useful biomarker for AkI was NGAL Grouped Bar Graph: mean value of bilirubin and NGAL in patients with AKI



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P- 42 METABOLIC ASSOCIATED FATTY LIVER DISEASE AND BODY COMPOSITION MEASUREMENT

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Introduction and Objectives: Metabolic associated fatty liver disease (MAFLD) is a metabolic and liver disorder with a prevalence of 30% and with significant potential to progress to hepatic steatosis, nonalcoholic steatohepatitis (NASH), fibrosis, cirrhosis and hepatocellular carcinoma. Visceral obesity is a risk factor for MAFLD and associated with disease severity. Previous studies have shown that anthropometric measures such as body mass index (BMI), neck circumference (NC), waist circumference (WC), waist-hip ratio (WHR) and body fat percentage (%BF) are predictors of MAFLD. We aimed to assess the prevalence of MAFLD and the role of anthropometric measurements as predictors and its association with liver fibrosis.

Materials and Methods: Adults over 18 years old assisted in Antonio Pedrós University Hospital, with risk of MAFLD (pre-diabetes, diabetes mellitus, metabolic syndrome, and obesity). Patient's clinical information, anthropometric, metabolic profiles were assessed. Non-invasive assessment of MAFLD was performed by ultrasound, elastography and bioelectrical impedance analysis (BIA).

Results: The group consisted of 73 subjects with 80.8% females. All data are presented as median (IQR) or n (%). Median age was 63 (53-67) years. The prevalence of obesity was 57.5%. Higher diabetes and dyslipidemia (69.8% and 65.7%, respectively). Hepatic steatosis was present in 79.4% of patients. Higher averages for the anthropometric measures that reflect visceral body fat were observed: NC 37.1 cm; WC 104.5 cm; BMI 31.4 kg/m2 in individuals with hepatic steatosis than those without the disease (NC median 35.7 cm; WC 95.5 cm; BMI 25.7 kg/m2). The frequency of liver fibrosis (F 2) was 23.2%. Anthropometric measures had no association with fibrosis, except % BF measure calculated by the BIA ($p< 0.02$).

Conclusions: Anthropometric measurements of visceral obesity, demonstrate to be an important risk factor for MAFLD. BIA a non-invasive and easily carried out method, could be useful as a screening test to identify individuals with MAFLD.

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P- 43 HCV TESTING AND TREATMENT IN FOUR BRAZILIANS' CORRECTIONAL SETTINGS

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Introduction and Objectives: The unfavorable hygiene conditions and inadequate health monitoring in many prisons increase the risk of infections such as HIV, syphilis, tuberculosis, and hepatitis B or C. The prevalence of hepatitis C in prisoners worldwide was estimated to be 17.7% (1). Variable access to correctional healthcare resources, limited funding, high inmate turnover rates, and deficient follow- up care after release are a few factors that confound HCV control and prevention in this group. In Brazil, The Criminal Execution Law 7210 of July 11, 1984, in Article 14, grants inmates preventive and curative medical, dental, and pharmacological healthcare. This study aimed to investigate the prevalence of hepatitis C antibodies (HCV-ab) among the 4-prison population in Brazil's South region.

Materials and Methods: Participants were interviewed and opt-out provided blood samples and underwent rapid HCV testing and confirmatory testing when indicated. Persons with chronic infection were referred to treatment inside the correctional facility.

Results: In 2022, from October to December, 2,057 inmates were tested in 4 correctional facilities in Santa Catarina and Rio Grande do Sul State, with an overall prevalence of 2,52% (52/2,057), 3 times higher than in the general population in Brazil. In the prison with a higher number of tests (762) 95% of the inmates are female, the mean age of 34 y/o, and the HCV-ab prevalence (2,49%) was similar to males' prisons (2,54%).

Conclusions: It is necessary to control HCV in prisons by screening and treating prisoners to reach WHO 2030 elimination goals. Diagnosis of chronic HCV in correctional settings followed by linkage to care and successful antiviral treatment can ultimately reduce the risk of liver-related and extrahepatic complications and potentially decrease HCV transmission in correctional facilities and the community after release.

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P-44 OUTCOMES AND MORTALITY OF PATIENTS WITH HEPATOPULMONARY SYNDROME AT A QUATERNARY LIVER TRANSPLANT CENTER

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