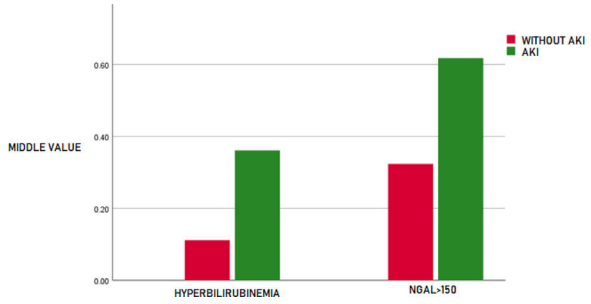
Conclusions: Hyperbilirubinemia increases the risk of developing AkI by up to 4 times. The useful biomarker for AkI was NGAL Grouped Bar Graph: mean value of bilirubin and NGAL in patients with AKI



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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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Introduction and Objectives: Hepatopulmonary syndrome (HPS) is diagnosed in 5-32% of cirrhotic patients on the waitlist (WL) for liver transplantation (LT), which improves survival and hypoxemia. This study aimed to retrospectively analyze clinical, laboratory and radiological findings of HPS patients in transplantation WL, describing clinical outcomes.

Materials and Methods: HPS patients prioritized for LT [partial pressure of oxygen (PaO2)60mmHg] were included. Patients with insufficient data were excluded. Data collection is in progress, final results will be available at presentation.

Results: 24 patients were included; 54.2% female, mean age 49.5± 15.5y. The most common cirrhosis' etiologies were viral hepatitis (25.1%) and cryptogenic (16.7%). Diabetes (33.3%), hypertension (25%) and coronary disease (16.7%) were frequent. 5 patients had tobacco/smoke exposure. Mean MELD-Na at HPS diagnosis was 15.3±4.14. The most frequent cirrhosis' complications were hepatic encephalopathy (37.5%) and ascites (33.3%). Dyspnoea (91.7%) and digital clubbing (21.8%) were common findings at physical examination. The most prevalent imaging findings were pulmonary infiltrate (25%) and atelectasis (12.5%). Mean PaO2 at HPS diagnosis was 52.9± 6.5mmHg with oxygen saturation of 85.9±5.3%. 20 patients were submitted to LT. Mean time between diagnosis and LT was 292± 192d. 4 patients used garlic capsules, 12 used propranolol. Pre-transplant, PaO2 was 60.3±13.3 mmHg. 12 patients died, 9 were transplanted (at mean time of 193.6 ± 208.5d post-procedure). Non-transplanted patients had 75% mortality compared to 45% in LT group. Post-LT, PaO2 improved to 60±19.2 at 3m, 68.5±23.9 at 6m and 74.6±12.5 after 1y. The median PaO2 at diagnosis was lower in deceased patients (p=0.026). There was no difference in mortality according to sex, comorbidities, cirrhosis etiology and complications (p>0.05) or MELD-Na, (p=0.812). The mean time between diagnosis and LT had no impact in survival (p=0.16).

Conclusions: HPS is associated with a mortality of 75% without LT; LT is the ideal treatment, improving oxygenation and reducing mortality to 45%.

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P-45 EVALUATION OF THE ALBI SCORE IN PATIENTS WITH HEPATOCELLULAR CARCINOMA TREATED WITH YTTRIUM-90 (90Y)

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the third cause of mortality worldwide. 10% of patients receive therapy with curative intent. There are loco-regional therapies to improve patient survival, such as (TACE) and radioembolization with Yttrium-90. There are prognostic scales, such as ALBI, to identify who will have a positive response to the treatment. We aimed to evaluate the potential of the ALBI index for HCC as a predictor of mortality and associate it with survival or complications in patients who received treatment with Yttrium-90, correlating with Child Pugh, MELD and MELD-NA scores.

Materials and Methods: 8 patients with cirrhosis and (HCC) were evaluated; 60% (4) women aged 50 ±12.5 years, Child Pugh 7 points, MELD 11, MELD-NA 11, MELD 3.0 12 and initial BCLC (B), received an average of 2 radioembolization sessions with (90Y) and ALBI was evaluated.

Results: 3 patients had a complete response, one with intolerance to the (90Y) who required a second line of treatment. The other patients presented progression of the disease, therefore, palliative treatment and complications treating the CHC were applied. 3 patients died, who obtained an ALBI score of .08 ± 0.27 (grade 3), which could be correlated with patient survival. After Yttrium- 90, the following final values were measured Child Pugh (8.86 ±2.61), MELD (15.43±7.13), Leukocytes (6.7±1.5), Hemoglobin (12.85±1.66), Platelets (76.71±42.16), Bilirubin (4.16 ±4.58), Albumin (2.58 ±0.55) without any significant difference.The only difference was in MELD-Na (17.43 ± 6.90) which can be due to the progression and complications of the cirrhosis itself. (Table 1)

Conclusions: The ALBI, Child-Pugh and MELD NA scores in the prediction of mortality, survival and complications development during the disease in patients' treatment with Yttrium-90 could be a prognostic factor. Studies with a larger group of patients are needed to correlate and obtain more significant results regarding the score of ALBI.

Table 1. Blood cytometry, Liver Functional Tests & cancer scales systems in patients with cancer and treatment transarterial radioembolization (TARE) with Yttrium-90 (n=7).

	Patients pre-TARE with Yttrium-90 (n=7)	Patients post-TARE with Yttrium-90 (n=7)				
Pattern (units)	Values (mean ± SD)	Values (mean ± SD)	t (gl)	P<0.05	IC 95%	Reference ranges
Age	70 ± 11.3	71.16 ± 11.14	-7.15 (6)	0.0003	-1.5 – -0.7	(Years old)
Gender						
• **Man**	4	4				n=7
• **Woman**	3	3				n=7
BCLC	18.86 ± 7.55	16.43 ± 10.27	.52 (6)	0.62	-8.9 – 13.84	BCL[+]
CHILD PUG	7.14± 1.46	8.86± 1.73	-1.86 (6)	0.11	-3.96 – 0.53	
MELD	11.29± 4.03	15.43± 7.13	-1.23(6)	0.26	-12.35– 4.06	
MELD NA	**10.86± 2.61**	**17.43± 6.90**	**-2.37 (6)**	**0.05***	**-13.34 – 0.20**	
MELD 3.0	12.29± 2.69	18.86± 9.85	-1.94 (6)	0.10	-14.85– 1.71	
ALBI	-.098± 0.11	.08± 0.27	-2.15 (6)	0.74	-0.38– 0.02	
Leukocytes (x10³/µL)	**3.97± 1.8*****	6.70± 1.5	-1.48 (6)	0.18	-7.24– 1.76	5 - 10
Hemoglobin (g/dL)	13.28 ± 1.66	12.85 ± 1.66	0.37 (6)	0.72	-2.38 – 3.24	13.5 – 18
Platelet (x10³/µL)	84.29± 28.79	76.71 ± 42.16	1.10 (6)	0.31	-9.23– 24.37	150 – 450
PT (seconds)	13.44 ± 2.72	**19.91 ± 9.60*****	-1.58 (6)	0.16	-16.46– 3.52	11.0 – 13.5
INR	**1.19± 0.18*****	**1.72 ± 0.80*****	-1.57 (6)	0.16	-1.34 – 0.29	≤1
Total Bilirubin (mg/dL)	**2.01± 1.42*****	**4.16± 4.58*****	-1.70 (6)	0.13	-5.24 – 0.94	0.2 – 1.2
Direct Bilirubin (mg/dL)	**0.94 ± 1.26*****	**2.48 ± 4.39*****	-1.24 (6)	0.26	-4.58– 1.49	0 - 0.2
No Direct Bilirubin (mg/dL)	**1.06± 0.36*****	**1.67± 0.85*****	-1.79 (6)	0.12	-1.44 – 0.22	0 - 0.8
ALT (UI/L)	**37.86± 18.52*****	**48.00± 22.46*****	-0.80 (6)	0.45	-40.99–20.70	10 - 35
AST (UI/L)	**49.43 ± 18.68*****	**112.14± 147.15*****	-1.08(6)	0.31	-204.12– 78.69	5 - 34
ALP (UI/L)	**170.29 ± 60.15*****	**497.86 ± 867.69*****	-1.02(6)	0.34	-1108.59 – 453.45	<138
Albumin (g/Dl)	3.02± 0.80	2.58± 0.55	1.11 (6)	0.30	-0.52 – 1.41	3.5 - 4.8

*** Outside clinical reference value // *Paired Samples t Test (pre-post) *P<0.05 // AST- Aspartate transaminase, ALT- Alanine transaminase, ALP- Alkoline phosphatase , GGT- Gamma-glutamyltransferase , INR*International Normalized Ratio, PT-Prothrombin time // [+]BCL PRE A=1, B=6 y POST BCL A=1, B=4 y C=2. //

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P- 46 AMOUNT OF DIETETIC FAT AND CARBOHYDRATE TYPES RELATED TO HEPATIC STEATOSIS IN A GROUP OF MEXICAN ADULTS

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Introduction and Objectives: Some studies had described the relation between dietetic fats and carbohydrates with fatty liver