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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

disease although any specific amount has not been stablished. This study aimed to analyze the amount and type of dietetic fat and carbohydrates related with hepatic steatosis in a group of Mexican adults in a typical diet.

Materials and Methods: In a group of Mexican adults without hepatic steatosis, a registered cross- sectional study INCMNSZ- 3794-21/22 consuming a typical diet, were applied food frequency questionnaires, anthropometry and transient elastography. If they had any chronic disease, uncontrolled diabetes, hypertension or thyroid disease, bariatric surgery or pacemaker, were not included. Dietary fat and carbohydrates were identified and quantified with The Food Processor software v11.11.32 (ESHA Co.); manually, the proportion of fats was classified according to WHO recommendations. Differences among steatosis group (CAP> 268 dB/m) were calculated with t- Student and a logistic regression to determine odds ratio with type and amount of nutrients related to hepatic steatosis.

Results: Of 321 participants, 200 were women; 162 had steatosis and were older, with higher BMI, waist circumference, fat mass and visceral fat (p=0.000); they also consumed more carbohydrates, total sugar and added sugars (113.8 g, 98.1 g and 52.6 g, respectively) compared to non- steatosis group (p=0.000). There were no statistical differences in total either type of fats. For carbohydrates were obtained OR= 2.44 (IC95% 1.4- 4.62, p=0.002), total sugar OR= 2.67 (IC95% 1.48-4.63, p=0.001) and added sugars OR= 2.68 (IC95% 1.49- 4.83, p=0.001).

Conclusions: Unlike fats, type and amounts of dietary sugars are relevant risk factors for hepatic steatosis in a typical Mexican diet. In this study, we identified the amount that could be related to damage for non- alcoholic fatty liver disease.

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P- 47 ACCURACY OF MAFLD-S SCORE TO DIAGNOSE HEPATIC STEATOSIS IN A GROUP OF APPARENTLY HEALTHY PEOPLE.

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Introduction and Objectives: Non-invasive methods for diagnosing metabolic associated fatty liver disease (MAFLD), like Fatty Liver Index (FLI) are gaining attention due to their potential to diagnose patients and reduce healthcare costs. A recent development in non-invasive diagnostics is the MAFLD-S score, which utilizes clinical data exclusively to predict MAFLD risk. This study aimed to evaluate the accuracy of MAFLD-S to diagnose hepatic steatosis previously identified by transient elastography.

Materials and Methods: A cross-sectional study was conducted. Transient elastography with controlled attenuation parameter (CAP) threshold of >268 dB/m was performed to measure hepatic steatosis (HS). Medical histories and anthropometric measurements were collected, and both the MAFLD-S score and FLI were calculated for each participant using cut-off points of 0.548 and 60, respectively. Statistical analysis, including Spearman's correlation and receiver operating characteristic (ROC) curve analysis, was performed to evaluate the diagnostic of HS.

Results: The study included 513 participants, with 64% being females and a mean age of 41.4 years. Hepatic steatosis was diagnosed in 46% of the population using transient elastography. Significant correlations were observed between the MAFLD-S score and FLI (s=0.726, p=0.000) The MAFLD-S score demonstrated a sensitivity (Se) of 63% and specificity (Sp) of 80% for detecting hepatic steatosis, and an area under the curve (AUC) of 0.795; the predictive positive value (PPV) was 0.728 and the positive likelihood ratio (+LR) was 3.15. FLI demonstrated Se= 58%, Sp= 81%, AUC= 0.818, PPV= 0.726 and +LR= 3.11.

Conclusions: In a group of apparently healthy people, both MAFLD-S score and FLI exhibited significant performance to diagnose hepatic steatosis. Implementing this clinical score can aid in identifying individuals at prompt early intervention to improve patient outcomes. Additional research is required to assess the diagnostic performance of these scores in patients with MAFLD.

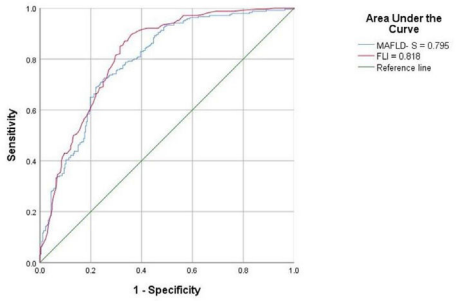

Figure 1. Performance of MAFLD-S and FLI scores for the diagnosis of hepatic steatosis compared to CAP.

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P- 48 EFFECT OF THE COMBINATION OF ORLISTAT AND L-CARNITINE ON THE QUALITY OF LIFE (SF.36) IN 16 OVERWEIGTH PATIENTS

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Introduction and Objectives: Orlistat is a drug widely used in overweight/obese patients, while the combination with l-carnitine could offer an improvement in these patients. To our knowledge, the effect of this combination on the quality of life of overweight patients has not been determined. We aimed to evaluate the effects on the quality of life of patients who took the combination of orlistat and l-carnitine at 4 and 8 weeks of treatment.

Materials and Methods: We evaluated the quality of life (Short Form-36) in 16 patients [41.81±8.26 (37.77-45.86) years, 81% women] undergoing pharmacotherapy of the combination of orlistat and l-carnitine at 4 and 8 weeks of treatment. Data express mean SD and 95%IC or percentages as correspond. We use paired Student t Test, two tails with an alpha=0.05.

Results: Figure. Patients lowered their weight in about 5%. Patients show improvement on body pain, general health, vitality and in both Mental [45.68±6.51 (42.49-48.86) vs. 49.88±3.21 (48.31-51.46), p=0.02] and Physical [59.4±8.92 (55.03-63.77) vs. 63.36±9.64 (58.63-68.08), p=0.01) summaries.